

Resilience and Mental Health: As a Predictor of Mobile Addiction

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ABSTRACT

This study investigated Resilience and Mental health as predictors of Mobile Addiction among 200 college going students from various colleges from Baramati city. Results revealed significant negative correlation between Resilience and Mobile Addiction, but no such association was found between mental health and Mobile Addiction and no significant association between Resilience and mental health. Additionally, using the stepwise multiple regression analysis, it was found that Resilience alone accounted for 4.40 % (R-square = .044) of the variance in Mobile Addiction, ($F(1, 198) = 9.05, p < .01$) while a separate simple multiple regression analysis revealed that mental health also contributed 0.07% (R-square = .007) to the variance in Mobile Addiction and this was found to be not significant ($F(1, 198) = 1.42, p > .01$). Although, mental health does not contribute independently the joint contributions of the predictor variables seems to be statistically significant. Using the stepwise method, predictors significantly accounted for 4.80% (R-square = .048); ($F(1, 198) = 4.96, p < .01$) of the variance in Mobile Addiction. Therefore it was concluded that Mental Health influence significantly on Mobile Addiction in combination with Resilience.

Keywords: Resilience, Mental health, Mobile Addiction

Technologies are an ever-changing aspect of this day and age. New gadgets and ideas are always trying to simplify life and bring people closer together. The cellular phone was first developed in Sweden in 1956, but had no conveniences about it, nor did the average person have access to it. It weighed 90 pounds, and was as inconvenient as having a landline with a 10-foot long cord. Following several trials and developments, in 1978 Bell Labs, working with Motorola created the first generation of a cellular network (Fortunati, 2002). Although this first generation network was not approved by the FCC until 1982, it brought into focus the ability to create a form of communication that would allow anyone to make a phone call when it was convenient for them.

Following improvements within the second and third generations of cell phone networks and accessibility, cell phones went from becoming an item of luxury for those who could afford

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it, to an everyday necessity. For anyone operating in the modern world, in addition to being able to make phone calls on a cellular phone, in 2000 SMS (Short Message Service) was introduced to allow individuals to send a message to someone else's mobile device without the necessity of making a phone call.

Today, the global cellular phone market now stands at approximately 1.8 billion subscribers, and is forecasted to reach 3 billion by the end of 2010 (Reid and Reid, 2007). In contrast with instances in the past, having a cell phone of your own is more of the social norm vs. not having a cell phone of your own. Cell phones are taking over on a global level not just a local level, which allows individuals to have the sense of security that wherever they go, they will be able to remain in social contact with those whom are in their social networks. Communication and the way that individuals interact with each other is a huge dynamic of sociology. The cell phone is changing the way in which all of this interaction occurs, which makes it sociologically relevant. With the creation and accessibility of cell phones, more and more individuals own their own cell phone, and using them every day to communicate within their social network. Cell phones also make individuals available anywhere, and anytime, which changes the way that individuals are choosing to interact in social settings with other individuals.

Addictive behaviour

Addictive behaviour usually falls in the realm of abnormal behaviour. It is frequently defined as any activity, substance, object, or behaviour that has become the major focus of a person's life to the exclusion of other activities, or that has begun to harm the individual or others physically, mentally, or socially (Hanley & Wilhelm, 1992). Addictive behaviour is frequently mentioned in marketing and customer consumption research, and O'Guinn and Faber (1989) developed a model of addictive behaviour including four main elements: 1) a sudden and spontaneous desire to act; 2) a state of psychological disequilibrium; 3) the onset of psychological conflict representing an inner battle of thoughts; 4) a lack of regard or denial for consequences of the behaviour. These four elements have been used as criteria to study addictive behaviour in other research (Faber & O'Guinn, 1992).

Some questioned whether 'addictive behaviours' in sports and work should be labelled as abnormal behaviours, but rather as an extreme form of normal behaviours (Schiffman & Kanuk, 2000). However, according to Hanley & Wilhelm (1992), the difference between viewing apparently addictive behaviour as normal or abnormal behaviour, lies in the motivation for engaging in the activity and consequences of the behaviour.

