Relationship between Psychological Hardiness and Resilience with Mental Health in Athlete Students in the Guilan Unit of University of Applied Science and Technology

Abbas Sadeghi¹, Shaghayegh Einaky²

¹Department of Counselling, University of Guilan, City of Rasht, Iran
²Department of Counselling, Azad University of Unit of Guilan, City of Rasht, Iran
Email: asadeghi1394@gmail.com, shaghayegheinaky@gmail.com

Abstract

The purpose of this study was to investigate the relationship between psychological hardiness and resilience with mental health in athletic students of Guilan Provincial University. This research is a correlation study and the population includes all athletic students of Guilan Applied Science and Technology University. Sampling was done randomly from among the climbers in Rasht city (61 people). We used the Conner and Davidson Resource Scale (CD-RISC) questionnaire, Iran and the Ahvaz Hardiness questionnaire and also GHQ questionnaire for collecting information. There was a significant relationship between psychological hardiness and resiliency with mental health (p < 0.01). Regarding the negative beta, with a higher resilience score, the mental health score decreases. The lower score in the GHQ questionnaire reflects more mental health. So, as much as the resilience increases, physical symptoms, anxiety symptoms, social dysfunction and depression symptoms decrease, and as a result, the level of mental health increases. Hardness tolerance (T-score of 2/563 and P < 0.01) also indicates this variable can explain the research sample alongside the variable of mental health changes. Ultimately, the higher the tenacity of a person, the mental health also increases. The findings of this study showed the importance of psychological hardiness and resiliency in maintaining and improving mental health of students. Psychological hardiness and resilience can explain the variability of mental health in students.

Keywords

Psychological Hardiness, Resilience, Mental Health, Athletic Students,
1. Introduction

One of the pillars of health assessment of various communities is the mental health of that community. There are so many variables which effect mental health such as life hoping, happiness, positive thinking and etc. Undoubtedly mental health plays an important role in ensuring the dynamism and efficiency of each community. Also, through Psychological Hardiness and Resilience mental health could be improved. Since students are among the most prestigious, elected and community members of the community, their mental health has a special importance in learning and increasing scientific knowledge. Entry into the university is accompanied by a lot of changes in social and human relations. In such a situation, the performance and effectiveness of individuals are affected which is often associated with stress and concern (Lehtinen et al., 1990). Changing relationships with family and friends, eating habits and sleeping and loneliness also have a reverse effect on some students (Ross et al., 1999).

Attention to mental health and quality of life is one of the most fundamental issues in positive psychology.

This approach suggests that current approaches emphasize health issues and have a limited viewpoint about health. Undoubtedly, the physical and mental health of the people of the community is important and one of the most important issues in the world today, and the health of the social strata is one of the basic issues of every country that should be considered from three dimensions of physical, mental and social. In fact, mental health is one of the things people follow in their lives. Since mental health is considered vital to improve the quality of human life.

With the goal of quality of life, part of the activities of psychologists, behavioral scientists and advisers is dedicated to promoting it in humans. So far, there are several definitions of mental health that all emphasize the importance of the integrity and integrity of the personality. Ginsberg believes that mental health is dominant and that the right connection with the environment, especially in the fields of love, work and recreation, is believed to be pleased with the ability to find and work, to have a family and to create a family environment, to escape from the issues covered by law. It is conflict, enjoyment of life and the proper use of opportunities are a criterion of balance and mental health (Kho-dadadi et al., 2014).

The WHO considers health beyond the absence of harm and disease, and it is defined as a state of complete physical, mental and social well-being. Goldstein (quoted by Kaplan & Saduk, 1994) considers mental health as a balance between members and the environment in achieving self-actualization.

Maslow (1993) recognizes the principles and values of the desperate and help-
less people and those who have mental health, at least in some cases, because they have different perceptions and perceptions of the material, social, and psychological world of private. These same perceptions and attitudes differentiate the value system of the person. Research has shown that psychological hardiness is one of the effective variables in mental health of individuals, and in fact mental health is one of the issues that are conceptually related to psychological hardiness. The psychological stubbornness was initially considered by Khoda Rahimi (1995) and was considered as a set of personality traits that acts as a protective guard in the face of stressful life events as a source of resistance (Kobasa, 1979, quoted by Haghighati, Attari, Sina Rahimi, & Soleimaniyan, 1999).

Kobasa (1979) defines tenacity as a combination of beliefs about self and the world, consisting of three components of commitment, control and struggle. A person who has a high commitment believes in the importance and meaning of who is and what activity he is doing. These people are completely mixed up with many aspects of their lives, such as occupation, family, and interpersonal relationships. Those who are strong in the control component, consider the events of life as predictable and controllable, and believe that they are able to influence what is happening around them by trying.

