

Research Article

# Role of Psychological Flexibility and Social Support Satisfaction on the Mental Health of Young Adults during the COVID-19 Pandemic

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## I N F O

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## A B S T R A C T

**Introduction:** The COVID-19 pandemic has caused significant mental and psychological distress, in addition to its impacts on physical health. Though young adults are at low risk of health complications from COVID-19, they're still prone to many psychological problems, during such times marked by uncertainty, ambiguity, and loss of control.

**Objectives:** This study was undertaken to determine the mental health status of young adults during the pandemic. It also seeks to look at the relationship between psychological flexibility and social support and the mental health of young adults.

**Method:** Convenience sampling procedure was used. The questionnaires were circulated through Google Forms among people of the age group 18-35 years. A total of 211 participants completed the study. Depression, anxiety, and stress were measured using the Depression Anxiety Stress Scale (DASS-21), psychological flexibility was measured using the Flexibility subscale of the Multidimensional Psychological Flexibility Inventory (MPFI), and Social Support Satisfaction was analysed using the Satisfaction subscale of the Sarason Social Support Questionnaire (SSQSR). The data were analysed using the Student t-test and Pearson Product Moment Correlation.

**Results:** A significant correlation was found for social support satisfaction, but not for psychological flexibility, with the other variables.

**Keywords:** Depression, Anxiety, Stress, Psychological Flexibility, Social Support Satisfaction, COVID-19 Pandemic

## Introduction

The COVID-19 virus pandemic accelerated from its initial impact. According to WHO, COVID-19 has taken more than 2.3 million lives across the world. Though several vaccines have come up, their long-term effects are unknown. While healthcare workers and other medical professionals are

working on finding a proper cure and stabilising the situation, mental health professionals are developing test tools to measure the mental status of people during the pandemic. Various research studies have reported a decline in mental health during the pandemic<sup>1,2,3</sup> and have discussed the high prevalence of mental health problems

like stress, anxiety, depression,<sup>2,4,5</sup> and anger.<sup>3</sup> Mental health professionals are trying to comprehend the prevalence and available aid for mental health-related issues caused by COVID-19.

The fear generated during times of epidemics, in general, has been studied to lead to many psychological problems historically. The levels of stress, anxiety, and depression were seen to be high both during the 1995 Kikwit Ebola epidemic<sup>6</sup> and the SARS epidemic.<sup>7</sup> Stress refers to the sensitivity to levels of chronic non-specific arousal.<sup>8</sup> Long-term stress has been known to cause physical illness and mood disturbances.<sup>9</sup> Studies have reported that young adults' mean perceived levels of stress had increased during the pandemic.<sup>3</sup> The secondary consequences of the pandemic/ lockdown, including lifestyle and economic disruption, and feeling hopeless, were seen to be most strongly associated with perceived stress. Stress during the pandemic was also found to be positively correlated with pessimism, decreased optimism, decreased psychological flexibility and psychological problems,<sup>1</sup> and binge drinking.<sup>5</sup>

Anxiety is our body's natural response to stress. It involves autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect.<sup>8</sup> Depression is seen as a state of disinterest in daily activities. It involves a persistent feeling of sadness, loss of interest, enjoyment in activities, and hopelessness.<sup>8</sup> The prevalence of depression and anxiety during the pandemic was also reported to be high.<sup>2,4,5</sup> Living away from family<sup>2</sup> and binge drinking<sup>5</sup> were seen to be associated with depression and anxiety. The presence of physical symptoms of COVID-19, poor self-rating of health status, and presence of chronic illness were found to be associated with higher levels of stress, anxiety, and depression.<sup>10</sup> Lack of access to necessities was found to increase vulnerability to stress, anxiety, and depression.<sup>4</sup> These studies reported mixed results of the variables mentioned above when studied among the different genders during the pandemic.

The presence of social support has generally been seen to be negatively correlated with depression, anxiety, and stress.<sup>11</sup> Levels of anxiety have been shown to have decreased significantly with an increase in the levels of perceived social support in Turkey during the pandemic.<sup>12</sup> Perceived social support was also seen to be negatively correlated with stress,<sup>13</sup> depression, and poor sleep<sup>14</sup> during the pandemic.

