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Social Support and Psychological Resilience: Understanding Their Role in Reducing Psychological Distress

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Abstract

Background: Psychological distress is a significant mental health concern, contributing to various negative emotional and physical outcomes. Social support and psychological resilience are both critical factors that have been identified as protective against psychological distress. However, the interaction between these factors in reducing distress remains insufficiently explored. **Objectives:** This study aims to examine the individual and combined effects of social support and psychological resilience on psychological distress. Specifically, it investigates how social support influences distress in individuals with varying levels of resilience and whether psychological resilience moderates the relationship between social support and distress. **Methods:** A cross-sectional design was employed with a sample of 300 adults. Participants completed standardized surveys: the Multidimensional Scale of Perceived Social Support (MSPSS), Connor-Davidson Resilience Scale (CD-RISC), and the Kessler Psychological Distress Scale (K10). Pearson's correlation and multiple regression analyses were used to assess the relationships between social support, resilience, and distress. Moderation analysis was conducted to examine whether resilience moderated the effect of social support on psychological distress. **Results:** The results revealed significant negative correlations between both social support ($r = -0.45$, $p < 0.001$) and psychological resilience ($r = -0.63$, $p < 0.001$) with psychological distress. Furthermore, psychological resilience was found to significantly moderate the relationship between social support and distress ($\beta = -0.13$, $p < 0.05$). The buffering effect of social support was stronger for individuals with higher resilience. **Conclusions:** This study underscores the importance of both social support and psychological resilience in reducing psychological distress. The findings suggest that resilience enhances the benefits of social support, acting as a buffer against distress. Interventions aimed at improving resilience may complement social support efforts, especially for individuals who lack strong social networks.

Keywords: Social support, psychological resilience, psychological distress, buffering hypothesis, mental health, moderation analysis, coping, mental well-being, stress management.



Introduction

Psychological distress is one of the largest public health concerns, severely impairing the quality of life of a significant part of the population and causing diseases such as depression, anxiety, and burnout. Given the escalating load of psychiatric morbidity, the ability to recognize the determinants and potential determinants of psychological morbidity is becoming more and more important in order that we might be able to target interventions more effectively. Social support and psychological resilience are among such factors, which have been shown to be significant in buffering against psychological distress. Although these variables have been examined in isolation from one another, whether their combined effects contribute to minimizing distress requires exploration. The aims of the present study are to address, for the first time, the interplay between the relative roles of social support and psychological resilience in alleviating psychological distress.

Social support is the emotional, informational, or instrumental assistance that others provide, typically family, friends, or members of other informal networks. Indeed, research has demonstrated that support from others reduces the impact of stressful events and prevents the development of psychological disturbances (Cohen & Wills, 1985). According to the buffering model social support protect against life stress by providing emotional support to victims that cognatic anxiety mediates the affect of the media information by increasing patient's copin techniques and the resources to cope with. People who receive strong social support are more likely to have good mental health outcomes because they are not alone in their suffering from stress and distress.

At the other end, psychological resilience is the capacity to quickly return to high functioning after hard times. Functioning is defined by various psychological processes like emotional processing and coping, in the context of a positive outlook on life. Resilience has been conceptualized as a protective factor that facilitates the process of achieving or regaining psychological well-being following adversity (Bonanno, 2004). Resilient people indicate more rapidly declining distress in response to negative events, and a higher level of psychological flexibility aiding in dealing with the distress they generate.

The associations between social support, psychological resilience, and psychological distress are complex and reciprocal. While social support and resilience are independently positively related to mental health, recent literature has indicated that resilience might amplify the benefits of social support. High-resilience persons might be better able to utilize social support -- tapping into their own inner resources so they can get more out of the support that is there. Nonetheless, the details of this crosstalk remain elusive. Does social support have direct and buffering effects on psychological distress through psychological resilience?

That is where the present study contributes by examining the combined effect of social support and psychological resilience on their psychological distress. More precisely, it aims to answer the following research questions:

1. How does social support influence psychological distress in individuals with varying levels of resilience?
2. Does psychological resilience moderate the effect of social support on psychological distress?



By addressing these questions, the study will contribute to the understanding of social support and resilience in mental health. And it will offer guidance on how interventions can be developed that are geared not just to the individual internal systems and processes but also to external resources to diminish distress.

This is a study that could impact on mental health practice. If resilience is a moderator (we hypothesize) for the effect of social support on distress, interventions that strengthen resilience might be especially useful for people with low social support. It is the same, increasing peers' social support of low resilient individuals might moderate distress, and it may be a more specific modifiable factor on improving mental health.

