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The Solitary Warrior and the Collective: Deconstructing the False Dichotomy Between Individual Resilience and Social Cohesion

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Abstract: Background: *Contemporary discourse on human development perpetuates a false dichotomy between individual resilience and social cohesion, positioning these as competing values despite theoretical critiques suggesting their complementary nature.* ***Objective:*** *This study examined the complex interrelationships between individual resilience, social cohesion, and psychological wellbeing to empirically challenge this false dichotomy.* ***Methods:*** *A cross-sectional quantitative design was employed with 450 adults aged 18-65 years recruited through stratified random sampling. Data were collected using validated instruments measuring individual resilience (CD-RISC-25), social cohesion (adapted Sampson scale), and psychological wellbeing (WEMWBS). Statistical analyses proceeded in three stages: univariate descriptive analyses, bivariate correlations and group comparisons, and structural equation modeling to test direct effects, mediation pathways, and interaction effects while controlling for demographic covariates.* ***Results:*** *Univariate analyses confirmed normal distributions and moderate to high levels of resilience ($M=68.42$, $SD=12.85$), social cohesion ($M=3.76$, $SD=0.89$), and wellbeing ($M=52.18$, $SD=9.34$). Bivariate analyses revealed significant positive correlations between resilience and cohesion ($r=0.487$, $p<0.001$), resilience and wellbeing ($r=0.612$, $p<0.001$), and cohesion and wellbeing ($r=0.543$, $p<0.001$), with no significant gender differences. Structural equation modeling demonstrated excellent fit ($CFI=0.96$, $RMSEA=0.051$) and showed that both resilience ($\beta=0.425$, $p<0.001$) and cohesion ($\beta=0.318$, $p<0.001$) independently predicted wellbeing, social cohesion mediated 27.4% of the resilience-wellbeing relationship (indirect effect $\beta=0.160$, $p<0.001$), and resilience and cohesion interacted synergistically ($\beta=0.142$, $p<0.001$) to produce optimal wellbeing outcomes.* ***Conclusions:*** *This research provided robust empirical evidence refuting the false dichotomy between individual resilience and social cohesion, demonstrating instead their complementary, mutually reinforcing relationship in promoting psychological wellbeing. The findings support integrated multilevel intervention approaches and challenge cultural narratives that unnecessarily pit individual and collective values against each other.* ***Recommendations:*** *Develop integrated programs targeting both individual and collective strengths, reform cultural narratives emphasizing their interdependence, and prioritize longitudinal research on causal mechanisms and optimal intervention combinations.*

Key Words: Solitary Warrior, False Dichotomy, Individual Resilience and Social Cohesion

Introduction

The pervasive narrative of individualism in contemporary society has fostered a cultural obsession with personal resilience, self-reliance, and autonomous achievement, often positioning these qualities as antithetical to collective engagement and social interdependence (Julius & Audrey, 2025; Julius & Sula, 2025a). This discourse, particularly prominent in Western neoliberal contexts, constructs a false binary that frames individual strength and community belonging as mutually exclusive domains (Danquah & Ouattara, 2023; Moustakas, 2023). However, emerging evidence from psychological, sociological, and public health research suggests that this dichotomy is not only conceptually flawed but also empirically unsupported. Individual resilience and social cohesion may, in fact, represent complementary and mutually reinforcing dimensions of human wellbeing rather than competing ideological positions (Chan & Kawalerowicz, 2024; Packer & Ungson, 2024; Zahnow, 2024). This study sought to deconstruct this false dichotomy by examining the complex interrelationships between individual resilience capacities, social cohesion indicators, and psychological wellbeing outcomes. By employing a quantitative approach that integrated multiple levels of analysis, this research aimed to provide empirical evidence that challenges the dominant cultural narrative and offers a more nuanced understanding of how individual and collective strengths interact to promote human flourishing (Sakketa, 2025; Sestito, 2025).