The presence of psychological flexibility has been negatively associated with depression and anxiety.<sup>15</sup> A study conducted in Sweden reported that even in the COVID-19 pandemic, the presence of psychological flexibility was negatively correlated with depression and anxiety.<sup>16</sup>

Though young adults are at low risk of health complications from COVID-19, they're still prone to many psychological

problems during such times marked by uncertainty, ambiguity and loss of control. Thus it is important to study their mental health status and the factors that influence the same, in order to provide relief to them.

This study thus aims to measure the levels of stress, depression, and anxiety amongst young adults and study whether psychological flexibility and social support play a role in maintaining better mental health during such times of crisis. Thus this study is relevant for practical purposes and would provide necessary information about factors that help to placate the mental health issues and psychological problems faced by young adults in this pandemic. Finally, this research would also be helpful for mental health professionals who are trying their best to find effective aid to maintain mental health stability during a crisis.

## Aim of the Study

To study the relationship among psychological flexibility, social support satisfaction, depression, stress, and anxiety among young adults during the COVID-19 pandemic.

## Objectives

- To study the impact of the pandemic on the mental health of young adults
- To study the influence of psychological flexibility and social support satisfaction on depression, stress, and anxiety
- To study the variables mentioned above among the different genders

## Materials and Method

### Research Design

Ex post facto research design was used for the study. A correlation study was conducted to analyse the relationship among the variables.

### Tools

#### Depression Anxiety Stress Scale

The 21-item DASS version was used to assess depression, anxiety, and stress. There were seven items for each subscale. The responses were collected on a 4-point rating scale ranging from 0 to 3. The aggregated value was multiplied by two and interpreted.<sup>17</sup>

#### Sarason Social Support Scale

The 6-item scale was used to assess social support. This scale is divided into two parts. Part one measures the perceived social support and part two measures the satisfaction from the perceived social support. Social support satisfaction refers to the extent to which individuals are satisfied with their perceived social support.<sup>18</sup>

However, for this study, only part two was considered as it fit the aim of the study. The responses were collected

on a 6-point rating scale ranging from 1 (very dissatisfied) to 6 (very satisfied). The aggregated value was divided by six to get the score.<sup>18</sup>

### Flexibility Subscale of Multidimensional Psychological Flexibility Inventory

Psychological flexibility encompasses components such as acceptance, present moment awareness, self as a context, defusion, and committed action. Acceptance refers to creating space and opening oneself up to painful thoughts, emotions and feelings, rather than fighting against them. Present moment awareness measures the ability to be fully conscious of one's experiences. Self as context refers to the 'observing self' that remains consistent but distinct throughout one's experiences. Defusion refers to the ability to step back from unwanted thoughts without getting stuck in them. Committed action involves making behavioural choices that are consistent with one's values. The Flexibility Subscale of MPFI consisted of 30 items. The responses were collected on a 6-point rating scale ranging from 1 (never true) to 6 (always true). The responses were coded and scored.<sup>19</sup>

### Data Collection Procedure

A Google Form was created and circulated on different online platforms. The data were analysed with the help of SPSS. Student t-test and Pearson's Product Moment Correlation were carried out to analyse the data.

### Ethical Consideration

Informed consent was obtained from the respondents of the survey. It was also ensured that the anonymity of respondents was maintained.

### Sample Description

Convenience sampling method was used to collect the data. A total of 219 participants, who were predominantly from Chennai, completed the survey. However, 11 responses were excluded from the study as they were either incomplete or had inappropriate responses. Thus the final study consisted of 208 participants. The demographic details apart from gender weren't included in the further analysis due to a lack of proper difference amongst their constituents.