Resilience

While some people are more resilient when they encounter certain troubles, others may give up more readily when facing problems. Psychological resilience has been the focus of various researchers because it is an interesting subject. Many definitions of psychological resilience exists. For instance, psychological resilience has been defined as the process of successfully adapting faced with difficult or threatening situations (Howard & Johnson, 2000), the skill of

adapting to and coping with negativity (Block & Kremen, 1996), the relatively good outcome despite experiencing situations that have been shown to carry significant risk for developing psychopathology (Luthar, Cicchetti, & Becker, 2000) and the resistance of an individual despite the negative effects of difficulties (Gilligan, 2001). According to all these definitions, psychological resilience expresses continuing to live strongly despite the hardships encountered. Psychological resilience includes coping with difficult situations (Dumont & Provost, 1999) psychological adjustment (Ong, Bergeman, Bisconti, & Wallace, 2006), and having life satisfaction (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009). Psychological resilience develops in a large time span. In order to psychological resilience to develop the individual needs to encounter risky or dangerous situations. A strong psychological resilience can protect the individual against physical and mental distress. Since resilience brings about positive physical and psychosocial conditions, it facilitates faster recovery after illness or loss (Felten, 2000; Felten, & Hall, 2001). In other words, resilient people are those who can sustain their normal development despite difficult environmental conditions and difficulties in life. Individuals with psychological resilience confront their problems and rather than avoiding their problems they deal with their problems by providing efficient and successful solutions (Martin, 2002). Psychological resilience has a potential of preventing the development of psychiatric disorders as depression (Hjemdal, Aune, Reinfjell, Stiles, & Friborg, 2007; Rutter, 1987). Multiple studies found a meaningful negative relation between high psychological resilience and depression (e.g. Roy, Sarchiapone, & Carli, 2007; Vaishnavi, Connor, & Davidson, 2007).

Mental health

"Mental health means a proper study of the aspects which affects an individual or society coordination and also optimum use of the aspects of that study." – Klein 'Mental health is the strength and hidden ability which keeps the human stable in the critical circumstances. The people want to achieve the physical prosperity. The present era is the era of science and technology. The people have become aware of physical health. But in the attainment of physical prosperity, the people have been losing their mental health. If we want to create the total healthy atmosphere, we should think of mental health of the people of the society, because according to Bacon, "mind is the captain of the ship of body. So maintenance and care of mental health is very important.'

REVIEW OF LITERATURE:

Part et al. (2011) arranged a correlational study to find out the relationship of mindfulness with psychological well-being & psychological distress & assessed the role of self-regulation & autonomy as mediating variables & mechanisms of mindfulness among seven hundred and seventeen high risk students. The sample was selected from public high school in Philadelphia. The Philadelphia mindfulness scale by Cardaciotta et al, The self Regulation Inventory by Ibanez et al, The mental health Inventory by shared & the Autonomy scale by parto were employed to assess the data. The data were analyzed by using correlation. Result revealed that a significant relationship between mindfulness & self-regulation & there is a relationship between self-regulation & there is a relationship between self-regulation & psychological

Resilience and Mental Health: As a Predictor of Mobile Addiction

well-being. There is not significant relationship between self-regulation & psychological distress.

Sagone et al (2014) conducts a study to find out the relationships between the dimensions of psychological well-being & Resilience in a sample of two hundred and twenty four middle & late adolescents, divided in two age-groups adolescents 14 to 15 year late adolescents 17 to 18 years was assessed for this study. The sample was selected from two public. Secondary school in Catania (East, sicily, italy). A self-report inventory by Ryfe & keys, Resilience scale by Way hid & young were used for the collecting data. The data were analyzed by using descriptive statistics namely Mean SD and correlation and regression analysis was done. Result revealed that psychological well-being is a good predictor of resilience.

Dr. Myreen al (2017) conducted study to find out the psychological Resilience & depressive symptoms : Exploring their presence & Relationship among selected Filipino collegiate Athletes. Sample of 108 athletes consisted for the present study. The sample was selected from three colleges in a university in metro manila. Resilience scales for children & Adolescents by Sandra prince-Embury Inventory by Aaron T.Beck was used for the data collection. The data were analyzed by using Descriptive statistics and correlation. Result revealed that the significant relationship between psychological resilience and depressive symptoms.

Fletcher et al (2012) conducted a study to find out grounded theory of psychological resilience in Olympic champions. Data were collected from twelve Olympic champions and analyzed by mean sd & +- test result revealed that numerous psychological factors i.e. Motivation confidence, focus. & perceived social support protect the worlds best athletes from the potential negative effect of stressors by influencing their challenge appraisal & meta cognitions.