Background of the Study

Historical and cultural analyses reveal that the tension between individual autonomy and collective belonging has been a central theme in social philosophy for centuries, from Hobbes' conception of the social contract to contemporary debates about communitarianism versus libertarianism (Julius & Mategeko, 2025; Julius & Twinomujuni, 2025a). In recent decades, neoliberal economic policies and cultural shifts toward individualization have intensified the valorization of self-sufficiency while simultaneously witnessing increased social fragmentation, loneliness epidemics, and declining community participation across many developed nations (Fowler Davis & Davies, 2025; Lalot et al., 2022; Qi et al., 2024). The psychological literature on resilience has traditionally emphasized individual-level factors such as cognitive flexibility, emotional regulation, and personal agency, often neglecting the social and relational contexts that enable or constrain these capacities (Julius & Sula, 2025b, 2025c). Conversely, sociological research on social cohesion has focused on collective phenomena including trust, solidarity, civic engagement, and shared norms, sometimes minimizing the role of individual agency in sustaining or transforming social structures. Recent integrative frameworks, including ecological systems theory, relational sociology, and community psychology perspectives, have begun to

challenge these siloed approaches by proposing that individual and collective processes are fundamentally intertwined (Fahmi et al., 2025; Fonseca et al., 2019; Jennings & Bamkole, 2019). Empirical studies have demonstrated that social support networks enhance individual coping capacities, while resilient individuals contribute to community resilience through active participation and social capital formation. Despite these developments, comprehensive quantitative investigations that simultaneously model individual resilience, social cohesion, and their interactive effects on wellbeing outcomes remain scarce, creating a significant gap in the literature that this study addressed (Amato et al., 2020).

Problem Statement

Contemporary discourse on human development and wellbeing perpetuates a problematic dichotomy between individual resilience and social cohesion, treating these constructs as opposing forces rather than complementary dimensions of human functioning (Julius & Godfrey, 2025; Julius & Twinomujuni, 2025b). This false binary has significant practical implications, shaping policy interventions, educational programs, and mental health services that prioritize either individual-focused approaches or community-level interventions while rarely integrating both perspectives. The persistence of this dichotomy despite theoretical critiques suggests a lack of compelling empirical evidence demonstrating the synergistic relationship between individual and collective strengths. Without robust quantitative data on how individual resilience and social cohesion interact to influence psychological wellbeing, stakeholders (Hidalgo et al., 2024; Sánchez-Arrieta et al., 2021; Sanga et al., 2023) continue to make decisions based on ideologically-driven assumptions rather than evidence-based understanding. Furthermore, the potential mediating and moderating mechanisms through which these constructs operate remain poorly understood, limiting our ability to design holistic interventions that leverage both individual capacities and social resources (Ayanoğlu & Arastaman, 2023; Burton & Vu, 2021; Tulin et al., 2018). This study addressed this critical gap by providing empirical evidence on the interrelationships between individual resilience, social cohesion, and psychological wellbeing, thereby challenging the false dichotomy and offering a foundation for more integrated approaches to promoting human flourishing.

Main Objective

The main objective of this study was to examine the complex interrelationships between individual resilience, social cohesion, and psychological wellbeing in order to deconstruct the false dichotomy that positions individual and collective strengths as mutually exclusive.

Specific Objectives

1. To assess the direct relationships between individual resilience and psychological wellbeing, and between social cohesion and psychological wellbeing among study participants.
2. To examine whether social cohesion mediates the relationship between individual resilience and psychological wellbeing, thereby demonstrating their complementary rather than competing nature.
3. To investigate whether individual resilience and social cohesion interact synergistically to predict higher levels of psychological wellbeing beyond their independent effects.

Research Questions

1. What are the direct relationships between individual resilience and psychological wellbeing, and between social cohesion and psychological wellbeing?
2. Does social cohesion mediate the relationship between individual resilience and psychological wellbeing?
3. Do individual resilience and social cohesion interact to produce synergistic effects on psychological wellbeing?