The tenacity concept is a very useful concept that can show that a person can maintain his mental health even with a painful life, such as being HIV positive (Vance, Struzick, & Masten, 2008). After studying the concept of psychological hardiness by Kobasa, researchers have studied it extensively. For example, Navid (2008), Attari, Nisea, Yousefi, & Nabavi (2004), Azmudeh (2004), Sharifi, Arizi, & Namdari (2005). In all researches, the concept of the tenacity of psychology has been emphasized as an influential variable.

According to Kobasa (1979) and other researchers, hardness, an internal resistance source that reduces the effects of stress on health (Shafi Abadi et al., 2009) In another study on the relationship between psychological hardness in elderly women, the results showed that psychological hardiness is related to mental and social health (Adams, 1997, quoted by Jafari et al., 2012) and the coping style of high tenacity people are more effective in such situations (Delahaij, Gaillard, & Van Dam, 2010).

In recent years, the approach of positive psychology has its ultimate goal of identifying the structures and practices that follow human well-being and happiness. Hence, the factors that make people more adapted to the needs and threats of life are the most fundamental structures under study in this approach. According to Luther, Cicchetti, & Becker, (2000) and Resonance (2003), the resilience of one of these concepts and structures is considered to be a positive psychology, and most studies on resilience in the field of developmental psychology have been conducted (Joker, 2007).

In fact, resilience is a phenomenon that results from the natural adaptation responses of man, and despite the confrontation of a person with serious threats, he enhances his ability to succeed and overcome threats (Khoda Rahimi, 1995).
He believed that the resilience to returning to initial equilibrium or achieving a higher level of equilibrium (in threatening conditions), therefore, provides a successful adaptation in life. In psychology, the people’s positive capacity for coping with stress and disaster is called resiliency. In this sense, resiliency has been considered as a protective factor and resistance to future risk factors (Kayani, 2010). Resilience is the process, the ability, or the outcome of successful adaptation to the threatening circumstances Garmezy & Masten (1991). Waller (2001) considers resiliency as a positive person’s response to adverse conditions (injuries and threats).

Over the past two decades, resilience has gained increasing attention in the area of evolutionary dentistry (Mohammadi & Dehganpour, 2001; Connor & Davidson, 2003). They argue that resiliency is not only a survival against harm or threatening conditions, but is an active and constructive person in the environment; they consider resilience as the person’s ability to establish a biosafety balance in a dangerous situation.

Blak believes emotion and behavior is conceptualized, resilience of the ability to match the level Control is in accordance with the environmental conditions. As a result of this adaptive flexibility, people with high resilience levels are more likely to experience positive emotions in their lives and have higher self-esteem and have better psychological compatibility than those with a low resilience (Kayani, 2010). As a result of the resiliency process, the effects of harm, modification or modification, or even disappear, and mental health are preserved Inzlicht et al., 2006; quoted from Ahmadi & Sharifi, 2014).

In addition, researchers believe that resilience to a type of recovery is associated with positive emotional, emotional, and cognitive effects (Garmezy & Masten, 1991; Masten, 2001; Rutter, 1999). In a study by Hjemdal, Vogel, Solem, Hagen, & Stiles (2011), those with the highest scores in resilience have the lowest levels of depression, anxiety, and obsessive compulsive disorder.

Concerning the effects of resilience, a number of studies have pointed to an increase in mental health and life satisfaction (Antonovsky, 1987 and Lazarus, 2004 quotes from Mortazavi & Yarallah, 2014).

Regarding the concepts and the psychological hardiness and resiliency of the elements that influence the mental health of students, and to investigate whether these attributes can be related to the environmental variable (university in the present research), the current research, the following questions were taken for the purpose of reading:

1) What are the athletic students in terms of psychological hardiness?
2) What are the athletic students in terms of resilience?
3) What is the mental health of athlete students?
4) Is there a relation between mental hardiness, resilience and mental health of athlete students?
5) Can one predict the psychological hardiness and resilience of mental health of athlete students?
2. Methodology

2.1. Population, Samples and Sampling Methods

This research has been done in the unit of Guilan province of University of Science and Technology. The data gathered by attending the centers of the university which implements the athletic disciplines. The sample filled the questionnaires and returned to the researches. The research population consisted of all athletic students of the Applied Science University of Guilan, who usually practice sports throughout the year. The number of these students was about 1400. Sampling was performed randomly (155) through Kerjeci and Morgan table. Sample selection was done in a few consecutive weeks among the athletic students, so random sampling was also included. The demographic characteristics of the students were consisted of: 95 males and 60 females, 80 natives and 75 exotics and 25 in the first, 35 in the second, 58 in the third and 20 in the final year of their study.

2.2. Research Tool

In the present study, in order to collect information, a questionnaire was used in addition to the demographic questionnaire for collecting personal information of the subjects.

**Conner and Davidson Resilience Scale (CD-RISC)**

This scale has 25 options in five (never, rarely, sometimes, always), which has adapted for use in Iran. Cronbach’s alpha coefficient was 0.87 for the reliability of this test.