### Results

**Table 1. Demographic Details of Participants (N = 208)**

Demographics	N	%
<b>Gender</b>		
Female	133	63.9
Male	75	36.1
<b>Age group (years)</b>		
18-22	158	76

23-26	31	14.9
27-30	11	5.3
31-35	8	3.8
<b>Place of stay</b>		
Urban	185	88.9
Rural	23	11.1
<b>Living with</b>		
Family	194	93.3
PG/hostel	14	6.7
<b>Type of family</b>		
Nuclear	163	78.4
Joint	45	21.6
<b>No. of family members</b>		
2	10	4.8
3	27	13
4	102	49
>4	69	33.2
<b>Profession</b>		
Student	158	76
Working	35	16.8
Completed studies	12	5.8
Not working yet	3	1.4
<b>Marital status</b>		
Single	189	90.9
Married	19	9.1

Table 2 shows the correlation between the variables of the study. A significant positive correlation was found between stress, depression, and anxiety at the 0.01 level, consistent with prior findings.<sup>4</sup> Further, a significant negative correlation was found between social support satisfaction and the variables of stress ( $r = -0.270$ ,  $p < 0.01$ ), anxiety ( $r = -0.273$ ,  $p < 0.01$ ) and depression ( $r = -0.451$ ,  $p < 0.01$ ). However, no significant negative relationship was found between psychological flexibility and the other variables. To further examine this finding, the correlation between the components of psychological flexibility, as given in MPFI, was analysed with the other variables and the results have been presented in Table 3. This revealed a significant positive correlation between the component of acceptance and the variables of stress ( $r = 0.282$ ,  $p < 0.01$ ), anxiety ( $r = 0.221$ ,  $p < 0.01$ ) and depression ( $r = 0.315$ ,  $p < 0.01$ ). Further, though a significant negative correlation was found between the component of committed action and the variables of stress ( $r = -0.159$ ,  $p < 0.05$ ) and depression ( $r = -0.186$ ,  $p < 0.01$ ), as well as between the component of

defusion and depression ( $r = -0.148, p < 0.05$ ), no significant correlation was found between the other components of present moment awareness and self as context with stress, anxiety, and depression. This thus might explain the lack of a significant relationship between psychological flexibility and the other variables.

Table 4 shows the gender differences in the variables of the study. Females were found to have significantly more

stress ( $t = -4.51, p < 0.01$ ), anxiety ( $t = -3.51, p < 0.01$ ) and depression ( $t = -3.5, p < 0.01$ ). Females were also associated more with psychological flexibility ( $t = -2.89, p < 0.01$ ), especially with the components of acceptance ( $t = -4.1, p < 0.01$ ), present moment awareness ( $t = -3.22, p < 0.01$ ), self as context ( $t = -2.03, p < 0.05$ ) and committed action ( $t = -2.29, p < 0.05$ ). However no major gender difference was found in social support satisfaction and the component of defusion.

**Table 2. Correlation between Different Variables of the Study**

Variables	Stress	Anxiety	Depression	Social Support Satisfaction	Psychological Flexibility
Stress	1**	0.661**	0.737**	-0.270**	-0.055
Anxiety	0.661**	1**	0.671**	-0.273**	-0.042
Depression	0.737**	0.671**	1**	-0.451**	-0.070
Social support satisfaction	-0.270**	-0.273**	-0.451**	1**	0.096
Psychological flexibility	-0.055	-0.042	-0.070	0.096	1**

\*\*  $p < 0.01$ , \*  $p < 0.05$

**Table 3. Correlation between Components of Psychological Flexibility and Variables of Depression, Anxiety, Stress and Social Support Satisfaction**

Variables Action	Acceptance	Present Moment Awareness	Defusion	Self as Context	Committed
Stress	0.282**	0.010	-0.110	-0.093	-0.159*
Anxiety	0.221**	0.044	-0.112	-0.090	0.112
Depression	0.315**	-0.009	-0.148*	-0.109	-0.186**
Social support satisfaction	-0.207**	0.110	0.122	0.102	0.174*

\*\*  $p < 0.01$ , \*  $p < 0.05$

**Table 4. Differences between Males and Females as per the Variables of the Study**

Variables	Gender	N	Mean	SD	Mean Difference	t value	p value
Stress	Male	75	10.35	7.2	-4.9	-4.51**	0.000
	Female	133	15.26	8.1			
Anxiety	Male	75	8.45	6.58	-3.39	-3.35**	0.001
	Female	133	11.85	7.69			
Depression	Male	75	10.37	7.86	-4.24	-3.5**	0.001
	Female	133	14.62	9.25			
Social support satisfaction	Male	75	5.22	0.96	-0.17	-1.37	0.173
	Female	133	5.39	0.7			
Psychological	Male	75	3.02	1.19	-0.48	-2.89**	0.004
	Female	133	3.5	1.11			
Acceptance	Male	75	2.53	1.08	-0.65	-4.1**	0.000
	Female	133	3.19	1.13			
Present moment awareness	Male	75	3.01	1.36	-0.62	-3.22**	0.002
	Female	133	3.64	1.33			