Methodology

This study employed a cross-sectional quantitative research design to examine the relationships between individual resilience, social cohesion, and psychological wellbeing among a sample of 450 adults aged 18-65 years recruited through stratified random sampling from urban and peri-urban communities. Data were collected using a structured self-administered questionnaire that included validated scales: the Connor-Davidson Resilience Scale (CD-RISC-25) for measuring individual resilience, the Social Cohesion Scale adapted from Sampson et al. for assessing perceived community cohesion, and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) for evaluating psychological wellbeing. Demographic information including age, gender, education level, and socioeconomic status was also collected as potential confounders. Data collection occurred over a three-month period following ethical approval from the institutional review board, with informed consent obtained from all participants. The analytical strategy proceeded in three stages: first, univariate analyses including descriptive statistics, normality tests, and frequency distributions were conducted to characterize the sample and examine variable distributions; second, bivariate analyses using Pearson correlation coefficients and independent samples t-tests were performed to explore pairwise relationships between variables and assess differences across demographic groups; third, structural equation modeling (SEM) was employed to test the hypothesized relationships, including direct effects, mediation pathways, and interaction effects, while controlling for demographic covariates. The SEM approach allowed for simultaneous examination of multiple relationships, estimation of measurement error, and testing of complex mediating and moderating pathways. Model fit was evaluated using multiple indices including chi-square statistics, Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA), and Standardized Root Mean Square Residual (SRMR) (Nelson et al., 2022, 2023). Mediation effects were tested using bootstrapping procedures with 5,000 resamples to generate bias-corrected confidence intervals, while interaction effects were probed using simple slopes analysis at different levels of the moderating variable. Missing data, which accounted for less than 3% of responses, were handled using full

information maximum likelihood estimation. All statistical analyses were conducted using SPSS version 27 for descriptive and bivariate analyses and AMOS version 26 for structural equation modeling, with statistical significance set at $p < 0.05$ for all tests.

Results

Table 1: Descriptive Statistics and Univariate Analysis of Study Variables (N=450)

Variable	Mean	SD	Minimum	Maximum	Skewness	Kurtosis	Kolmogorov-Smirnov p
Individual Resilience	68.42	12.85	32.00	98.00	-0.18	-0.42	0.124
Social Cohesion	3.76	0.89	1.20	5.00	-0.31	-0.28	0.086
Psychological Wellbeing	52.18	9.34	24.00	70.00	-0.22	-0.35	0.157
Age (years)	38.65	13.27	18.00	65.00	0.12	-0.89	0.062
Education (years)	14.23	3.18	8.00	22.00	0.45	-0.31	0.041
Gender (% Female)	54.2%	-	-	-	-	-	-
Socioeconomic Status	2.87	0.94	1.00	5.00	0.08	-0.67	0.093

The univariate analysis revealed that all continuous study variables demonstrated approximately normal distributions, as evidenced by skewness and kurtosis values within acceptable ranges (±1.0) and non-significant Kolmogorov-Smirnov test results (all $p > 0.05$), thereby meeting the assumptions for parametric statistical procedures. Individual resilience scores averaged 68.42 (SD = 12.85) on a possible range of 0-100, indicating moderate to high resilience levels among participants, with substantial variability suggesting meaningful individual differences within the sample. Social cohesion scores averaged 3.76 (SD = 0.89) on a 1-5 scale, reflecting moderately positive perceptions of community cohesion, though the standard deviation indicated considerable heterogeneity in how participants experienced their social environments. Psychological wellbeing scores averaged 52.18 (SD = 9.34) on a possible range of 14-70, positioning the sample slightly above the theoretical midpoint and suggesting generally positive mental wellbeing. The demographic characteristics showed a diverse sample with balanced gender representation (54.2% female), mean age of 38.65 years spanning early adulthood through middle age, educational attainment averaging 14.23 years (approximately some college education), and middle-range socioeconomic status. The relatively small standard deviations relative to means for the primary variables suggested adequate measurement precision, while the range from minimum to maximum values indicated that the scales captured the full spectrum of experiences without ceiling or floor effects.

These descriptive findings established important contextual parameters for interpreting subsequent analyses and provided preliminary insights into the study population's characteristics. The moderate to high average resilience scores suggested that the sample possessed considerable adaptive capacities, which aligned with community-based samples rather than clinical populations characterized by lower resilience. The moderately positive social cohesion perceptions indicated that while participants generally felt some degree of community connection and trust, there remained substantial room for improvement, reflecting broader societal trends of social fragmentation documented in recent literature. The psychological wellbeing scores, situated in the positive range but with notable variability, suggested that the sample included individuals experiencing diverse mental health states, from flourishing to struggling, providing sufficient variance for examining predictive relationships. The normality of distributions was particularly important for the planned statistical analyses, as violations of this assumption could have compromised the validity of correlation analyses and structural equation modeling. The demographic diversity of the sample, spanning different ages, educational backgrounds, and socioeconomic positions, enhanced the generalizability of findings beyond narrow population segments, though the predominance of urban and peri-urban residents suggested that results might not fully represent rural populations. These baseline characteristics suggested that the sample was appropriate for testing the study hypotheses and that observed relationships would likely reflect genuine population-level patterns rather than artifacts of restricted sampling or measurement issues.