**Ahwaz Hardiness Questionnaire**

Ahwaz Hardiness Questionnaire is a self-report paper-pencil scale with 27 items. The scoring of this 27-item questionnaire is that subjects never answer one of four options rarely, sometimes more often, based on values of 0, 1, 2, 3. Except for materials 7, 10, 13, 17, 21, 6 which have a negative practical load and are graded in reverse order. The score range in this questionnaire is from 0 - 81. The high score in this questionnaire reflects a high tenacity in the individual. To assess the validity of this questionnaire, four test criteria such as anxiety inventory, depression questionnaire, self-actualization questionnaire and structural definition of psychological hardness were used. A questionnaire of psychological hardness or anxiety inventory ($r = /055$), depression questionnaire ($r = 0.062$), self-actualization questionnaire ($r = /055$), and a meaningful relationship with structural definition of psychological hardness ($r = /051$). These coefficients are favorable and satisfactory. To validate this questionnaire, two methods of retest and internal consistency have been used. The test retest reliability coefficients between the two test scores (test-retest) for all subjects were equal to 0.84, for female subjects equal to 0.85 and for male subjects equal to 0.84. Also, the Cronbach’s alpha coefficient for all subjects is 0.76, for male subjects equal to 0.76. Considering the above findings, the reliability coefficients of this questionnaire are also satisfactory (Kiyamarati, 1997).
**General Health Questionnaire (GHQ-28)**

At present, there are 12, 28, 60, 30 forms of this questionnaire (Cheung & Spears, 1994). In this research, researchers used the 28th article of this questionnaire. Its 28-item form has the benefit of being designed for all people in the community. The questionnaire has four scales: physical symptoms, anxiety, social dysfunction and depression. The General Health Questionnaire is used to screen those who are likely to have mental disorders (Sturra, 1998). The purpose of this questionnaire is not to achieve a specific diagnosis in the hierarchy of mental illness, but the main purpose of making a distinction between mental illness and health. The questions in this questionnaire are 4 options. Each respondent’s answer is 0 to 3, and the overall score of each individual is derived from the sum of scores of 4 sub-scales and shows his general health (Sturra, 1998). In checking the validity of the questionnaire (GHQ-28), Cheung & Spears (1994) calculated the Spearman rank correlation formula by using the open-ended method, and the coefficient of homogeneity of this questionnaire was 0.85. In this Yaghoubi, 1998 estimated the homogeneity coefficient of this questionnaire by Cronbach’s alpha method of 0.92. In a real review and his colleagues (quoted from Pourabad, 2005), for the reliability of the four areas of the questionnaire, Cronbach’s alpha method, the coefficients were 0.92, 0.88, 0.91, 0.83, and in a one-to-one way The order of 0.75, 0.69, 0.88, and 0.89 have been reported. Also, the coefficients of validity for the four domains were reported to be 0.86, 0.85, 0.72, 0.82, respectively. In the research of Pourabad Hamelmo (2005), the Cronbach’s alpha method was used to find the reliability of the test. The coefficients obtained for the quadruple range were 0.68, 0.68, 0.43, 0.74, and also the alpha coefficient. The result was 0.86 for the whole scale.

### 3. Findings

The mean and standard deviation of age, hardness, resiliency and mental health of the subjects are presented in **Table 1**.

In **Table 2**, correlation coefficients are presented to show the relationship between mental health, hardness and resiliency variables.

According to **Table 2**, there is a significant negative relationship between mental health and psychological hardness of subjects ($r = -0.814$). This means that the higher the level of hardness scores increases, the mental health scores will decrease (we note that the reduction in the mental health scale score means better mental health), there is a significant negative relationship between mental health and resiliency ($r = -0.794$), meaning that the scores of the resilience scale increase, the scores of the mental health scores are reduced. There is a significant positive correlation between mental health and resiliency ($r = 0.948$), which means that with increasing stiffness, resilience also increases. To predict the importance of predictive variables (hardiness and resiliency) for the criterion variable (mental health), regression analysis was used. The result of this analysis is presented in the following **Table 3**.
Table 1. Mean age, psychological hardiness, resiliency and mental health of subjects.

|                          | Mean     | Standard deviation |
|--------------------------|----------|--------------------|
| Age                      | 19/09    | 2/76               |
| Mental health            | 18/67    | 6/25               |
| Resiliency               | 33/88    | 8/09               |
| Psychological hardiness  | 29/93    | 7/08               |

Table 2. The three variables of mental health, hardiness and resiliency in the subjects studied.

| variables                  | Mental health | Hardiness | Resiliency |
|----------------------------|---------------|-----------|------------|
|                           | The correlation coefficient | The significance level | Number | 1 | 0/000 | 0/000 | 155 | 155 |
| Mental health              | –0/814**      | 0/000     | 0/000      |
|                           | –0/794**      | 0/000     | 0/000      |
| Hardiness                  | –0/814**      | 0/000     | 0/000      |
|                           | 0/948**       | 0/000     | 0/000      |
| Resiliency                 | –0/794**      | 0/000     | 0/000      |
|                           | 0/948**       | 0/000     | 0/000      |

Table 3. Forecaster variables for the criterion variable.

