

Self-Esteem and Coping Strategies as Correlates of Resilience among Emerging Adults in Bandung

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Abstract

This research investigated the relationships among self-esteem, coping strategies, and resilience among emerging adults living in Bandung. The study used a quantitative correlational design and involved 150 participants aged 19-29 recruited through purposive, nonprobability sampling. Participants completed measures of self-esteem, coping strategies, and resilience. The analyses included descriptive statistics, gender comparisons, Pearson correlations, tests of regression assumptions, and multiple linear regression. The results showed a positive and statistically significant association between self-esteem and resilience. By contrast, coping strategies were not significantly associated with resilience, either in the bivariate analysis or after self-esteem was entered into the regression model. Although the model as a whole reached statistical significance, it explained only a limited proportion of the variance in resilience. Self-esteem, therefore, emerged as the more salient correlate in this sample. The findings also suggest that resilience may be associated with personal, interpersonal, and contextual resources beyond those examined in this study. Interventions for emerging adults may consequently benefit from promoting constructive self-evaluation while considering the effectiveness and situational suitability of coping responses, rather than their frequency alone.

Keywords: Self-Esteem, Coping Strategies, Resilience, Emerging Adults, Bandung

1. Introduction

Emerging adulthood describes the developmental interval between late adolescence and established adulthood. It is commonly marked by identity exploration, a growing expectation of independence, changing social relationships, educational and occupational adjustment, and decisions concerning future life directions ([Arnett, 2000](#); [Arnett et al., 2014](#)). These transitions may place substantial psychological demands on young people, who must often manage financial concerns, career uncertainty, academic stress, future-oriented anxiety, and questions about identity. For the purposes of this study, emerging adulthood referred to Bandung residents aged 19–29 years.

Bandung offers an urban setting where young adults encounter diverse educational, social, and employment opportunities. Statistics published by Badan Pusat Statistik Kota Bandung show that young people are distributed across employment, unemployment, and formal education. Such patterns reflect ongoing transitions toward occupational stability and personal

independence. These transitions can become stressful when individuals must deal with insecure employment, limited economic resources, or uncertainty about their next educational and career steps ([Badan Pusat Statistik Kota Bandung, 2025](#)).

The challenges of emerging adulthood often arise across several areas of life simultaneously. Academic obligations, career demands, financial strain, expectations from family, difficulties in social relationships, and concerns about mental well-being may occur together. Under these conditions, individuals can experience self-doubt, a sense of being left behind, and uncertainty about how to respond effectively. Resilience is therefore relevant because it concerns the capacity to preserve adaptive functioning while adjusting to demanding circumstances.

Research in higher education settings reveals several pressures faced by young adults. Academic procrastination may affect students' readiness to meet educational responsibilities ([Sastri, 2022](#)), while final-year students may require emotional support as they manage stress during the completion of their final projects ([Halawa & Akbar, 2025](#)). Preparation for future work is also influenced by career self-efficacy, which helps students judge their ability to make educational and occupational plans ([Ekanesia, 2022](#)). In addition, uncertainty about the future may be linked to psychological well-being when confidence in personal capabilities remains unstable ([Mukaromah & Sastri, 2025](#)).

An initial online survey was administered through Google Forms to 30 Bandung residents aged 19–29 years. Anxiety about the future was reported most often (73.3%). Employment or career concerns and financial pressure were each reported by 46.7% of respondents, followed by family demands (33.3%), romantic-relationship concerns (23.3%), academic pressure (20.0%), friendship or other social pressures (16.7%), and digital or social-media pressure (10.0%). More than half of the respondents (53.3%) also stated that they often or very often felt burdened by their current situation.

The preliminary survey further showed that 53.3% of respondents frequently questioned their own ability when confronting problems. Low adaptability scores were observed in 26.7% of respondents, and 36.7% reported a tendency to keep their feelings to themselves under pressure. Written responses addressed quarter-life concerns, employment and financial insecurity, academic responsibilities, family expectations, decision-making uncertainty, and fear about the future. Together, these responses suggest that the strain experienced during emerging adulthood involves both present difficulties and uncertainty about future roles, as well as how individuals evaluate their own capacity to cope.

