

The Predictive Role of Family Relationship And Coping Styles On Psychological Wellbeing Among Undergraduates

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Abstract

Research in positive psychology has been focusing on ways to improve health and wellbeing of both clinical and non-clinical populations. The current paper is one of such studies that explore ways to improve wellbeing by examining the influence of family relationship and coping style on psychological wellbeing of undergraduates. Three hundred and fifty-two (352) undergraduates (52.8% male and 47.2% female) drawn from the University of Nigeria, Nsukka participated in the study. Psychological Wellbeing Scale (PWBS), The Brief Family Relationship Scale (BFRS), and The Brief COPE were used for data collection. Pearson r and multiple hierarchical regression were used to examine the hypotheses. Result showed that family relationship and adaptive coping style significantly predicted psychological wellbeing. However, maladaptive coping did not predict. This study indicated that positive family relationship and adaptive coping style help to improve the psychological wellbeing of undergraduates. Unlike maladaptive coping style that is not a factor in the psychological wellbeing of undergraduates. In case of intervention, attention should be paid to family relationship and adaptive coping style.

Keywords: Family relationship, coping style, adaptive coping, maladaptive coping, psychological wellbeing, and undergraduates

1. INTRODUCTION

Undergraduate students have experienced stress and so much work load in one way or the other. However, how each of them reacts to such stress varies from person to person and the resulting outcome could either be positive or negative. Psychological wellbeing is an important

concept in the field of positive psychology. In this study, psychological wellbeing will be explored in regards to family relationship and coping styles of undergraduates.

The idea of psychological wellness is having a balanced, all-encompassing sense of life. It encompasses health in all areas, including social, physical, mental, emotional, vocational, and spiritual. Nothing in life is more crucial than having loving, dependable connections (Wilner, 2008). There are two important dimensions of psychological wellbeing. The first is the degree to which people experience positive emotions and feelings of fulfillment. This aspect of psychological wellbeing is also referred to as subjective wellbeing (Diener, 2000).

There are several risk and protective factors that are associated with psychological wellbeing. Some of the factors are: self esteem, single parenting, both parenting, gratitude (Aghababaei, Błachnio, & Aminikhoo, 2018; Măirean, Turliuc, & Arghire, 2019; Montserrat, Dinisman, Bălătescu, Grigoraş, & Casas, 2015; Poudel, Gurung, & Khanal, 2020; Sapmaz et al., 2020). The focus of the current study, however, was on family relationships and coping mechanisms.

Family relationships are crucial in determining a person's wellbeing throughout their lifetime, for better or ill (Merz, Consedine, Schulze, & Schuengel, 2009). Through each stage of life, family members are connected in significant

ways, and these interactions are a significant source of social influence and connection for people (Umberson, Crosnoe, & Reczek, 2010). There is evidence that social connections have a significant impact on wellbeing over the course of a person's life (Umberson & Montez, 2010). The focus of the current study, however, was on family relationships and coping mechanisms. Family relationships are crucial in determining a person's wellbeing throughout their lifetime, for better or ill (Merz, Consedine, Schulze, & Schuengel, 2009). Through each stage of life, family members are connected in significant ways, and these interactions are a significant source of social influence and connection for people (Umberson, Crosnoe, & Reczek, 2010). There is evidence that social connections have a significant impact on wellbeing over the course of a person's life (Umberson & Montez, 2010).

The strength of family ties, including social support (such as giving love, direction, and care), as well as strain (such as conflicts, being critical, and setting too many expectations), can affect wellbeing through psychological, behavioral, and physiological systems. The stress process theory (Pearlin, 1999) puts stressors and social support at the center of its argument that stress can harm mental health while serving as a protective element. Stress has a detrimental effect on health and wellbeing, according to prior studies (Thoits, 2010). The family dynamic cannot, however, be the only factor that promotes psychological wellness. As a result, there is a place for coping. Prior research revealed that emotion-focused coping strategies are frequently connected to depressive symptoms, phobic anxiety, and somatization and demonstrate a low level of psychological wellbeing. Problem-focused coping techniques are frequently seen as more efficient and flexible, and they are linked to greater psychological wellbeing

(Penley, Tomaka, & Wiebe, 2002; Shimazu & Schaufeli, 2007; Watson & Sinha 2008; Penley et al., 2002)

Against this background, this study seeks to investigate coping strategies as predictors of psychological wellbeing, in order to add to the evidence to resolve the conflicting results shown by previous studies. Also, family relationship has been established as a predictor of psychological wellbeing. However, this study seeks to replicate this research in the Nigerian context with a population of young undergraduates.