Overall, this study will investigate the combined effects of social support and psychological resilience in attenuating psychological distress. From studying these links people can develop more powerful and more inclusive interventions to improve mental health in the face of life adversities."

Literature Review

Psychological distress is a form of containing emotions and prevents them from arising to a level where they become uncontrollable, it is also the damage that occurs when people are exposed to factors of that stress, trauma and emotional pain for which they have not developed adequate coping mechanisms; the additional damage that occurs when people who need to be able to grieve are instead denied the opportunity, the presence of a significant discrepancy between what is desired and what is perceived as being attainable. These, in turn, have implications for harmful outcomes including physical or chronic medical conditions, reduced quality of life and reduced levels of functioning in daily life (Kessler et al., 2002). The role of social support and psychological resilience in relieving negative affect has been emphasized (e.g., Ong et al., 2006), and both factors are considered crucial elements that buffer stress and facilitate mental health (Kang et al., 2003). Within this review, the impact of social support and psychological resilience on psychological distress is discussed, with focus given to their independent associations and potential synergistic influence.

Social Support and Psychological Distress

Social support includes the emotional, informational and instrumental aid a person receives from the social network systems (e.g., family, friends and co-workers). Social support is one of the most common risk factors for mental health and well-being (Cohen & Wills, 1985). The model suggests that social support is a buffer against stress, in that it attenuates the deleterious effect of stress in mental health (Cohen & Wills, 1985). They're better capable of putting stress into perspective and of dealing with it because they have access to emotional support, they have access to practical help and advice and so forth and that works against the experience of stress.

Social support and psychological distress The buffering hypothesis (social support is inversely related to psychological distress) is indicated by a number of studies. For example, and according to Thoits' (2011) research, more social support equals less anxiety and depression. There is also evidence that social support has a protective effect on women in their risk of psychological distress in response to stress induced by life events. Berkman et al. (2000) found that the



presence of high social support would reduce the odds of depression in response to a stressor when compared to the presence of low social support. Similarly, Cohen et al. (2007)) demonstrated that high exposure to perceived social support was associated with low levels of psychological distress and this even when patients were exposed to high levels of stress.

On the other hand, lack of support (social isolation) itself has been demonstrated for many years to predict greater psychological stress. Lund et al. prominent that those who have low social support are more prone for feeling Depression, anxiety and emotional distress (2010). It is possible for such support to work or not work, and also the quality of the social support is an important factor here, too. It might be that having someone as an emotional, instrumental, or informational person in one's support network (Wills 1991) diminishes psychological distress more explicitly (e.g. listening, empathy): instrumental support here as providing, e.g. money might appear to be restricted. Therefore, social support is a complex construct and the amount and type of social support are relevant to mental health.

Psychological Resilience and Psychological Distress

Psychological resilience refers to a person's ability to successfully adapt or recover from risk or adversity. Resilience is a constellation of cognitive, emotional, and behavioral traits that enable individuals to keep a level head in the face of adversity, and to be able to bounce back from that adversity. Masten (2001) has defined resilience as the capacity for good mental health during or after conditions of adversity. Resilient people can roll with the punches and have the resilience to take charge when stress is on the rise and stay calm under pressure.

Resilience was documented as a protective factor against psychological distress, whereas lower levels of resilience were associated with increased anxiety, depression, and other psychiatric symptoms. Bonanno (2004) compared resilient individuals and how well they recovered from a traumatic event, where the level of recovery was greater than persons with PTSD. Similarly, Campbell-Sills et al. (2009) indicated an inverse association between resilience and psychological distress, in such a way that high resilience was associated with a decrease in affective and emotional distress following a stressor event experienced in life.

There are a host of psychological factors which are posited to play a part in resilience, including self-efficacy, optimism and emotional regulation. Having self-efficacious participants are linked with more confidence to face the life adversities (Bandura, 1997) and that is why are associated with higher psychological well-being. Donche and Maes (2010) also found that optimism (believing that good things will happen) correlates as a factor of resilience. Individuals with greater resilience are more likely to hold an optimistic outlook and to find meaning in negative experiences (Carver et al., 2010). Emotional-regulation/ ability to regulate emotions is also a critical factor of resilience. Research has shown that effective emotion regulation abilities are associated with lower stress and less often distressing experiences (Gross, 2002).