Studies conducted in West Java and Bandung have examined performance-related demands in entrepreneurial and organizational settings, including entrepreneurial marketing among small and medium-sized enterprises and the roles of job descriptions and compensation in employee performance ([Mubarok et al., 2023](#); [Muttaqin & Saputro, 2023](#)). Although these studies did not directly examine resilience, they illustrate aspects of the economic and workplace environment that emerging adults may encounter as they prepare for or enter employment. Such demands may become particularly challenging for individuals who have not yet secured stable employment. Resilience is relevant in this broader context because it refers to the capacity to remain functional, adapt, and recover in the face of adversity ([Campbell-Sills & Stein, 2007](#); [Masten, 2001](#)).

For emerging adults, resilience supports constructive responses to change, setbacks, personal problems, and distressing emotions. It is equally important in rapidly changing social and employment environments, where individuals must continue functioning while adapting to

disruption and new demands ([Bernadus & Prasetyaningtyas, 2023](#)).

Self-esteem is one internal resource that may be related to resilience. It concerns how individuals evaluate and value themselves, including self-acceptance, self-respect, a sense of worth, and positive or negative self-judgments ([Rosenberg, 1965](#)). A more favorable self-evaluation may support confidence, acceptance of limitations, and readiness to face pressure. This issue is particularly relevant in emerging adulthood, when decisions about study, work, and relationships require a reasonably stable sense of self. Previous work has linked self-esteem with resilience in emerging adults ([Fadillah, 2024](#)), and intervention research suggests that self-esteem among university students can be strengthened ([Akbar et al., 2023](#)).

Coping strategies represent another potential correlate of resilience. [Lazarus and Folkman \(1984\)](#) described coping as cognitive and behavioral efforts used to manage demands that are perceived as burdensome or greater than one's available resources. Individuals may respond through problem-focused efforts directed at the source of difficulty or through emotion-focused efforts aimed at regulating emotional reactions. The usefulness of either approach depends on how well it fits the nature of the problem ([Lazarus & Folkman, 1984](#)).

A remaining question is whether self-esteem and coping strategies differ in the strength of their relationships with resilience among urban emerging adults. Existing studies have often considered the two predictors separately or within narrowly defined groups. [Fadillah \(2024\)](#), for example, studied emerging adults in dating relationships; Sari and Komarudin (2024) focused on students with people-pleasing tendencies; [Putra and Nuradina \(2023\)](#) examined employees during the COVID-19 pandemic; and [Akbar et al. \(2023\)](#) evaluated an intervention designed to improve student self-esteem. Consequently, evidence is still limited regarding the simultaneous associations of self-esteem and coping strategies with resilience among emerging adults in Bandung who face varied developmental pressures.

This study addresses that gap by estimating the relative relationships of self-esteem and coping strategies with resilience in a single regression model. Its objective was to determine how each predictor was related to resilience, both separately and when considered together, among emerging adults living in Bandung.

2. Literature Review

2.1 Self-Esteem and Resilience

Self-esteem reflects a broad judgment of one's own value, including self-acceptance, self-respect, and favorable or unfavorable attitudes toward the self ([Rosenberg, 1965](#)). This evaluation may become especially important during emerging adulthood, as young people navigate decisions about education, employment, autonomy, relationships, and future plans. A constructive self-view may help individuals sustain confidence and adjust to pressure, whereas a negative self-view may intensify doubt and make recovery from setbacks more difficult.

Empirical research supports a relationship between self-esteem and resilience. [Fadillah \(2024\)](#) reported such a relationship among emerging adults, although the participants were specifically individuals in dating relationships and forgiveness was tested as a mediator. [Akbar et al. \(2023\)](#) also found that group therapy could improve self-esteem in university students. While that study did not assess resilience directly, it indicates that self-esteem can be developed as a psychological resource rather than regarded solely as a fixed characteristic.

Prior evidence has therefore been drawn mainly from particular relational, educational, or

intervention settings. Less is known about the relationship between self-esteem and resilience among emerging adults in Bandung who face diverse developmental demands. Studies that place self-esteem and coping strategies in the same model are also uncommon. On this basis, the present study expected self-esteem to be positively associated with resilience.

2.2 Coping Strategies and Resilience

Coping strategies are deliberate cognitive and behavioral responses used to deal with demands that individuals judge as stressful or beyond their available resources ([Lazarus & Folkman, 1984](#)). Problem-focused coping attempts to modify or resolve the source of stress, whereas emotion-focused coping aims to regulate the feelings generated by the situation. The value of a particular response is influenced by both the nature of the stressor and the extent to which it can be controlled.