Hypotheses

Following the review of literature, the following hypotheses were tested in this study.

H₀₁: Family relationship will significantly predict psychological wellbeing among undergraduates;

H₀₂: Adaptive coping style will significantly predict psychological wellbeing among undergraduates; and

H₀₃: Maladaptive coping style will significantly predict psychological wellbeing among undergraduates.

2. LITERATURE REVIEW

Theoretical Review

Attachment theory and Attachment theory

John Bowlby was particularly interested in identifying the nature, significance and function of a child's tie to his/her parent. According to psychology, the importance of the link in a child's mental stability and degree of protection from damage is the emphasis of attachment theory. It is focused on fundamental protection and safety issues. According to the notion, whether an attachment is "secure" (the greatest sort) or "insecure" (the worst kind), depends on how well a

kid is cared for, especially in terms of sensitivity and responsiveness (Bowlby, 1988).

The relationship that occurs between cognition, coping, emotion, and a person's fit to the environment is described by Lazarus and Folkman's (1984) hypothesis. This hypothesis states that cognition, coping, and emotion are all dynamically connected, with cognition having a greater influence (Radnitz & Tiersky, 2007). According to Lazarus and Folkman's cognitive model of coping, problem-focused coping is deemed adaptive, whereas emotion-focused coping is non-adaptive (Radnitz & Tiersky, 2007).

Empirical Review

Family relationship and psychological wellbeing

The relationship between social support and psychological wellbeing among police employees in England was examined by Jackman, Henderson, Clay, and Coussens in 2020. The participants were 381 police officers from a force in the English Midlands (mean age 42.49 years, standard deviation 9.85). Participants reported having worked for the company for an average of 12.90 years (SD = 9.29) and having held their current position for an average of 6.08 years (SD = 6.30). Utilizing the Social Provisions Scale (SPS), a 24-item questionnaire, colleagues; The 14-item Warwick-Edinburgh Mental Well-being Scale was used to measure psychological wellbeing, and the Shortened Inventory of Socially Supportive Behaviours (SISSB) was modified to examine perceptions of received support (WEMWBS). The findings demonstrated that psychological wellness among police staff was highly predicted by perceived and actual coworker support. Gilligan et al. (2017) examined the various impacts of conflict with mothers, siblings, and spouses on depressive symptoms in midlife using data collected from 495 adult children nested within 254 families. Separate multi-level regression models demonstrated that

stress with moms, siblings, and spouses independently predicted depressive symptoms. Combination studies showed that stress with spouses was not related to depressed symptoms, but stress with mothers and siblings did. The intensity of these relationships between tension and depressed symptoms did not significantly differ across family members, according to Wald tests evaluating the associations. Mother-child conflict was more significantly linked to increased depressed symptoms for women than for males, according to interactions between gender. These results emphasize the significance of the quality of family interactions on people's psychological wellbeing.

In order to identify the factors that have a detrimental impact on children's social and psychological circumstances, Pannilage (2017) did a study to determine how families affect children's welfare in modern society. Researchers used qualitative research techniques to carry out the study. The secondary data has been employed in sociological analysis of issues like family roles and functions, children's psychosocial issues, and contemporary social structure changes. Primary information was gathered through an empirical survey from a sample of kids, parents, and teachers in the Sri Lankan districts of Hambantota, Batticaloa, and Vavuniya. The study discovered that there are numerous interconnected factors that have a detrimental impact on children's wellbeing. These included family strife, a lack of love, concern, and affection for children, children witnessing domestic violence, family income, and prejudice against families based on socio-cultural factors.

Coping Strategies and Psychological Wellbeing.