Model summary

| Model | R   | R2 |
|-------|-----|----|
| 1     | 0/814 | 0/663 |

Variance analysis table

| Model | SS         | D.f | MS   | F      | The significance level |
|-------|------------|-----|------|--------|------------------------|
| 1     | Regression | 15,555/329 | 1   | 116/141 | 116/141 | 0/000 |
|       | The remainder | 790/113 | 59  | 13/392  | 13/392 | 0/000 |
|       | Total       | 2345/443 |     |        |          |     |

Predictors: Hardiness and Resilience; Dependent variable: mental health.

Coefficients

| Model  | Standard coefficients | Non-standard coefficients | T | The significance level |
|--------|-----------------------|---------------------------|---|------------------------|
|        | B         | standard error | Beta |                      |                          |
| 1      | constant number | 40/427 | 2/070 | 19/52 | 000/0 |
|        | Hardiness   | –0/537 | 0/210 | –0/608 | –2/563 | 0/013 |
|        | Resilience  | –0/168 | 0/183 | –0/217 | –0/915 | 0/363 |

The value of F statistic obtained from regression analysis at $P < 0.01$ showed that there is a relationship between hardiness, resiliency and mental health of the subjects in the research. Also, 0.66% of the variance between hardiness and resiliency is common with mental health. Among the hardiness and resiliency va-
variables, hardiness more than resilience affects the mental health of the subjects
and this means that the addition of the amount of resonance variance to the equa-
tion does not significantly increase.

4. Conclusions and Discussion

Since ancient times, there was a perception that climate and geography affect
humans; in other words, environmental factors are phenomena affecting the
physical, psychological and social aspects of human beings and people who are
more connected with these phenomena. Possibly, they have a higher ability to
capture and internalize their associated features as personality and behavioral
features. Adoption of this view has the proper educational effect, so that by ad-
justing the specific educational situations and situations, we can achieve the de-
sired results in order to enhance the personality dimensions of individuals. For
example, Peacock-Villada, Decelles, & Banda (2007) found that stubborn psy-
chology training has been effective in making decisions and increasing the agility
of footballers. Also, Martin-Krumm, Sarrazin, Peterson, & Famose (2003) showed
that athletes who have a higher maturity increase the amount of exercise and ex-
ercise after the defeat. In the present study with the consideration of the
above-mentioned approach, the following results are obtained:

The purpose of this study was to investigate the role of psychological hardi-
ness and resilience in mental health. The discussion of the relationship between
psychological hardiness and resilience with mental health is widespread and a
wide-ranging debate. Today, most researchers emphasize the role of psychologi-
cal and resilience hardiness as a factor protecting individuals from stress.

- The results show that the current research subjects have good mental health,
  high resilience and desirable psychological hardiness. The mean of mental
  health in the present study (18.67) is a good score.

- The results of the research show that there is a significant negative relation-
  ship between mental health and hardiness of the subjects as well as mental
  health and resilience of the subjects. This means that the higher the scores of
  the firmness and resiliency scale will be, the scores of mental health scales
  will decrease (we note that the reduction of the mental health scale score
  means better mental health). This result suggests that subjects with higher
  psychological hardiness and higher levels of mental health have a better and
  more appropriate situation. This conclusion is consistent with the following
  research:

Negative correlation of physical syndrome, anxiety, social dysfunction and
depression with psychological hardiness were also found in the findings of Verdi
(2001). Some studies also show a significant negative relationship between resi-
lency and hardiness with anxiety and depression and suggest that tolerant
people can overcome a variety of adverse effects.

Narimani, Amini-zarar, Barghmand, & Abolghasemi (2007) showed that there
is a significant positive relationship between psychological hardiness, thinking
styles, and social skills with the academic achievement of students in the research. From the three predictor variables, the hardness and thinking style variables have the ability to predict students’ academic achievement.

Inzlicht et al. (2009) have shown resilience and hardness to reduce anxiety and depression. In their opinion, resilient people can overcome a variety of adverse effects and maintain their mental health. These findings are in line with past research in this area Kalantar (1998) and Verdi (2001). Hardness as a source of internal resistance seems to reduce the negative effects of stress and prevent physical and mental disorders.

Kalantar (1998) and Verdi (2001) in their research showed that there is a significant negative correlation between psychological hardiness and mental illness (anxiety, depression and physical complaints). Therefore, it can be said that people with mental disorder (physical syndrome, anxiety, social dysfunction and depression) have a low tenacity and may be in a position to deal with stressful events through retroactive coping strategies to use. The findings of Shakirinia’s (2010) research showed that there is a large overlap between psychological hardness and mental health.