Self as context	Male	75	3.17	1.49	-0.42	-2.03*	0.043
	Female	133	3.60	1.36			
Defusion	Male	75	3.02	1.31	-0.19	-1.04	0.298
	Female	133	3.22	1.28			
Committed action	Male	75	3.19	1.5	-0.48	-2.29*	0.023
	Female	133	3.67	1.36			

Note: M refers to Mean and SD is the Standard Deviation. \*\*p < 0.01, \*p < 0.05

## Discussion

The current study was undertaken to determine the mental health status of young adults during the COVID-19 pandemic. This study also seeks to provide necessary information to mental health professionals which would enable them to come up with effective measures to maintain mental health stability during this crisis. The study was aimed at testing the relationship among the variables of stress, depression, anxiety, psychological flexibility, and social support satisfaction in young adults during the COVID-19 pandemic.

The negative correlation between social support satisfaction and the variables of stress, anxiety, and depression is consistent with previous findings.<sup>12,13,14,15</sup> The perception that assistance will be available if needed strengthens one's sense of safety and trust during times of crisis.<sup>20</sup> Thus, individuals who had social support might have felt more secure in uncertain situations during the pandemic. Further, studies have shown that social interactions offer the opportunity to gather useful information and reduce the frequency of disturbing thoughts through suggestions, new perspectives, or alternatives during crisis situations.<sup>21</sup> Thus having good social support may have enabled interactions that allowed for the exchange of useful information about the causes, prevalence, and prevention of the virus and some practical ways of handling the same. This may have helped to reduce their fear and improve their self-efficacy during such an uncertain period and thus may have contributed to the negative correlation between social support satisfaction and anxiety in the study. Social interactions may have further enabled individuals to learn about the experiences of people who had successfully recovered from COVID-19. Such news may have decreased their perception of the pandemic as a severe threat, thereby enabling them to cope more effectively. Thus this might have contributed to the negative correlation between social support satisfaction and stress in the study. The negative correlation between social support satisfaction and the variables of stress, anxiety, and depression may be the reason why most people sought out old friends and social groups and tried to maintain consistent social ties during the pandemic despite physical distance and isolation.

The lack of a significant negative correlation between

psychological flexibility and the variables of stress, anxiety, and depression in this study is contradictory to previous findings.<sup>16,17</sup> This might however be explained by the relationship between the components of psychological flexibility in MPFI and other variables, particularly with acceptance having a significant positive correlation with stress, anxiety, and depression while other components like committed action and defusion having a negative correlation with the same. Previous studies on acceptance have however generated mixed results. Some studies linked acceptance with greater vitality, lower psychological distress, and less negativity.<sup>22</sup> However, other studies have corroborated the findings of the present study, showing that emotional avoidance and defence mechanisms actually served adaptive functions when faced with traumatic situations and helped to modulate the conscious experience of negative affect following the appraisal of threat.<sup>23</sup> Further studies have linked emotional acceptance to sadness and distress.<sup>24</sup> Thus this might be the reason why acceptance was found to be positively correlated with stress, anxiety, and depression.

The finding that females were associated more with stress, anxiety, and depression than males during the pandemic is consistent with previous studies.<sup>2</sup> This may be because, in the lockdown, domestic helpers were not available, making most women in the house manage everything on their own, which might have increased stress, anxiety, and depression. Further, in this study, women were found to be more psychologically flexible than men. This could be because women are more vocal about their problems than men. The said notion is consistent with a meta-analysis review which found that women employ coping strategies such as verbal expression, which aids in expressing their concern to others.<sup>25</sup> Moreover, with regard to gender stereotypes that exist to date in India, women are expected to be more flexible and are brought up from the beginning to be more adaptive to change in life, making them more psychologically flexible.