Rathod and Patel (2014) conducted a study to examine the level of mental health of lady teachers of government and private schools. 40 teachers were selected randomly from Bhavnagar district area's School. In which 20 teacher's (10 teacher's 21 to 30 and 10 teacher's 31 to 40 year) from government school's teachers and also 20 teachers (10 teacher's 21 to 30 and 10 teacher's 31 to 40 year) from private school teachers. Results revealed that in government school, 31 to 40 yrs old teachers' mental health is better than 21 to 30 yrs old teachers' and 21 to 30 yrs old teachers of private school are superior in mental health than government school teachers.

Gujare and Tiwari (2016) conducted a study to assess the role of mental health symptoms in predicting and shaping the academic achievement of the female graduate students. 239 females studying in undergraduate courses belonging to high, middle, and low socioeconomic status (SES) were selected for this study. The results revealed that emotional problems, conduct problems, hyperactivity and peer problems components of mental health symptoms have negative correlations with the scores of academic achievement of the participants on the

Resilience and Mental Health: As a Predictor of Mobile Addiction

other hand the scores of pro-social behavior component of mental health symptoms of the female students exhibited a positive correlation with the scores of academic achievement. Socio-economic status of the participants plays key role in mental health symptoms and academic achievement. The regression analyses showed that the mental health symptoms predicted the academic achievement of the participants.

Bhatt (2013) conducted a study to examine the role of gender in developing mental health status. 210 Orphan secondary school students (131 Orphan and 79 non orphanages) between ages of 13 to 17 year from Kashmir Valley were selected for this study. Purposive random sampling technique was used for data collection. Results indicated significant difference in emotional stability and depressive level between male and female.

Aghaei et al. (2010) conducted a study to compare the level of occupational stress and mental health of employees of a petrochemical company in Isfahan, Central Iran, before and 3 months after privatization. They selected one hundred and forty persons by simple random sampling. Results revealed that, there was significant positive correlation found between the mental health status score and job stress score. They specifically reported that after privatization, the job stress of employees increased significantly and this increase was associated with a decrease in mental health.

Khudanniya and Kaji (2014) compared occupational stress and mental health among one hundred (50 government employees and 50 non-government employees) employees of government and non-government sectors (schools, colleges, companies & banks. The finding of the study demonstrated that mental health was found negatively correlated with occupational stress.

Bhutia et al (2016) designed a study to find out the mobile phone addiction based on gender and the stream of study. The sample consisted one hundred and fifty nine college students. The data was analysed by using mean, SD, t-test, and pearson's product moment correlation. Results revealed that the college going students of shillong are moderately addiction to mobile phone and gender and stream has no impact on the mobile phone addiction of the college going students of shillong.

Nikihita et al (2015) conducted study to find out the prevalence of mobile phone dependence (MPD) in secondary school adolescents. Study conducted in secondary section of English – medium school at new Mumbai (india). The sample was four hundred and fifteen students studying in 8th -9th and 10th standards of schools at new Mumbai. The statistical analysis done by using pearson's 'r', chi-square test, mean and standard deviation, frequency. The result revealed that, mobile phone dependence was found in 31.33% of sample students.

Bhardwaj et al (2015) designed study to analyzed mobile phone addiction and loneliness among. Data was samples by using 40 student colleges in Mumbai city. Data was collected there survey method using personal information form mobile phone addiction scales and

Resilience and Mental Health: As a Predictor of Mobile Addiction

loneliness scale. To analyze these data correlation t-test, were calculated. Results revealed that mobile phone addiction was significantly associated with loneliness furthermore no significant gender differences were found in terms of loneliness and mobile phone addiction.

Kulak et al (2012) Conducted study to find out the problematic mobile phone using among the polish and Belarusian university students a comparative study. The data was the study comprised 160 Students from Belarus and 227 from Poland .The data was analysis by using The Result most of the students had the mobile phones of the Students 35.25% from Poland and 68.8% from Belarus.

Operational Definitions

Resilience: Resiliency is “the process of coping with disruptive, stressful, or challenging life events in a way that provides the individual with additional protective and coping skills than prior to the disruption that results from the event” (Richardson and his colleagues, 1990).