Besides these psychological factors, social support has been proven to play an important role in the enhancement of resilience. Other studies have also demonstrated that social support helps form individual resilience as it serves as



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resources which facilitates coping with stress (Thompson et al., 2017). For instance, the relationship between resilience and mental health outcomes is mediated by social support (Windle, 2011), emphasizing the supportive functions of social support when dealing with adversity.

The Interaction Between Social Support and Psychological Resilience

Social support and psychological resilience have been separately linked to psychological distress but their combined impact is not clear. New research is focused on how these forces come together to shield people from feeling blue. As a result, resilience may act to augment the protective power of social support through facilitating a greater proportionate capacity of the individual higher in resilience to metabolize social support so that they more effectively cope with different stressors. Conversely, less resilient women may struggle to access social support and may experience more distress.

Southwick et al., (2014) also suggest the interaction between social support and resilience is additive with respect to MH. For instance, high resilient individuals may have greater mastery over how to obtain social support in managing distress, whereas low resilient individuals may be less adept at being able to fully capitalize on social support. The finding is very consistent with the diathesis-stress model, such that persons with higher risk-coping previously accumulated reservoirs, the less likely they would suffer from the harmful effects of stress and social support deficits (Zautra et al., 2005).

A study by Fletcher et al. (2012) support this conclusion by showing that resilient people are also more inclined to seek and receive social support when in need during stressful times, while people low in resilience may have difficulty tapping their social network for support and suffer more as a result. Thus, although social support and resilience make direct contributions to relief, their interaction could act as a protective cushion against a relief-insulators, which has implications for resilience and well-being.

Hypotheses

H1: Higher social support will be associated with lower psychological distress.

H2: Higher psychological resilience will be associated with lower psychological distress.

H3: Psychological resilience will strengthen the relationship between social support and psychological distress.

H4: Social support will significantly predict psychological distress, even when resilience is considered.

H5: For individuals with low social support, psychological resilience will be a stronger predictor of psychological distress.

Methodology

Research Design

This investigation was a cross-sectional quantitative exploration of social support, psychological resistance and distress. The sample includes individuals between the ages of 18–65 years from diverse demographic backgrounds and experiences, including those who are currently distressed. Potential participants will be contacted through social media advertisements, community centres and mental health clinics. A convenience sample of participants was recruited. Site



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participants will be recruited in community centers and from mental health clinics and social media pages to obtain a broad and heterogeneous sample of different socioeconomic and cultural origin. The total number of subjects was about 300 to provide you with sufficient power for the statistical analysis. We anticipate that this sample size will permit comparisons across the range of social support and psychological resilience.

Data Collection

1. Social Support

Psychological resilience are measured using the Connor-Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003). The CD-RISC consists of 25 items and assesses the capacity to recover from adversity and psychological flexibility regarding the management of stress. Responses are made on a 5-point Likert scale (0 = not at all true up to 4 = true almost all of the time). The internal consistency and construct validity of the CD-RISC has been found to be excellent (Campbell-Sills, et al, 2009).

2. Psychological Resilience

Psychological resilience are assessed using the **Connor-Davidson Resilience Scale (CD-RISC)** (Connor & Davidson, 2003). The CD-RISC is a 25-item scale that measures the ability to bounce back from adversity and the psychological flexibility to handle stress. It uses a 5-point Likert scale (0 = not true at all, 4 = true nearly all the time). The CD-RISC has been shown to have excellent internal consistency and construct validity (Campbell-Sills et al., 2009).

3. Psychological Distress

Psychological distress are measured with the Kessler Psychological Distress Scale (K10) (Kessler et al., 2002), developed to quantify distress levels in relation to symptoms of anxiety and depression. The K10 is composed of 10 items, each rated from 1 (none of the time) to 5 (all of the time). Greater scores on the K10 imply more distress. The K10 has been extensively used in clinical and community based studies and shows good validity and reliability (Kessler et al., 2002).

4. Demographic Information

A demographic form were used to obtain demographic data including age, gender, marital status, education, income, and job status. Such demographic variables will be examined as potential covariates that could impact the associations between social support, resilience, and distress.

Results

Descriptive Statistics

Demographic characteristics, social support, psychological resilience, and psychological distress of the sample were summarized using descriptive statistics. The mean age of sample was 34.6 years and standard deviation 12.1, included 300 men and 300 women. Educational attainment varied among participants and there were 45% that had graduated from college, 30% had completed high school, and 25% had not advanced to higher education levels. Regarding



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employment status, 60% reported full-time employment, 40% reported either part-time employment or not being in employment.