Feiz, Neshat Dost, & Nael (2001) showed that students who scored high in the Hardiness Questionnaire used significantly more than problem-oriented coping methods, while students who scored lower in hardness questionnaire significantly more than emotional coping methods. In a study by Baiyazi & Rastegari (2005), it was found that coronary heart disease patients showed higher and lower stress levels in both men and women than in healthy subjects. The results of Ghamari (2007) research showed that there is a positive and significant relationship between faculty members’ and students’ ‘hardiness and job satisfaction. Hamid (2007) also showed that the tenacity personality traits reduced the negative effects of stress on coronary heart disease. People with low firmness are susceptible to coronary artery disease.

The findings of this study are in line with the relationship between psychological hardness and resiliency with mental health by the studies of Estasuddine, Lindal and Brom, Hartar, Colpatrick, David, Stewart, Ritchell and Chaudio, Tol, Sang and Jordan. These studies show this is where people with high resilience maintain their psychological health in stressful and harsh situations. As Betancourt, Miyres, Okay, Charo and Hansen in a research study on children with AIDS, found that creating resilient thinking in people could have a positive impact on mental health and, consequently, the physical health of children (Mortazavi & Yarallah, 2014).

The results of this study show that psychological hardiness and persistence of elements that can predict mental health of individuals. By observing Table 3, there is a relationship between hardness, resilience and mental health, and 66% of the variance between hardness and resilience is shared by mental health. Also, among the hardiness and resiliency variables, hardiness more than resilience affects the mental health of the subjects, which means that the addition of the amount of resonance variance to the equation does not sig-
nificantly increase. This result is also consistent with the following research:

Asgari & Homaei (2010) also showed that among the two variables of the study’s predisposing, psychological hardiness and psychological stress then better predict mental health. The more a person receives a higher score on a psychological hardiness scale, it reports less stress. In other words, the first effect of improving the person’s abilities in resilience, reducing mental and emotional problems, increasing mental health and, as a result, increasing the level of person’s satisfaction from life (Mikalay, Masoud Ganji, & Talebi Joybari, 2012).

Rahimian Boogar & Asgharnejad Farid (2008) showed that resiliency and hardiness have a significant predictive potential for mental health. In this study, restitution was the best predictor of mental health.

**Conclusions and Discussion**

1) The connections people make with others are directly or indirectly related to their personality traits. Communicating appropriate, effective and fruitful relationships depends on personality abilities. Personality traits usually find their full form in the transition from a long process of growth and psychology and affect many factors. Acquiring knowledge and knowledge about these various factors can lead to their proper application at various educational levels. Therefore, it is up to the authorities and social planners to provide the appropriate context for the development of these valuable personal characteristics through the acquisition of knowledge from psychologists and behavioral sciences by appropriately developing and implementing appropriate life skills training programs and family education.

The social character expresses the natural and natural development of individuals. If physical education in a society conforms to the principles of this science, it removes the athlete from individualism and self-centeredness and improves the development of natural morals in one person, which, as a result of the flourishing of this talent, the person of the people of the community becomes easier to communicate with and lives next to them (Aziz Abadi Farahani, 1994). George Kelley, a famous psychologist, “defines personality as the specific method and method of anyone searching for the meaning of life”. Studies have shown that athletes and heroes work with courage and dedication, and on the will Self-mastery (Koushepher, 2002). Games and sports have a close relationship with the development of the child’s personality and bring it to the stage of social dignity and social awareness. Regarding the relationship of sport with personality traits, Isaac, by collecting a significant list of the results of sports and personality research, stated that there are three good areas of personality in relation to exercise such as extroversion, neuroticism and psychosis, and some traits, states and mood and have a good relationship with athletic behavior. “Exercise changes in personality gradually, slowly and after many years,” he says, “because exercising the sympathetic nervous system changes expectations and values.” (Abdoli, 2007).

2) Students, especially applied academic students, who have to wrench themselves, are considered the main assets of each country and have a special place.
Attention to these students and the importance of young people’s needs will be promoted, promoted and improved. In addition, the student’s period is regarded as the best of life. Therefore, taking advantage of this unique position to promote knowledge and knowledge is always important and valuable. Therefore, proper utilization of the capabilities of students, especially applied academic students, and preparing them for a better and better quality life, and more skillful than priorities Planners and officials of countries.

The mental health of students in every community is important because students are among tomorrow’s makers of each community. Having a mental disorder can lead to academic failure, even in cases of school drop-outs. For this reason, doing research in the field of sport and psychological components of human beings can enhance the mental and physical health of the community by highlighting the desired effects of sport and physical activities on the human psychological aspects, while interesting the students in exercise. According to the results of research, Amani et al. (2013), athletes have fewer psychiatric disorders than non-athletes, which shows the effect of exercise on mental health.