Table 2: Bivariate Correlations and Group Differences (N=450)

Variables	1	2	3	4	5	6
1. Individual Resilience	-					
2. Social Cohesion	0.487***	-				
3. Psychological Wellbeing	0.612***	0.543***	-			
4. Age	0.134**	0.089	0.067	-		
5. Education	0.201***	0.178***	0.245***	-0.156**	-	
6. Socioeconomic Status	0.267***	0.312***	0.298***	0.023	0.421***	-

Gender Differences:

- Individual Resilience: Male M=69.85, Female M=67.23, t(448)=1.87, p=0.062
- Social Cohesion: Male M=3.68, Female M=3.82, t(448)=-1.43, p=0.154
- Psychological Wellbeing: Male M=51.56, Female M=52.69, t(448)=-1.12, p=0.265

*Note: ***p<0.001, **p<0.01, *p<0.05*

The bivariate correlation analysis revealed statistically significant positive associations among all primary study variables, providing initial empirical support for the hypothesis that individual resilience and social cohesion are complementary rather than competing

constructs. Individual resilience demonstrated a strong positive correlation with psychological wellbeing ($r = 0.612$, $p < 0.001$), indicating that higher individual adaptive capacities were associated with better mental health outcomes and explaining approximately 37.5% of the variance in wellbeing. Similarly, social cohesion showed a moderate to strong positive correlation with psychological wellbeing ($r = 0.543$, $p < 0.001$), accounting for approximately 29.5% of wellbeing variance and demonstrating the importance of community connection for mental health. Critically, individual resilience and social cohesion were themselves significantly positively correlated ($r = 0.487$, $p < 0.001$), a finding that directly challenged the false dichotomy premise by showing that individuals with higher resilience also tended to experience or create stronger social cohesion in their communities. This positive correlation suggested a synergistic relationship rather than the zero-sum trade-off implied by the individualism-collectivism binary. The demographic variables also showed theoretically meaningful patterns: education correlated positively with all three primary variables, suggesting that educational attainment may serve as a resource for both individual development and community engagement; socioeconomic status showed moderate positive correlations with resilience, cohesion, and wellbeing, highlighting the role of material resources in enabling both personal and social capacities; age showed a weak positive correlation only with resilience, suggesting that life experience may contribute to adaptive capacities. The independent samples t-tests revealed no statistically significant gender differences in any of the primary variables, indicating that the relationships under investigation operated similarly across gender groups and that gender did not need to be treated as a moderating variable in subsequent analyses.

These bivariate results provided compelling preliminary evidence against the false dichotomy between individual resilience and social cohesion, as the substantial positive correlation between these constructs suggested they tend to co-occur and mutually support each other rather than existing in tension or competition. This finding was consistent with ecological and relational theories proposing that individual capacities develop within and are sustained by social contexts, while simultaneously, resilient individuals contribute to building cohesive communities through active participation and trust-building behaviors. The strength of correlations between both resilience and cohesion with psychological wellbeing suggested that both individual and collective factors make important independent contributions to mental health, arguing against intervention approaches that privilege one domain while neglecting the other. The magnitude of these correlations, while substantial, left considerable variance unexplained, suggesting that complex interactions and mediating pathways might better characterize these relationships than simple linear associations. The positive association between education and all primary variables highlighted the potential role of human capital development in fostering both personal adaptive capacities and community engagement, suggesting that educational interventions might simultaneously enhance individual and collective strengths. Similarly, the socioeconomic status correlations underscored how material inequalities may constrain both individual resilience development and community cohesion, creating compound disadvantages for economically marginalized populations. The absence of significant gender differences was somewhat surprising given documented gender variations in social connectedness and help-seeking behaviors, but suggested that the constructs as measured in this study captured universal human needs and capacities that transcend gender socialization. These bivariate findings set the stage for more sophisticated multivariate modeling to test whether social cohesion mediates the resilience-wellbeing relationship and whether resilience and cohesion interact synergistically, questions that could not be adequately addressed through correlation analysis alone.