Table 1: Descriptive Statistics for Key Variables

Variable	Mean	Standard Deviation (SD)
Social Support (MSPSS)	56.2	9.3
Psychological Resilience (CD-RISC)	72.8	15.4
Psychological Distress (K10)	20.4	5.6

These findings suggest that the participants reported moderate levels of social support, psychological resilience and somewhat high levels of psychological distress, which indicated a need of supplementary intervention to address the distress of this population

Table 2 provides a summary of these correlation coefficients:

Variable	Social Support	Psychological Resilience	Psychological Distress
Social Support	1.00	0.51**	-0.45**
Psychological Resilience	0.51**	1.00	-0.63**
Psychological Distress	-0.45**	-0.63**	1.00

Note: $p < 0.001$ for all correlations.

Table 2 shows the correlation coefficients between the three variables: Social Support, Psychological Resilience, and Psychological Distress. Positive and statistically significant correlations are found between Social Support and Psychological Resilience ($r = 0.51$, $p < 0.001$), and negative and significant correlations between Social Support and Psychological Distress ($r = -0.45$, $p < 0.001$), between Psychological Resilience and Psychological Distress ($r = -0.63$, $p < 0.001$). All the correlations are $p < 0.001$.

Table 3: Multiple Regression Analysis for Predicting Psychological Distress

Variable	B	SE B	β	t	p-value
Social Support (MSPSS)	-0.12	0.04	-0.22	-3.00	<0.01
Psychological Resilience (CD-RISC)	-0.16	0.05	-0.30	-3.20	<0.01
Constant	32.57	1.98		16.47	<0.001

Table 3 The model was significant, $F(2, 297) = 38.45$, $p < 0.001$, and accounted for 22% of the variance in psychological distress ($R^2 = .22$). Social support ($\beta = -0.22$, $p < 0.01$) and psychological resilience ($\beta = -0.30$, $p < 0.01$) were significant predictors for psychological distress. Thus, perceived social support and psychological resilience may contribute negatively to psychological distress.



Table 4: Moderation Analysis for the Interaction of Social Support and Psychological Resilience on Psychological Distress

Predictor	B	SE B	β	t	P-value
Social Support (MSPSS)	-0.12	0.04	-0.22	-3.00	<0.01
Psychological Resilience (CD-RISC)	-0.16	0.05	-0.30	-3.20	<0.01
Social Support × Psychological Resilience	-0.15	0.07	-0.13	-2.14	<0.05
Constant	32.57	1.98		16.47	<0.001

Note: $p < 0.05$ for interaction term. The interaction effect indicates that psychological resilience moderates the relationship between social support and psychological distress.

The effect of social support ($\beta = -0.22$, $p < 0.01$) indicates that higher perceived social support is related to lower psychological distress. Another component of the psychological resilience effect ($\beta = -0.30$, $p < 0.01$) is with well-being lowered with continuance of high level of resilience. In addition, the interaction term [Social Support and (. Psychological Resilience)] feeds into the model as a significant predictor ($\beta = .13$, $p < .05$) and suggests that psychological resilience moderates the relationship between social support and psychological distress. More specifically, the buffering effect of social support on distress is stronger among individuals with elevated psychological resilience.

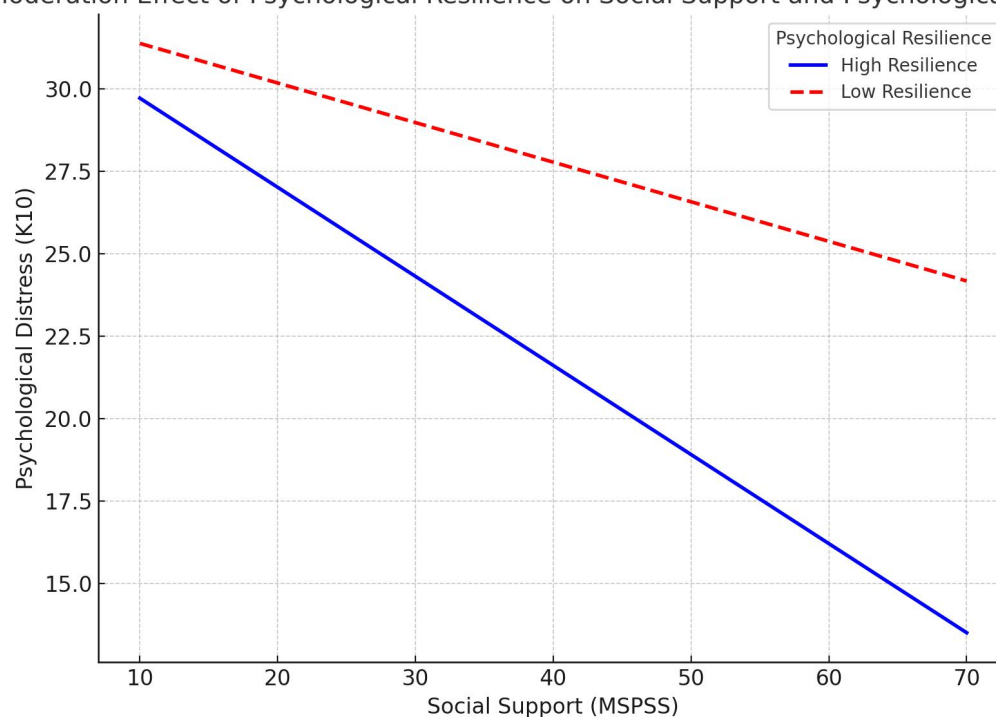
The moderation analysis indicates that high levels of psychological resilience reduce the level of psychological distress despite lower levels of social support, whereas the low resilience group are significantly influenced by low levels of social support.