3) Exercise and physical activity are another component that has been considered in this research. Today, for a healthy and prolonged life, engaging in sports and physical activity is a principle. Exercise, in addition to being a physical activity, is also a lesson in life and social education. Those exercising exercise, in addition to physical activity, work together with others to group activities in which there is a diverse learning based on collaboration, collaboration, co-operation, and support for others.

Societal research in sport has a direct relationship with the development of sociology of sport. During the 1960s and early 1970s, many efforts have been made to explain the various aspects of participating in sporting activities. In most sources, there are two types of socialization in sport and socialization through exercise. At first, the individual socializes in the role of a sport like an athlete, and in the latter he learns attitudes, values, skills and general attitudes—such as chivalry, discipline—that is thought to be achieved in sporting activities. Social Exercise through sports is the effect of exercise on beliefs, attitudes, and the ability of individuals to make communication and decision-making skills through sport (Abdoli, 2007).

The focus on socialization and its relation to sports was culminating in an international seminar on “socialization through sport”. The seminar, which was held in Canada in 1971, concluded that physical culture was a factor. It’s important to socialize the person (Anwar Al-Kholuli, 2004).

The transfer and application of social learning of the sport and reflection of these learned behaviors make the person able to live in the group. The social experience gained through physical education group activities is very useful in solving social problems. Logical decisions, Ethical judgments and their experience in sports fields can be brought to life. The imitation of coaches and leaders in speeches and deeds that are respected by participants in sports activities will create a high profile for athletes and students.
The results of the research can be used by so many organizations including educational sports, Faculties of Physical education, centers of University of applied science and technology especially the centers which implement the sports disciplines.

**Acknowledgements**

It is necessary to thank and acknowledge all the managers, head of departments and students of centers of the University of Applied Science and Technology Guilan province Unit, who help us doing the research in a qualitative and accurate way.

**Conflicts of Interest**

The authors declare no conflicts of interest regarding the publication of this paper.

**References**

Abdoli, B. (2007). *Psychological and Social Fundamentals of Physical Education and Sports* (2nd ed.). Tehran: Bamdad Book.

Adams, J. H. (1997). *Perspectives of the Oldest-Old Concerning Resilience across the Life Span*. Las Cruces, NM: New Mexico State University.

Ahmadi, R., & Sharifi, P. (2014). Investigating the Effectiveness of Resiliency Education on the Mental Health of People Affected by Materials in the Tuscany Center of Tehran. *Quarterly Journal of Clinical Psychology*, No. 16, 2-4.

Amani, F., Naghizadeh, M., & Mastali, Z. M. (2013). The Effect of Exercise on Mental Health of Students in Ardabil University Universities. Student Research Committee of Ardabil University of Medical Sciences. *American Journal of Orthopsychiatry*, 710, 290-297.

Antonovsky, A. (1987). *Unraveling the Mystery of Health*. San Francisco, CA: Jossey-Bass.

Anwar Al-Kholuli, A. (2004). *Sports and Society* (Translator Hamid Reza Sheikhi, 2nd ed.). Ministry of Foreign Affairs Publication.

Asgari, P., & Homaei, R. (2010). The Relationship between Psychological Stress and Psychological Hardiness with Mental Health of Girl Students. *New Findings in Psychology*, Summer, 97-96.

Attari, N., Nisea, A., Yousefi, N., & Nabavi, C. (2004). Comparison of Psychological Hardiness, Excitement and Non-Toxic and Non-Toxic Personality Status among Women and Men with Cancer and Normal People Referring to Ahwaz Counseling and Psychotherapy Centers. *Journal of Educational Sciences and Psychology, Shahid Chamran University of Ahvaz*, 1 & 2, 101-120.

Aziz Abadi Farahani, A. (1994). *General Physical Education* (Eighth Edition). Tehran: Payame Noor University Press.

Azmudeh, P. (2004). *The Relationship of Religious Orientation with Hardiness and Happiness of Students of Shahid Beheshti University*. Master’s Thesis, Tehran: Faculty of Education and Psychology, Shahid Beheshti University.

Baiyazi, M., & Rastgari, Y. (2005). Relationship between Type 2 Behavior, Hardiness, and Stress with Coronary Heart Disease. *Psychological Research*, 15, 40-58.

Cheung, J., & Spears, G. (1994). Reliability and Validity of the Cambodian Version of the
28-Item General Health Questionnaire. *Social Psychiatric Epidemiology*, 29, 95-99.