Previous findings suggest that coping may be connected with resilience under certain conditions. [Sari and Komarudin \(2024\)](#) identified a relationship between coping strategies and resilience in university students with people-pleasing tendencies. [Putra and Nuradina \(2023\)](#) examined the same constructs among employees during the COVID-19 pandemic, demonstrating the relevance of coping in a clearly defined period of occupational and situational stress.

Those studies involved specific populations and relatively bounded stress contexts. In contrast, emerging adults in Bandung may simultaneously encounter educational, occupational, financial, family, interpersonal, and future-related demands. The present research therefore tested whether coping strategies were related to resilience and whether that relationship remained evident after self-esteem was included in the analysis.

2.3 Research Hypotheses

Three hypotheses were formulated from the theoretical and empirical review. H1 proposed a positive relationship between self-esteem and resilience among emerging adults in Bandung. H2 proposed a positive relationship between coping strategies and resilience. H3 proposed that self-esteem and coping strategies would be positively related to resilience when entered together in the model.

3. Research Method

3.1 Research Design

A quantitative correlational design was adopted to evaluate the relationships among self-esteem, coping strategies, and resilience among emerging adults in Bandung. Because the purpose was to study naturally occurring variation, no intervention was delivered and none of the psychological variables was manipulated. Multiple linear regression served as the principal analytic method for estimating the unique and combined relationships of the two predictors with resilience.

3.2 Population, Sample, and Sampling Procedure

The target group consisted of emerging adults living in Bandung. A total of 150 individuals aged 19–29 years participated. Purposive nonprobability sampling was used because participation depended on characteristics specified by the research objectives. Eligibility required participants to (a) be 19–29 years old, (b) identify as male or female, and (c) live in Bandung when the survey was completed. Recruitment took place via social media, and eligible respondents completed the questionnaire online via Google Forms.

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3.3 Research Instruments

Three self-report measures were used to obtain scores for self-esteem, coping strategies, and resilience. Each measure was presented in the online survey and scored according to the response options established for the relevant construct.

Self-esteem was assessed using 10 statements adapted from the Rosenberg Self-Esteem Scale (RSES; [Rosenberg, 1965](#)). The measure represented global self-esteem through indicators of self-acceptance, self-respect, perceived personal worth, positive self-appraisal, and negative self-appraisal. Five statements were favorable, and five were unfavorable. Responses ranged from 1 (strongly disagree) to 4 (strongly agree), and the unfavorable statements were reverse-coded. Higher totals represented more positive self-esteem. Item SE4 did not satisfy the validity requirement and was omitted, so the final total was based on nine items.

Coping was measured using 12 statements derived from the [Lazarus and Folkman \(1984\)](#) framework. Six items represented problem-focused coping and six represented emotion-focused coping. The problem-focused dimension covered identifying the problem, planning and acting, and seeking information or help. The emotion-focused dimension covered emotional regulation and self-calming, acceptance and positive reappraisal, and attempts to reduce distress or obtain relief. Participants rated how often they used each response from 1 (never) to 4 (very often). A higher score denoted more frequent use of the corresponding coping approach. All items met the validity criterion.

Resilience was evaluated using 11 items from the 10-item Connor-Davidson Resilience Scale, as examined by [Campbell-Sills and Stein \(2007\)](#). An additional statement was included to better represent recovery in response to life changes. The scale was treated as unidimensional and covered endurance, adjustment to change, continued functioning under pressure, and recovery after adversity. Participants considered their experiences during the preceding month and selected responses from 0 (not true at all) to 4 (nearly always true). Higher totals indicated greater resilience, and all 11 items were retained.

3.4 Data Collection and Analysis

The questionnaire was distributed online through social media and completed in Google Forms. Responses were screened against the inclusion criteria before analysis, and only eligible cases were retained.

Measurement quality was examined first. Pearson item-total correlations were used to assess item validity; an item was retained if its correlation exceeded the critical value of .160 and was significant at $p < .05$. Cronbach's alpha was then calculated to evaluate internal consistency. Any item that failed the validity rule was removed before the relevant total score was computed.