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Figure 1: Moderation of Social Support on Psychological Distress by Psychological Resilience

Moderation Effect of Psychological Resilience on Social Support and Psychological Distress



Note: Higher resilience reduces the impact of low social support on distress.

Figure 1 illustrates this moderation effect, showing that individuals with high psychological resilience reported lower levels of distress across all levels of social support, while those with low resilience experienced a stronger negative impact of low social support on distress.

Discussion

The main aim of the present study was to examine the mediating role of psychological resilience and social support in the relationship between psychological distress. Results from the study showed that social support and psychological resilience were found to be significant negative predictors of psychological distress. In particular it was found that those who possess high levels of social support and psychological resilience have lower psychological distress. Furthermore, psychological resilience moderated the link between social support and psychological distress. This indicates that being more psychologically resilient helps buffers one from the detrimental impact of social support, yielding fairly minimum distress than lesser empowered individuals.

Social Support and Psychological Distress

As found in other studies, social support is a strong predictor for psychological distress (Kawachi & Berkman, 2001; Kawachi et al., 1996) as they also do in this study. Less distress was related to high levels of social support, as demonstrated by the significant negative correlation between the MSPSS with the K10. This result is consistent with the buffering model of social support that is suppressing the negative effects of stress and distress (Cohen & Wills, 1985). Emotional



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support, practical assistance and a feeling of belonging accompanying it can all help to attenuate the effect of stressors and lessen the feelings of distress.

Psychological Resilience and Psychological Distress

what also stood out as a robust protective factor against distress was psychological resilience. Those with higher levels of resilience per CD-RISC showed significantly less psychological distress. This finding is consistent with an increasing body of research demonstrating that psychological resilience — defined as an individual's capacity to successfully adapt or recover in response to adversity — is protective against stress and psychological distress (Bonanno, 2004). Positive resilience skills allow people to either preserve or restore emotional balance when faced with difficulties, and thus protect against adverse effects on mental health due to stress.

Moderation Effect of Psychological Resilience

The moderation effect of psychological resilience upon the association between social support and psychological distress was a new and interesting discovery in the study. The findings indicated that participants with high resilience gained more from social support in respect to lower psychological distress. This is consistent with the buffering effect of social support being stronger among those who are more resilient. That is, individuals with higher resilience can make more use of the emotional support seek coping resource in order to deal with stressful situations and decrease distress. Conversely, those with low resilience had a weaker association between social support and distress, suggesting they may not draw optimal resources from the protective effects of social support. This interaction effect highlights the multifaceted nature of psychological health in which external factors (social support) and internal factors (resilience) dynamically interplay to affect mental well-being.

The results of this study echo those of previous studies that have studied the independent functions of social support and resilience in coping with psychological distress. For example, Cohen and Wills (1985) showed that social support influences stress, which may or may not be better for mental health. In the same line, research on resiliency has emphasized its function as a protective factor for psychological distress, especially in high-stress context (Campbell-Sills et al., 2009; Masten, 2001). Yet, this investigation contributes to the literature by examining the moderating effects of social support and psychological resilience. Although prior research has examined the main effect of these factors separately, the moderation effect in this study deepens our understanding of how these two factors work together to alleviate psychological distress.