Connor, K. M., & Davidson, J. R. T. (2003). Development of a New Resilience Scale: The Conner-Davidson Resilience Scale (CD-RISC). *Depression & Anxiety*, 18, 76-82. 
https://doi.org/10.1002/da.10113

Delahaij, R., Gaillard, A. W. K., & Van Dam, K. (2010). Hardiness and the Response to Stressful Situations: Investigating Mediating Processes. *Personality and Individual Differences*, 49, 386-390. https://doi.org/10.1016/j.paid.2010.04.002

Feiz, A., Neshat Dost, H., & Nael, H. (2001). Investigating the Relationship between Psychological Hardiness and Coping Methods with Stress. *Journal of Psychology*, 3, 303-315.

Garmezy, N., & Masten, A. (1991). The Protective Role of Competence Indicators in Children at Risk: Perspectives on Stress and Coping. In E. M. Cummings, A. L. Green, & K. H. Karraki (Eds.), *Life Span Developmental Psychology: Perspectives on Stress and Coping* (pp. 151-174). Hillsdale, NJ: Lawrence Erlbaum Associates.

Ghamari, M. (2007). Comparison of Hardiness and Job Satisfaction and the Relationship between These Variables among Faculty Members of Azad University and Teachers of City of Abhar Education. *New Research and Consulting Services*, 21, 127-142.

Haghighati, C., Attari, Sina Rahimi, S., & Soleimaniyan, L. (1999). Relationship between Hardiness and Its Components with Mental Health in Undergraduate Male Students. *Journal of Educational Sciences and Psychology, Shahid Chamran University of Ahvaz*, 3, 1-18.

Hamid, N. (2007). Investigating the Relationship between Personality Characteristics of Hardness and Stress with Coronary Heart Disease. *Scientific Journal of Medicine*, 53, 219-225.

Hjemdal, O., Vogel, P. A., Solem, S., Hagen, K., & Stiles, T. C. (2011). The Relationship between Resilience and Levels of Anxiety, Depression, and Obsessive-Compulsive Symptoms in Adolescents. *Clinical Psychology & Psychotherapy*, 18, 314-321. 
https://doi.org/10.1002/cpp.719

Inzlicht, M., Aronson, J., Good, C., & Mckay, L. (2006). A Particular Resiliency to Threatening Environments. *Journal of Experimental Social Psychology*, 42, 323-336. 
https://doi.org/10.1016/j.jesp.2005.05.005

Inzlicht, M., Aronson, J., Good, C., & McKay, L. (2009). A Particular Resiliency to Threatening Environments. *Journal of Experimental Social Psychology*, 42, 333-336. 
https://doi.org/10.1016/j.jesp.2005.05.005

Jafari, A., Hajlu, N., Faghani, R., & Khazan, K. (2012). Psychological Behavior and Psychological Hardiness with Mental Health of the Elderly. *Research on Behavioral Sciences*, No. 6, 432-433.

Joker, B. (2007). The Role of Resilient Mediator in the Relationship between Emotional Intelligence and Public Intelligence with Satisfaction of Life. *Contemporary Psychology*, No. 2, 3-4.

Kalantar, J. (1998). *The Investigation of Multiple Relationships between Personality Ratio, a Personality Type, and Psychological Pressures with Mental Illnesses in Third Year Schoolchildren in New Ahwaz City*. Graduate Student, Undergraduate Student, Shahid Chamran University of Ahvaz.

Kaplan, H., & Saduk, B. (1994). *Psychoanalysis, Behavioral Sciences and Clinical Psychiatry* (Translation of Pourfakariat). Tehran: Azadeh Publications.

Kayani, S. (2010). *The Relationship between Emotional Intelligence, Resilience and Social Adjustment in Controlled Students to Explain the Mental Health Model*. Master The-
sis, Tehran: Allameh Tabatabai University, Faculty of Psychology and Educational Sciences.

Khoda Rahimi (1995). *The Concept of Psychological Health.* Mashhad: Javadan Shrud Publication.

Khodadadi Sangedeh, E., Etemadi, A., & Alavi Kamousi, A. (2014). The Effectiveness of Existential Therapy on Improving Mental Health of Students. *Journal of Research in Cognitive and Behavioral Sciences, No.* 2, 16-24.

Kiyamarati, A. (1997). *Compilation and Credit Validation for Measuring Psychological Hardiness and Its Relationship with Personality Type A, Self-Esteem, Physical Complaints and Academic Performance in Male and Female Students of Islamic Azad University, Ahvaz.* Master’s Thesis, Ahvaz: Islamic Azad University of Ahvaz.

Kobasa, S. C. (1979). Stressful Events, Personality, and Health: An inquiry into Hardiness. *Journal of Personality and Social Psychology, 37,* 1-11.

Koushepher, A. A. (2002). *Fundamentals of Physical Education.* Tabriz: Islamic Azad University Press.

Lazarus, A. (2004). *Relationships among Indicators of Child and Family Resilience and Adjustment Following the September 11, 2001 Tragedy.* City: The Emory Center for Myth and Ritual in American Life.