Participant characteristics and score distributions were summarized descriptively. Differences between male and female participants were evaluated using independent-samples *t* tests; Welch's correction was applied when the equal-variance assumption was violated.

Bivariate relationships among self-esteem, coping strategies, and resilience were estimated with Pearson correlations. To examine coping in greater detail, separate correlations were also calculated for the problem-focused and emotion-focused dimensions.

Assumptions for multiple regression were checked before the main model was estimated. The Monte Carlo version of the One-Sample Kolmogorov-Smirnov test was used for residual normality. Deviation-from-linearity tests assessed linearity, tolerance, and variance inflation

factor values were inspected for multicollinearity, and the residual scatterplot was reviewed for homoscedasticity.

The final analysis used multiple linear regression to estimate the unique and joint relationships of self-esteem and coping strategies with resilience. Regression *t* tests evaluated each predictor, the *F* test evaluated the model as a whole, and the coefficient of determination summarized the proportion of resilience variance represented by the predictors.

4. Findings and Discussion

4.1 Findings

The sample comprised 150 participants, including 97 men (64.7%) and 53 women (35.3%). Tests comparing the two gender groups found no statistically significant differences in self-esteem, coping strategies, or resilience (all *p*-values > .05). Thus, although male participants were more numerous, gender was not associated with meaningful score differences in this sample. Table 1 summarizes the participant profile.

Table 1. Characteristics of the Study Participants

Characteristics	Category	Frequency	Percentage
Gender	Male	97	64.7%
	Female	53	35.3%
	Total	150	100.0%
Age group	19–21 years	51	34.0%
	22–24 years	77	51.3%
	25–29 years	22	14.7%
	Total	150	100.0%

Source: Authors' analysis of primary data (2026).

Table 2. Gender Differences in Self-Esteem, Coping Strategies, and Resilience

Variable	Male M (SD)	Female M (SD)	<i>t</i>	<i>p</i>
Self-esteem	25.93 (6.03)	26.13 (4.86)	−0.226	.822
Coping strategies	36.21 (7.11)	37.04 (5.48)	−0.739	.461
Resilience	30.44 (6.87)	30.91 (7.29)	−0.386	.700

Source: Authors' analysis of primary data (2026).

Scores varied across all three psychological measures. Self-esteem had a mean of 26.00 (SD = 5.626), coping strategies had a mean of 36.50 (SD = 6.575), and resilience had a mean of 30.61 (SD = 7.001). These descriptive values show that participants differed in each of the measured characteristics.

Table 3. Descriptive Statistics for the Study Variables

Variable	N	Minimum	Maximum	Mean	SD
Self-esteem	150	11	36	26.00	5.626
Coping strategies	150	12	47	36.50	6.575
Resilience	150	10	44	30.61	7.001

Source: Authors' analysis of primary data (2026).

4.2 Hypothesis Testing

4.2.1 Preliminary Analysis

Item testing retained nine of the ten self-esteem items, with SE4 excluded. Every coping item (12 items) and every resilience item (11 items) met the validity requirement. Internal-consistency coefficients for the three measures ranged from .855 to .887, indicating satisfactory reliability.

Table 4. Summary of Instrument Quality

Instrument	Initial items	Valid items	Excluded item	Cronbach's α	Decision
Self-esteem	10	9	SE4	.887	Reliable
Coping strategies	12	12	-	.855	Reliable
Resilience	11	11	-	.872	Reliable

Source: Authors' analysis of primary data (2026).

When the coping dimensions were evaluated separately, Cronbach's alpha was .795 for problem-focused coping and .802 for emotion-focused coping. Both coefficients indicated acceptable internal consistency.

The regression diagnostics supported use of the model. The Monte Carlo One-Sample Kolmogorov-Smirnov result was $p = .300$, supporting residual normality. Deviation-from-linearity values were .547 for self-esteem with resilience and .841 for coping strategies with resilience, indicating linear relationships. For both predictors, Tolerance was .923 and VIF was 1.084, providing no evidence of multicollinearity. The residual plot also showed a random distribution around zero rather than a systematic pattern, suggesting that heteroscedasticity was not present.