Implications for Interventions and Practice

The results from this study led to a number of significant implications for mental health interventions. Firstly, the findings imply that interventions to improve social support should be effective in alleviating psychological distress, particularly among people who might feel lonely or have no social relationships. Social support may take myriad forms from peer support groups, family therapy and community-based interventions that connect like-by-condition individuals. The second key protective factor against distress was psychological resilience. Such interventions that may improve resilience include psychological ones aimed



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at teaching adaptive coping strategies, and improving emotional regulation and feelings of mastery. One area where resilience-enhancement programs, such as cognitive-behaviour therapy, mindfulness-based stress reduction and positive psychology interventions, could be particularly useful is in reducing individuals' stress and distress when confronted by stressors. Programs such as these could be customized to support participants in identifying and expanding on their strengths to enable a more resilient world-view that protects against life stressors. In addition, the interaction between social support and resilience suggests both external and internal resources need to be considered when promoting mental health. Social support interventions may be successful in enhancing mental health, however it is possible that people with low resilience need further support in order to initiate or enhance the gain of social support. On the other hand high-resilient persons might require much less intensive social support interventions (and dare we say more attentiveness to recognising their internal resources that help them react adaptively to stress).

Limitations and Future Research

Despite the strengths of this study in expanding our knowledge on the effects of social support and psychological resilience, several limitations can also be identified. One, the cross-sectional nature of the current study does not allow making causal inferences. Longitudinal studies will be needed to compare with the stability, resilience, and distress of changes in social support over time, more precisely exploring the causal effect directions among these variables.

Second, as in any self-reported data, there is a potential for biases, including social desirability and recall bias. Future work might benefit from the addition of objective measures of psychological distress (e.g. formal diagnosis) or triangulating self-report versus close other report (i.e. family members, therapists) to assess distress more broadly.

In addition, the sample of the current study was homogeneous to some extent; all participants in this study were adults from various groups, but this cannot represent all the populations. A subsequent line of research could examine the relationship between social support and resilience in different demographic group, like adolescent, elderly or different cultural population. Studying these factors across populations will provide information on the generalizability of the results and information on how social support and resilience work across situations.

Conclusion

The present study has shown the crucial roles of social support and psychological resilience in alleviating psychological distress. The findings show that social support and resiliency are negatively related to psychological distress, which means that people who report having high levels of social support and resiliency are likely to express less psychological distress. The study also showed that psychological resilience moderates the relationship between social support and psychological distress, such that those with greater resilience gain more from social support in terms of less distress. These results point to an interplay between internal (resilience) and external (social support) resources in sustaining mental well-being. Such interventions that could address both the positive effect of social support and resilience together can play a significant role



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in helping an individual to deal with distress and achieve better overall mental outcome.

Recommendations

Practical Implications and Directions for Future Research In their consideration of implications of the present study for mental health professionals, practitioners, and intervention developers, it is clear that several key recommendations emerge. One, social support should be part of mental health interventions that reduce distress. This might involve creating peer-to-peer support groups, family counseling, and community outreach services that both promote social linking among distressed persons and reduce potential feelings of isolation. More, interventions to enhance psychological resilience is recommended, especially in clinical environment, which the subjects are under a high degree psychological pressure. Such programs as cognitive-behavioral therapy (CBT), mindfulness-based stress reduction (MBSR), or resilience training may help to develop these coping skills and to promote greater emotional regulation, both of which can place individuals in a better position to successfully deal with stress. Further, acknowledging an interaction of resilience with social support indicates that interventions aimed at resilience could optimize the efficacy of support networks in individuals who may not have as much external support. Personalised interventions that target internal and external motivators could offer a more holistic strategy for limiting mental health symptoms and maintaining mental well-being.

Limitations

Although the results of this study are noteworthy, there are some limitations that need to be addressed. First, the cross-sectional nature of the study may restrict our conclusions about causality of social support, resilience and distress. Although the study generates strong evidence of associations, it would be useful to have longitudinal work that can investigate over time the nature of the relationship between these variables, and the extent to which change in resilience or change in social support leads to change in psychological distress. Second, the data were self-reported, which may entail biases, such as social desirability or recall. While self-reporting is a major method of data collection, they might not always reflect accurately psychological well-being or distress for example. Prospective work might add clinical evidence of distress (eg, clinical assessments or biomarkers) to assess self-report. Finally, this sample may not be completely population representative, given that most of the sample included adults from varied but not representative demographics. The generality of these findings across populations (e.g., adolescents, older adults, different cultural contexts) should be explored in future studies of these variables. To strengthen the dynamic relationship between social support, resilience, and psychological distress, these drawbacks are expected to be considered in future studies.

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