Resiliency as the “process of self-righting or growth” (Higgins, 1994),

Resiliency as the “capacity to bounce back, to withstand hardship, and to repair yourself (Wolins, 1993).

Mental health: The degree of psychological, psychiatric and social pathology of respondents as defined by Anandkumar and Thakur (1984) and as measured by Mithila Mental Health Status Inventory developed by Anandkumar and Thakur (1984).

Mobile Phone Addiction:

Mobile phone addiction can be defined as problematic, dysfunctional use of the mobile phone, which has the following characteristics and symptoms:

1. A strong desire to use the mobile phone, make phone calls or send text messages, expressed as constant preoccupation with those activities.
2. The need to increase the frequency and time of making phone calls and sending text messages.
3. Repeated unsuccessful efforts to cease or reduce the number of phone calls made and text messages sent.
4. Withdrawal symptoms such as restlessness, anxiety and depression associated with attempts to cease or reduce the number and time of phone calls and the number of text messages sent;
5. Making longer phone calls and sending a larger number of text messages than originally intended.
6. Financial, career, family and social problems caused by mobile phone use.
7. Lying to family and friends to conceal the costs of and the time devoted to making phone calls and sending text messages.
8. Use of the mobile phone as a way of escaping from real problems or as a mood enhancer (to relieve loneliness, anxiety, depression or guilt)

Resilience and Mental Health: As a Predictor of Mobile Addiction

Addiction to the mobile phone is not a homogeneous phenomenon, and, therefore, some researchers distinguish among addiction to sending and receiving text messages, addiction to voice calls and addiction to mobile phone features and mobile phone games.

Aim

- To find out the strength of association among Resilience, Mental Health and Mobile Addiction of College going Students.

Objective

The investigator has carried out the present study with the following objectives.

1. To measure the level of Resilience, Mental Health and Mobile Addiction of college going students.
2. To measure the strength of association among Resilience, Mental Health and Mobile Addiction.

Research Questions

- 1) Will there be significant relationships between the predictor variables (Resilience and Mental Health) and Mobile Addiction?
- 2) What are the relative contributions of the predictor variables to Mobile Addiction?
- 3) What are the combined contributions of the predictor variables to Mobile Addiction?

Hypotheses

The following hypotheses were framed to achieve the objectives of the present study:

1. There is significant negative relationship between Resilience and Mobile Addiction of college going students.
2. There exists negative relationship between mental health of college going students and Mobile Addiction.
3. Students with relatively higher level of Resilience will have higher level of mental health.

METHODOLOGY

The sample size of the study, methods used for data collection, procedures used during the administration and the statistical analysis used for the interpretation of the result are discussed below.

Statistical Analysis:

The present study is based upon Descriptive research and the variables to be studied are, Resilience, Mental health and Mobile Addiction. Data was analyzed by the descriptive statistics namely Mean, Standard deviation and Pearson's product moment correlation (r) and inferential statistics, regression analysis (R squared) was used for interpretation of the obtained data. However, before conducting the actual analysis, data was screened for outliers and skewness. The obtained data of Mobile Addiction was found to be positively skewed so \log_{10} transformation was done to adjust skewness.

Resilience and Mental Health: As a Predictor of Mobile Addiction

Design:

A correlational design was used for the present study.

Sample:

A sample of 200 college going students age ranged from 18 to 21 from various colleges from Baramati city was selected by purposive sampling technique. In which 100 were girls and 100 boys.

Procedure of data collection:

Individual administration was used. Participants were asked to sit comfortably and a good rapport was established with the general brief talk with them. They were told to answer each question with a tick mark in the place corresponding to the one which they consider suitable. They were told that there is no right or wrong answers and there is no fixed time to finish the test. But ordinarily they can take test 25-30 minutes for completing the tests. It was ensured that the answers would remain confidential. As soon as they finished their work, test materials were collected.