4.2.2 Correlation Analysis

Pearson analysis showed a positive, statistically significant correlation between self-esteem and coping strategies ($r = .278$, $p = .001$) and between self-esteem and resilience ($r = .304$, $p < .001$). Both correlations were small. The correlation between coping strategies and resilience was positive but very small and not significant ($r = .091$, $p = .266$). Accordingly, resilience was related to self-esteem but not to the overall coping score in this sample.

Table 5. Correlations among the Study Variables

Association	r	p	Description
Self-esteem and coping strategies	.278	.001	Positive, low, significant
Self-esteem and resilience	.304	< .001	Positive, low, significant
Coping strategies and resilience	.091	.266	Positive, very low, nonsignificant

Note: N = 150; an association was considered significant at $p < .05$.

Source: Authors' analysis of primary data (2026).

Because the coping measure contained two dimensions, further analyses examined problem-focused and emotion-focused coping separately. Their correlations with resilience are reported in Table 6.

Table 6. Correlations of Coping Strategy Dimensions with Resilience

Association	r	p	Description
Problem-focused coping and resilience	.110	.182	Positive, very low, nonsignificant
Emotion-focused coping and resilience	.050	.541	Positive, very low, nonsignificant

Note: N = 150; an association was considered significant at $p < .05$.

Source: Authors' analysis of primary data (2026).

Problem-focused coping showed a very low, positive, and nonsignificant correlation with resilience ($r = .110$, $p = .182$). The corresponding result for emotion-focused coping was also positive, very small, and nonsignificant ($r = .050$, $p = .541$). The dimensional results therefore supported the conclusion obtained from the overall coping score.

4.2.3 Multiple Regression Analysis

Multiple regression was used to assess both predictors in the same model. Self-esteem retained a positive and statistically significant relationship with resilience, whereas coping strategies did not show a significant unique relationship. Table 7 presents the coefficient estimates.

Table 7. Multiple Linear Regression Results

Predictor	b	SE b	β	t	p	Tolerance	VIF
Constant	20.551	3.568	-	5.759	< .001	-	-
Self-esteem	.376	.102	.302	3.691	< .001	.923	1.084
Coping strategies	.008	.087	.007	0.090	.928	.923	1.084

Source: Authors' analysis of primary data (2026).

The overall regression model was statistically significant, $F(2, 147) = 7.487$, $p = .001$. The multiple correlation was low ($R = .304$), and the model accounted for 9.2% of the variance in resilience ($R^2 = .092$). Table 8 provides the model summary.

Table 8. Regression Model Summary

R	R ²	Adjusted R ²	SE of Estimate	F	df	p
.304	.092	.080	6.715	7.487	2,147	.001

Source: Authors' analysis of primary data (2026).

4.3 Discussion

Self-esteem was positively related to resilience among emerging adults in Bandung in both the correlation and regression analyses. The relationship was statistically significant but modest in magnitude. Self-esteem therefore appeared relevant to resilience, although it accounted for only a limited portion of the differences observed between participants.

This pattern is compatible with [Rosenberg's \(1965\)](#) understanding of self-esteem as a broad evaluation of personal value. During emerging adulthood, a more favorable self-view may help individuals preserve confidence, adjust to setbacks, and remain functional while confronting academic, occupational, relational, and future-oriented demands.

The result is also in line with [Fadillah \(2024\)](#), who identified a relationship between self-esteem and resilience among emerging adults in dating relationships while examining forgiveness as a mediator. The current study broadens that evidence to Bandung emerging adults, without restricting participation by relationship status, and shows that the self-esteem relationship persisted after controlling for coping strategies. Its modest magnitude nevertheless indicates that other personal, social, and environmental resources are also likely to matter.

Coping strategies, in contrast, were not statistically related to resilience. This conclusion was the same for the total coping score and for the problem-focused and emotion-focused dimensions considered separately. In this sample, using coping responses more frequently was therefore not accompanied by meaningful differences in resilience.

This result contrasts with [Sari and Komarudin \(2024\)](#), who found a coping-resilience relationship among students with people-pleasing tendencies, and with [Putra and Nuradina \(2023\)](#), who studied employees during the COVID-19 pandemic. Differences in population and stress context may help explain the inconsistent findings. Participants in the present research faced a heterogeneous combination of academic, work-related, financial, family, and interpersonal pressures rather than one narrowly defined stressor.