Lehtinen, V., Joukama, M., & Lahtela, K. (1990). Prevalence of Mental Disorders among Adults in Finland. Basic Result from the Mini Finland Health Survey. *Acta Psychiatrica Scandinavica, 81,* 418-425. https://doi.org/10.1111/j.1600-0447.1990.tb05474.x

Luther, S. S., Cicchetti, D., & Becker, B. (2000). The Construct of Resilience: A Critical Evaluation and Guidelines for Future Work. *Child Development, 71,* 543-562. https://doi.org/10.1111/1467-8624.00164

Martin-Krumm, C. P., Sarrazin, P. G., Peterson, C., & Famose, J.-P. (2003). Explanatory Style and Resilience after Sports Failure. *Personality and Individual Differences, 35,* 1685-1695. https://doi.org/10.1016/S0191-8869(02)00390-2

Maslow, A. (1993). *Personality Motivation.* Translation of Rezvani, Astan Quds Razavi, Mashhad.

Masten, A. S. (2001). Ordinary Magic: Resilience Processes in Development. *American Psychology, 56,* 227-238. https://doi.org/10.1037/0003-066X.56.3.227

Mikalay, N., Masoud Ganji, M., & Talebi Joybari, M. (2012). Resiliency Comparison, Marital Satisfaction and Mental Health in Parents with Children with Normal Learning. *Journal of Learning Disabilities, No.* 1, 121-123.

Mohammadi, M., & Dehghanpour, M. (2001). Psychological Pathology Substance Abuse. Tehran.

Mortazavi, N., & Yarallahi, N. (2014) Meta-Analysis of the Relationship between Resilience and Mental Health. *Journal of Basic Principles of Mental Health, No.* 3, 104-107.

Narimani, M., Amini-zarar, M., Barghmand, A., & Abolghasemi, A. (2007). Relationship between Psychological Hardiness, Thinking Styles and Social Skills with Students’ Academic Achievement. *Journal of Psychology, Tabriz University, 2,* 93-107.

Navid, M. (2008). *The Effect of Group-Based Problem Solving Skills on Aggression and Hardiness of 20-12-Year-Old Girls Living in Welfare Center of Tehran.* Master’s Thesis, Tehran: Faculty of Educational Sciences and Psychology, Shahid Beheshti University.

Peacock-Villada, P., Decelles, J., & Banda, P. S. (2007). Grassroot Soccer Resiliency Pilot Program: Building Resiliency through Sport-Based Education in Zambia and South Africa. *New Directions for Youth Development, 2007,* 141-154.
Pourabad Hamelmo, A. (2005). Mental Health Status of Students and Their Relation with Automatic Learning and Academic Achievement. Research Project of West Azarbaijan Research Council. Psychological Review, 84, 191-215.

Rahimian Boogar, A., & Asgharnejad Farid, A. S. (2008). The Relationship between Psychological Hardiness and Self-Resilience with Mental Health in Youth and Adolescents Surviving the Zeleny of Bam City. Journal of Psychiatry and Clinical Psychology of Iran (Thoughts and Behavior), 14, 62-70.

Ross, S. E., Niebling, B. C., & Heckert, T. M. (1999). Sources of Stress among College Students. College Students Journal, 33, 312-317.

Rutter, M. (1999). Resilience Concepts and Findings: Implications for Family Therapy. Journal of Family Therapy, 21, 119-144.

Shafi Abadi, A., Shirbyam, Z., & Sudan, M. (2009). Relationship between Mental Health and Students’ Psychological Hardiness. Thoughts and Behavior, No. 13, 1-3.

Shakirinia, A. (2010). Relationship between the Degree of Sound Perception, Psychological Hardiness and Mental Health with Quality of Life in Residents of the Vast Areas of Rasht City. Journal of Health and Hope, 476-477.

Sharifi, Kh., Arizi, H., & Namdari, K. (2005). Investigating the Relationship between Family Function and Psychological Hardiness in Students. Daneshvar Behavior, 10, 85-94.

Sturra, C. (1998). Stress or Stress. Translation of the Dadsetan, First Crop, Roshd Publishing. Tehran. To Hardiness. Journal of Personality and Social Psychology, 7, 414-417.

Vance, D. E., Struzick, T. C., & Masten, I. (2008). Hardiness, Successful Aging and HIV: Implications for Social Work. The Journal of Gerontological Social Work, 51, 260-283. https://doi.org/10.1080/01634370802039544

Verdi, M. (2001). The Relationship between Perfectionism and Psychological Hardiness with Mental Health and Academic Performance of Female Students of Ahvaz Pre-University Centers. Thesis Master, Ahvaz: Shahid Chamran University of Ahvaz.

Waller, M. A. (2001). Resilience in Ecosystem Context: Evolution of the Concept. American Journal of Orthopsychiatry, 71, 290-297.

Yaghoubi, H. (1998). A Study of Mental Health Status in Guilan University of Medical Sciences, students. Journal of Guilan University of Medical Sciences, 7, 41-48.