Tools Used for Data Collection:

- A. Resilience Scale: devised by Gardland this scale this is five point rating scale contains 88 items. This scale contains five factors namely individual, family, peer, school and social. The factor wise reliability is as follows 0.80, 0.81, 0.81, 0.88 and 0.88 respectively.
- B. Mithila Mental Health Status Inventory: (MMHSI) devised by Anandkumar and Thakur (1984). This scale contains five subscales namely; i) Egocentrism, ii) Alienation, iii) Expression, iv) Emotional Un-stability and v) Social Non-Conformity. The reliability index is calculated by split half method and it is found 0.90 and by the test-retest method is 0.87.
- C. Mobile Phone Addiction Scale devised by Dr. A. Velayudhan and Dr.S.Srividya. The reliability index is calculated by split half method and it is found 0.75 and by the test-retest method is 0.79.

RESULT

Table No. 1: Descriptive Statistic

	Mean	Std. Deviation	N
Mobile Addiction	88.81	17.91	200
Resilience	307.79	24.29	200
Mental Health	75.03	6.81	200

Table 1 shows the descriptive statistics for Mobile Addiction, Resilience and mental health of college going students. Mobile Addiction has the mean score of 88.81 with 17.91 SD. Resilience and mental health has the mean score of 307.79 with 24.29 SD and 75.03 with 6.81 SD respectively.

Research Question 1: Will there be significant relationships between the predictor variables (Resilience and Mental Health) and Mobile Addiction?

Resilience and Mental Health: As a Predictor of Mobile Addiction

Table No. 2: Correlation among Mobile Addiction, Resilience and Mental Health

	Mobile Addiction	Resilience	Mental Health
Mobile Addiction	1		
Resilience	-.209**	1	
Mental Health	.084 [#]	-.093 [#]	1

Note: ** significant at 0.01 level, # not significant

The relation among Mobile Addiction, Resilience and mental health was investigated with Pearson's product moment correlation coefficient. There were no violations of normality. The findings displayed on table 2 revealed two sets of scores Mobile Addiction and Resilience are correlated strongly and negatively; $r(198) = -.209, p < 0.01$ (two tailed). Indicating that more the level of Resilience less the Mobile Addiction or vice versa.

But no such association was found between Mobile Addiction and Mental Health and also between Resilience and Mental Health. That clearly means deviation in scores was by chance only.

Research Question 2: What are the relative contributions of the predictor variables to Mobile Addiction?

Table 3. Stepwise Multiple Regression Analysis predicting Occupational Stress.

	Predictors	SE b	β	R	R-Sq	Adjusted R Square	ΔR^2	t	F
Step 1	RES	-.154	-.209**	.209 ^a	.044	.039	.044	-3.01**	9.05**
Step 2	RES	-.150	-.203**	.219 ^b	.048	.038	.048**	-2.91**	4.96**
	MH	.172	.066					.940	

Note: ** = Sig at 0.01 level, a. = Predictors: Resilience, b = Predictors: (Constant), Mental Health, Resilience

SE b = unstandardised coefficients showing the predicted increase in the value of the criterion variable

β = the standardized beta coefficients, gives a measure of the contribution of each variable to the model

ΔR^2 = R Square Change; R-sq = the square of the measure of correlation; RES= Resilience; MH=Mental Health

The second aim of this study was to estimate the relative contributions of the predictor variables to the variance in scores of Mobile Addiction Scale. To this end, stepwise regression analysis and simple multiple regressions were computed with Mobile Addiction as the dependent measure and Resilience and Mental Health being the predictors as seen in tables 3 Resilience and Mental Health were entered to find out how much variability each of them could significantly account for. As can be seen in table 3, step 1, attending to Resilience alone accounted for 4.40 % (R-square = .044) of the variance in Mobile Addiction, the inclusion of Mental Health accounted for 4.80% (R-square .048) which resulted in an additional 0.40% in step 2.

Resilience and Mental Health: As a Predictor of Mobile Addiction

Result in any additional significant relative contribution. In table 3, step 2 also, the standardized β values revealed the decreasing order of the predictors: Resilience > Mental Health showing that Resilience was the best predictor, while Mental Health was not significantly predicts the dependent variable. Thus, Mobile Addiction was significantly predicted by Resilience, ($\beta = -.209$, $p < 0.01$). Nonetheless, in order not to miss out any information on the relative contributions of the predictor variables, a simple regression analysis was performed to find out if Mental Health will contribute significantly to the variance in Mobile Addiction. Those findings are presented in table 4 revealed that Mental Health also contributed 0.07% (R-square = .007) to the variance in Mobile Addiction and this was found to be not significant ($F(1, 198) = 1.42$, $p > .01$) while Resilience contributed 4.40% to the variance in Mobile Addiction which was significant ($F(1,98) = 9.05$, $p < .01$). These results indicated that Resilience is important variable in students' Level of Mobile Addiction.