The way coping was measured offers another possible explanation. The instrument recorded the frequency of problem-focused and emotion-focused responses but did not determine whether those responses were effective or suited to the specific situation. [Lazarus and Folkman \(1984\)](#) emphasized that coping usefulness depends on how a stressor is appraised and whether it can be changed. Frequent use of coping strategies, by itself, should therefore not be interpreted as evidence of greater resilience, because the same response may be helpful in one circumstance and ineffective in another.

No statistically significant gender differences were found for self-esteem, coping strategies, or resilience. Mean scores were similar for men and women even though the sample contained considerably more men. Gender alone did not distinguish the study variables in this dataset, but the unequal group sizes should still be considered when judging how representative the findings are.

The regression model reached statistical significance overall, $F(2, 147) = 7.487, p = .001$, but this does not mean that both predictors showed significant unique associations with resilience. The coefficient tests showed that the model result was driven primarily by self-esteem, while coping strategies added almost no unique relationship with resilience. The model explained 9.2% of resilience variance ($R^2 = .092$), leaving most of the variation outside the two-predictor model. This limited explanatory power is consistent with resilience being associated with multiple personal, relational, and contextual resources and may also reflect the frequency-based measurement of coping.

The unexplained proportion should not be assigned directly to variables that were not measured. Nevertheless, the systematic review by [Schäfer et al. \(2024\)](#)[Click or tap here to enter text.](#) indicates that resilience has been linked across studies to cognitive emotion regulation, psychological flexibility, perceived social support, relationship quality, economic circumstances, and lower financial strain. Evidence for self-efficacy and optimism was less consistent. These findings cannot establish the importance of those factors for the present participants, but they illustrate why a model containing only self-esteem and coping strategies may have limited explanatory reach.

The multiple correlation of .304 further indicates that the combined relationship was small. Statistical significance should therefore be distinguished from practical magnitude, and the model should not be interpreted as showing comparable roles for the two predictors. Only self-esteem showed a statistically significant unique association with resilience.

Overall, self-esteem was the stronger internal correlate of resilience in this study. Neither the overall coping score nor its two dimensions were significantly related to resilience. The findings consequently support evaluating coping in terms of situational fit, perceived controllability, and effectiveness, rather than relying only on how often a strategy is reported.

Several qualifications are necessary when interpreting these results. First, the cross-sectional correlational design identifies relationships at one point in time but cannot establish causal direction. It would therefore be inappropriate to conclude that changes in self-esteem or coping produce changes in resilience.

Second, purposive nonprobability recruitment restricts the extent to which the results can be generalized to all emerging adults in Bandung. The sample was also unbalanced by gender, with more men than women. Although the gender comparisons were not significant, this imbalance remains relevant when assessing representativeness.

Third, all information was obtained through an online self-report survey. Such data may be affected by socially desirable responding, differences in interpreting statements, and the inherently subjective nature of participants' self-judgments.

Fourth, the coping instrument measured how often problem-focused and emotion-focused responses were used. It did not assess whether a response was successful, appropriate, or well matched to the difficulty being faced. A high coping-frequency score therefore cannot be assumed to represent effective management of stress.

Fifth, the model's explanatory power was low ($R^2 = .092$). Only self-esteem and coping strategies were included, even though resilience may also be related to social support, self-efficacy, emotion regulation, optimism, family relationships, socioeconomic circumstances, and the type of adversity experienced. Because these variables were not assessed, their relative roles cannot be inferred from the present data.

Future studies could use longitudinal designs to clarify the temporal direction of the relationships, adopt sampling procedures that better represent the target population, and recruit more balanced groups. Further models should also examine additional personal and contextual resources and distinguish the effectiveness and situational fit of coping from the frequency with which coping responses are used.

5. Conclusion

Among emerging adults in Bandung, self-esteem showed a clearer relationship with resilience than coping strategies. Participants who evaluated themselves more positively tended to report a stronger capacity to adjust, remain functional, and recover when facing developmental demands. The reported frequency of problem-focused and emotion-focused coping, however, was not significantly associated with resilience.

Practical support for emerging adults may therefore include efforts to foster self-acceptance, self-respect, and confidence in personal capability. Coping guidance should also address whether a strategy is effective and appropriate for the stressor, not merely whether it is used often. Future research should broaden the model to include other personal, social, and contextual resources and use designs that can provide stronger evidence about the direction of the observed relationships.

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