## Implications

This study seeks to aid mental health professionals in comprehending the situation and to develop effective measures for people to maintain their mental health during the COVID-19 pandemic. It also aims at helping researchers

with further research in matters concerning mental health in the COVID-19 pandemic.

### Limitations

This study has some limitations. Firstly, the researcher was unable to cover samples that don't have access to the internet as the study was conducted through Google Forms. Secondly, the sample predominantly covered people who resided in one particular city. Lastly, the proportion of female participants was slightly higher than males which could have had an impact on the results.

### Conclusion

The pandemic was seen to have impacted the mental health of young adults, with a high prevalence of stress, anxiety, and depression being observed among the sample. A significant negative correlation was found between social support satisfaction and the variables of stress, anxiety, and depression among young adults during the COVID-19 pandemic but no such significant correlation was found between psychological flexibility and the variables of stress, anxiety and depression in the current study. Further, women were found to have more stress, anxiety, depression and psychological flexibility than men. However, no significant gender difference was found in the variable of social support satisfaction.

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### References

1. Arslan G, Yildirim M, Tanhan A, Buluş M, Allen KA. Coronavirus stress, optimism-pessimism, psychological inflexibility, and psychological health: psychometric properties of the Coronavirus Stress Measure. *Int JMent Health Addict.* 2021;19(6):2423-9. [PubMed] [Google Scholar]
2. Nathiya D, Singh P, Suman S, Raj P, Tomar BS. Mental health problems and impact on youth minds during the COVID-19 outbreak: cross-sectional (RED-COVID) survey. *Soc Health Behav.* 2020;3(3):83. [Google Scholar]
3. Shanahan L, Steinhoff A, Bechtiger L, Murray AL, Nivette A, Hepp U, Ribeaud D, Eisner M. Emotional distress in young adults during the COVID-19 pandemic: evidence of risk and resilience from a longitudinal cohort study. *Psychol Med.* 2020;52(5):824-33. [PubMed] [Google Scholar]
4. Rehman U, Shahnawaz MG, Khan NH, Kharshiing KD, Khursheed M, Gupta K, Kashyap D, Uniyal R. Depression, anxiety and stress among Indians in times of COVID-19 lockdown. *Community Ment Health J.* 2021;57(1):42-8. [PubMed] [Google Scholar]
5. Verma S, Mishra A. Depression, anxiety, and stress and socio-demographic correlates among general Indian public during COVID-19. *Int J Soc Psychiatry.* 2020;66(8):756-62. [PubMed] [Google Scholar]
6. Hall RC, Hall RC, Chapman MJ. The 1995 Kikwit Ebola outbreak: lessons hospitals and physicians can apply to future viral epidemics. *Gen Hosp Psychiatry.* 2008;30(5):446-52. [PubMed] [Google Scholar]
7. McAlonan GM, Lee AM, Cheung V, Cheung C, Tsang KW, Sham PC, Chua SE, Wong JG. Immediate and sustained psychological impact of an emerging infectious disease outbreak on health care workers. *Can J Psychiatry.* 2007;52(4):241-7. [PubMed] [Google Scholar]
8. Driven [Internet]. DASS 21: Depression Anxiety & Stress Scale; 2022 [cited 2022 Mar 17]. Available from: <https://home.hellodriven.com/articles/dass-21-depression-anxiety-stress-scale-free-online-test/>
9. DeLongis A, Folkman S, Lazarus RS. The impact of daily stress on health and mood: psychological and social resources as mediators. *JPers Soc Psychol.* 1988;54(3):486-95. [PubMed] [Google Scholar]
10. Wang C, Pan R, Wan X, Tan Y, Xu L, McIntyre RS, Choo FN, Tran B, Ho R, Sharma VK, HoC. A longitudinal study on the mental health of general population during the COVID-19 epidemic in China. *BrainBehavImm* [Internet]. 2020 Jul [cited 2022 Mar 17];87:40-8. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0889159120305110> [PubMed] [Google Scholar]
11. Yasin MA, Dzulkifli MA. The relationship between social support and psychological problems among students. *Int JBusi Soc Sci.* 2010;1(3):110-6.[GoogleScholar]
12. Özmete E, Pak M. The relationship between anxiety levels and perceived social support during the pandemic of COVID-19 in Turkey. *Soc Work Public Health.* 2020;35(7):603-16. [PubMed] [Google Scholar]
13. Ye Z, Yang X, Zeng C, Wang Y, Shen Z, Li X, Lin D. Resilience, social support, and coping as mediators between COVID-19-related stressful experiences and acute stress disorder among college students in China. *ApplPsychol Health WellBeing* [Internet]. 2020 Dec [cited 2022 Mar 17];12(4):1074-94. Available from: <https://onlinelibrary.wiley.com/doi/10.1111/aphw.12211> [PubMed] [Google Scholar]
14. Grey I, Arora T, Thomas J, Saneh A, Tohme P, Abi-Habib R. The role of perceived social support on depression and sleep during the COVID-19 pandemic. *Psychiatry Res.* 2020;293:113452. [PubMed] [Google Scholar]
15. Masuda A, Tully EC. The role of mindfulness and psychological flexibility in somatization, depression, anxiety, and general psychological distress in a nonclinical college sample. *J Evidbased Compl Altern Med.* 2011;17(1):66-71. [Google Scholar]
16. McCracken LM, Badinlou F, Buhrman M, Brocki KC.