Table 4. Multiple Regression table showing Mental Health as a predictor of Mobile Addiction

Predictor	SE (B)	β	t	R	R-Sq	Adjusted R Square	ΔR^2	F Change	df1	df2	Sig. F Change
Mental Health	.222	.084	1.19 [#]	.084	.007	.002	.007	1.423 [#]	1	198	.234

Note: ** significant at 0.01 level; # Not significie

Research Question 3: What are the combined contributions of the predictor variables to Mobile Addiction?

The third aim of this study was to find out the joint contributions of the predictor variables. Using the stepwise method, a significant model emerged: as seen in table 3 step 2, these predictors significantly accounted for 4.80% (R-square = .048); ($F(1, 198) = 4.96$, $p < .01$) of the variance in Mobile Addiction. Therefore it was concluded that Mobile Addiction was significantly predicted by both Mobile Addiction and Mental Health. The findings displayed on Table 5 revealed the information for the predictor tables included in the model.

Table 5: Stepwise Unstandardised and standardized regression coefficients for the variables Included in the model

	Predictors	SE b	β	R	R-Sq	Adjusted R Square	ΔR^2	t	F
Step 1	RES	-.154	-.209**	.209 ^a	.044	.039	.044	-3.01**	9.05**
Step 2	RES	-.150	-.203**	.219 ^b	.048	.038	.048**	-2.91**	4.96**
	MH	.172	.066					.940	

DISCUSSION

This study investigated the relationships between Resilience, Mental Health and Mobile Addiction. The findings revealed that Resilience negatively correlated with Mobile Addiction. This significant negative correlation between Resilience and Mobile Addiction indicated that Mobile Addiction affected by Resilience. This result was expected and a

Resilience and Mental Health: As a Predictor of Mobile Addiction

probable reason for this outcome among this sample may be due to fact that Resilience is very important in person's life.

The findings also revealed that, no such association between Mobile Addiction and Mental Health. It was not as expected, because mentally healthy person do not addict easily. Hence, we can conclude that there is no significant relationship found between Mental Health and Mobile Addiction.

In terms of the relative contributions of the predictor variables to Mobile Addiction using stepwise multiple regression analysis, the result exhibited on table 3 revealed that Resilience and Mental Health have significantly combined contributed to the variance in Mobile Addiction; while a separate simple multiple regression analysis revealed that Resilience is the only variable that has such contribution. It means mental health has its influence on Mobile Addiction only in combination with Resilience. Hence, we can conclude that Resilience is a better predictor of Mobile Addiction than Mental health among this sample.

Another important outcome of this study is that the Resilience and mental health jointly accounted for 4.80% ($R\text{-square} = .048$) of the variance in Mobile Addiction and this was found to be significant ($F(1, 198) = 4.96, p < .01$) as seen on table 5 step 2. In general, there is a negative relationship between Mobile Addiction and Resilience. Therefore, to decrease the level of Mobile Addiction of students needs to increase the Resilience level.

This is to be done by determining and removing Mobile Addiction related issue. It is necessary to identify and mitigate factors associated with each parameter, since Resilience refers to a state in which an individual relates to the environment, the self, and others.

CONCLUSION

In conclusion, the findings of this study reveal that Resilience and mental health has combined effect to predicting of Mobile Addiction; and Resilience emerged as a better predictor of Mobile Addiction than mental health. But Mental Health does not have independent influence on Mobile Addiction. The findings also suggest that there was no significant association found between Resilience and mental health for this present study.

Delimits:

The present study is delimited to:

1. A sample of 200 only.
2. Sample taken from Baramati city only
3. There are many variables which predict Mobile Addiction but only two variables were manipulated as IV i.e. Resilience and Mental Health

Suggestion for further study:

1. A larger set of samples from Maharashtra maybe taken considering some more set of variables.

Resilience and Mental Health: As a Predictor of Mobile Addiction

2. The sample of the present study was taken from the various colleges from the other cities too.
3. There is many other variables i.e. hours spending with mobile, gender, locale etc. taken into account such variables and further research can be conducted.

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