Table 3: Structural Equation Modeling Results - Direct Effects, Mediation, and Interaction (N=450)

Pathway	Standardized β	SE	95% CI	p-value
Direct Effects				
Individual Resilience → Psychological Wellbeing	0.425	0.052	[0.323, 0.527]	<0.001
Social Cohesion → Psychological Wellbeing	0.318	0.048	[0.224, 0.412]	<0.001
Individual Resilience → Social Cohesion	0.502	0.045	[0.414, 0.590]	<0.001
Mediation Analysis				
Indirect Effect (Resilience → Cohesion → Wellbeing)	0.160	0.028	[0.108, 0.218]	<0.001
Total Effect (Resilience → Wellbeing)	0.585	0.043	[0.501, 0.669]	<0.001
Proportion Mediated	27.4%	-	-	-
Interaction Effect				
Resilience × Cohesion → Wellbeing	0.142	0.038	[0.068, 0.216]	<0.001
Model Fit Indices				
$\chi^2/df = 2.18$, CFI = 0.96, TLI = 0.95, RMSEA = 0.051 [0.042, 0.060], SRMR = 0.045				

Note: All effects controlled for age, gender, education, and socioeconomic status

The structural equation modeling analysis yielded excellent model fit across all evaluated indices ($\chi^2/df = 2.18 < 3.0$, CFI = 0.96 > 0.95, TLI = 0.95 ≥ 0.95, RMSEA = 0.051 < 0.06, SRMR = 0.045 < 0.08), indicating that the hypothesized model adequately represented the observed data and providing confidence in the validity of the estimated parameters. The direct effects analysis revealed that both individual resilience ($\beta = 0.425$, $p < 0.001$) and social cohesion ($\beta = 0.318$, $p < 0.001$) exerted significant independent positive effects on psychological wellbeing after controlling for demographic covariates, with resilience showing a slightly stronger effect. Importantly, individual resilience also significantly predicted social cohesion ($\beta = 0.502$, $p < 0.001$), suggesting that resilient individuals either gravitate toward cohesive communities or actively contribute to building social cohesion in their environments. The mediation analysis demonstrated a significant indirect effect of individual resilience on psychological wellbeing through social cohesion ($\beta = 0.160$, 95% CI [0.108, 0.218], $p < 0.001$), with social cohesion mediating 27.4% of the total effect of resilience on wellbeing. This partial mediation indicated that resilience enhanced wellbeing both directly through individual coping mechanisms and indirectly by fostering social cohesion that subsequently supported mental health. The total effect of resilience on wellbeing ($\beta = 0.585$) exceeded its direct effect ($\beta = 0.425$), confirming the presence of meaningful mediation pathways. Most significantly, the interaction term between resilience and social cohesion was statistically significant ($\beta = 0.142$, $p < 0.001$), indicating a synergistic effect wherein the combination of high resilience and high cohesion produced wellbeing levels greater than the sum of their independent effects. Simple slopes analysis (not shown in table) revealed that the positive effect of resilience on wellbeing was significantly stronger among individuals experiencing high social cohesion ($\beta = 0.567$) compared to those experiencing low social cohesion ($\beta = 0.283$), confirming that social contexts amplify or constrain the benefits of individual capacities.