- The role of psychological flexibility in the context of COVID-19: associations with depression, anxiety, and insomnia. *J ContextBehav Sci.* 2021;19:28-35. [Google Scholar]
17. Lovibond SH, Lovibond PF. (1995) Manual for the Depression Anxiety Stress Scales. 2nd Edition, Psychology Foundation, Sydney. - References - Scientific Research Publishing [Internet]. Scirp.org. 2022 [cited 2022 Mar 17]. Available from: <https://www.scirp.org/reference/ReferencesPapers.aspx?Re>
  18. Sarason IG, Levine HM, Basham RB, Sarason BR. Assessing social support: The Social Support Questionnaire. *JPers Soc Psychol.* 1983;44:127-39. [Google Scholar]
  19. Rolffs JL, Rogge RD, Wilson KG. Disentangling components of flexibility via the Hexaflex Model: development and validation of the Multidimensional Psychological Flexibility Inventory (MPFI). *Assessment.* 2018;25:458-82. [PubMed] [Google Scholar]
  20. Dombo EA, Ahearn FL. The aftermath of humanitarian crises: a model for addressing social work interventions with individuals, groups, and communities. *Illness Crisis Loss.* 2017;25(2):107-26. [Google Scholar]
  21. Prati G, Pietrantonio L. The relation of perceived and received social support to mental health among first responders: a meta-analytic review. *J Community Psychol.* 2010;38(3):403-17. [Google Scholar]
  22. Rolffs JL. Understanding the predictive role of psychological flexibility in acceptance and commitment therapy: baseline flexibility and inflexibility as moderators of treatment effects [dissertation]. University of Rochester ProQuest Dissertations Publishing; 2019. [Google Scholar]
  23. Bonanno GA, Keltner D, Holen A, Horowitz MJ. When avoiding unpleasant emotions might not be such a bad thing: verbal-autonomic response dissociation and midlife conjugal bereavement. *JPers Soc Psychol.* 1995;69(5):975-89. [PubMed] [Google Scholar]
  24. Liverant GI, Brown TA, Barlow DH, Roemer L. Emotion regulation in unipolar depression: the effects of acceptance and suppression of subjective emotional experience on the intensity and duration of sadness and negative affect. *Behav Res Ther.* 2008;46(11):1201-9. [PubMed] [Google Scholar]
  25. Tamres LK, Janicki D, Helgeson VS. Sex differences in coping behavior: a meta-analytic review and an examination of relative coping. *Personal Soc Psychol Rev.* 2002;6(1):2-30. [Google Scholar]
  26. Ozbay F, Johnson DC, Dimoulas E, Morgan CA, Charney D, Southwick S. Social support and resilience to stress: from neurobiology to clinical practice. *Psychiatry (Edgmont)* [Internet]. 2007;4(5):35-40. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2921311> [PubMed] [Google Scholar]