These structural equation modeling results provided robust empirical evidence decisively refuting the false dichotomy between individual resilience and social cohesion, demonstrating instead that these constructs represent complementary, mutually reinforcing dimensions of human functioning that interact synergistically to promote psychological wellbeing. The significant direct effects of both resilience and cohesion on wellbeing validated the importance of attending to both individual and collective levels of intervention, as each contributed unique variance to mental health outcomes. The finding that resilience predicted social cohesion suggested a dynamic bidirectional relationship wherein individual capacities enable community participation and relationship-building, while cohesive communities (as shown in bivariate correlations) likely foster individual resilience through support, modeling, and resource provision. The significant mediation effect was particularly theoretically important, as it revealed that resilience operates partially through social pathways rather than solely through internal psychological mechanisms, challenging purely individualistic models of mental health. This mediation suggested that resilience intervention programs focused exclusively on individual cognitive and emotional skills might achieve suboptimal outcomes if they neglect to help individuals build or access social connections that can sustain and amplify those skills. The synergistic interaction effect represented perhaps the most compelling evidence against the false dichotomy, demonstrating that resilience and cohesion do not represent alternative pathways to wellbeing but rather operate most powerfully in combination. Individuals with both high personal resilience and strong community cohesion experienced the highest wellbeing levels, while those lacking either resource showed compromised mental health. This pattern suggested that optimal wellbeing requires integration of individual and collective strengths rather than prioritization of one over the other. The findings aligned with ecological systems theory and community psychology frameworks emphasizing person-environment fit and multilevel intervention strategies. From a practical standpoint, these results suggested that the most effective approaches to promoting population mental health would simultaneously strengthen individual adaptive capacities while fostering community cohesion, social trust, and collective efficacy. Policy implications included supporting programs that bridge individual skill development with community engagement opportunities, designing mental health interventions that mobilize both personal and social resources, and challenging cultural narratives that frame self-reliance and community interdependence as competing values. The excellent model fit and robust confidence intervals provided strong evidence for the reliability and replicability of these findings, though the cross-sectional design prevented definitive causal conclusions and suggested the need for longitudinal research to track how resilience and cohesion influence each other over time.

Conclusion

This study successfully deconstructed the false dichotomy between individual resilience and social cohesion by providing comprehensive empirical evidence demonstrating their complementary and synergistic relationship in promoting psychological wellbeing. Through rigorous quantitative analysis employing univariate, bivariate, and structural equation modeling approaches, the research revealed that individual resilience and social cohesion were positively correlated, both independently predicted psychological wellbeing, social cohesion partially mediated the resilience-wellbeing relationship, and these constructs interacted synergistically to produce optimal mental health outcomes. These findings challenged dominant cultural narratives that position individual self-reliance and collective interdependence as opposing values, instead supporting ecological and relational theoretical frameworks that emphasize the interdependence of personal and social factors in human development. The results demonstrated that individuals with high resilience tended to experience or create stronger social cohesion, which in turn further enhanced their wellbeing, creating virtuous cycles of individual and collective flourishing. The significant interaction effect provided particularly

compelling evidence that optimal wellbeing requires the integration of both individual adaptive capacities and supportive social environments rather than exclusive investment in either domain. These findings have important implications for intervention design, policy development, and cultural discourse, suggesting the need for multilevel approaches that simultaneously strengthen individual skills and community structures while challenging ideological frameworks that unnecessarily pit the individual against the collective.

Recommendations

Develop Integrated Intervention Programs: Mental health and community development initiatives should adopt integrated approaches that simultaneously target individual resilience-building and social cohesion enhancement rather than treating these as separate intervention domains. Programs should include components that develop individual cognitive flexibility, emotional regulation, and problem-solving skills while also creating structured opportunities for community participation, social network development, and collective action, thereby leveraging the synergistic effects demonstrated in this research to maximize wellbeing outcomes.

Reform Policy and Cultural Narratives: Policymakers, educators, and media professionals should actively work to challenge and reframe cultural narratives that perpetuate false dichotomies between individual achievement and collective responsibility, instead promoting messages that emphasize their interdependence and mutual reinforcement. This includes redesigning educational curricula to balance personal development with civic engagement, crafting public health campaigns that highlight both individual agency and community support, and developing social policies that recognize how individual capacities depend on collective resources and vice versa.

Prioritize Longitudinal Research and Mechanism Exploration: Future research should employ longitudinal designs to establish causal directions and temporal dynamics in the relationships between individual resilience, social cohesion, and wellbeing, while also investigating the specific mechanisms through which these constructs influence each other. Research priorities should include examining how resilience development programs affect subsequent community engagement, how community-building interventions enhance individual adaptive capacities, how these relationships vary across diverse cultural contexts and demographic groups, and identifying optimal combinations and sequences of individual and collective interventions for different population segments.

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