Pannilage (2017) conducted a study to ascertain how families affect children's welfare in contemporary society in order to pinpoint the

variables that negatively affect children's social and psychological conditions. The investigation was conducted using qualitative research methods. The secondary data has been employed in sociological analysis of issues like family roles and functions, children's psychosocial issues, and contemporary social structure changes.

Yu et al. (2020) conducted a cross-sectional study to examine the relationship between coping styles and psychological distress among Chinese population in the early stage of COVID-19 pandemic. A total of 1588 respondents (33.12% men) participated in the study. Their average age was 33.68 ± 11.96 years, 43.01% were unmarried, 8.31% had at most a senior high school level of education, 22.10% had a technical qualification, 56.68% had a bachelor's degree, and 12.91% had a postgraduate qualification. The Mandarin versions of the six-item Kessler psychological distress scale (K6) was used to measure psychological distress while coping style was measured using Simplified Coping Style Questionnaire (SCSQ). The result showed that active coping style reduced psychological distress while passive coping style increased it.

MacIntyre, Gregersen, and Mercer (2020) explored the relationship between coping styles and psychological wellbeing among language teachers using online survey tool. A total of 634 language teachers participated in the study. Almost 75% were teachers of English, and approximately 80% were female. About half of the respondents (51.4%) were from Europe, and almost a quarter (23.5%) were from North America. Lower percentages were from Asia (8.8%), South America (6.9%), the Middle East (5.2%), and other parts of the world in smaller amounts. The sample as a whole had a good deal of teaching experience; more than half of the respondents had been doing so for at least 15 years, and only 3% were just

starting out. Brief-COPE: The WHO-5 Well-being Index (Topp et al., 2015) was used to measure psychological wellbeing while Carver's (1997) coping style was utilized to measure coping style. The findings demonstrated that whereas an adaptive coping style predicted psychological wellness positively, a maladaptive coping style did not.

3.METHOD

Participants

Participants were 352 undergraduates (male n=186, 52.8%, female n=166, 47.2%, mean age = 24.05, SD= 4.14) drawn from the University of Nigeria, Nsukka. A simple random sampling technique was used to select 3 Departments out of 9 Departments in the Faculty of the Social Sciences. Two hundred and eighty-six (81.3%) of the participants were single, 57 (16.2%) were married, 3 (.9%) were divorced, and 6 (1.7%) were widow. On ethnicity, 305 (86.6%) were Igbo, 9 (2.6%) were Yoruba, 5 (1.4%) was Hausa, 12 (3.4%) were Efik, and 21 (6.0%) belonged to other ethnic groups. On religion, 335 (95.2%) were Christians, 8 (2.3%) was of Muslims, 6 (1.7%) were traditionalist, and 3 (.9%) belonged to other religion. On level of study, 86 (24.4%) were in 100 level, 102 (29.0%) were in 200 level, 84 (23.9%) were in 300 level, 52 (14.8%) were in 400 level, 23 (6.5%) were in 500 level, and 5 (1.4%) were in 600 level.

Instruments

Psychological Wellbeing Scale (PWBS)(Ryff, 1989)

Psychological Wellbeing Scale (PWBS) is an 18 item self-report scale developed by Ryff (1989) to measure psychological wellbeing. The instruments consists six subscales (with three items in each subscale): (a) positive relations with others

(items 6, 13, and 16); (b) self acceptance (items 1, 2, and 5); (c) autonomy (items 15, 17, and 18); (d) personal growth (items 11, 12, and 14); (e) environmental mastery (items 4, 8, and 9); and (f) purpose in life (items 3, 7, and 10). Participants responded on a seven point Likert scale that ranged from (1) strongly disagree to (7) strongly agree. The following items are reversed; 4, 5, 6, 7, 10, 14, 15, and 16. Higher scores indicate higher psychological well-being. The internal consistency reliability coefficients as reported by Ryff (1989) ranges from .86 to .93 for the six subscales. Nnadikwu (2014) reported a Cronbach's alpha of .77 for a Nigerian sample.

The Brief Family Relationship Scale (BRFS)

The Brief Family Relationship Scale (BRFS) is a 16-item scale adapted from the 27-item Relationship dimension of the Family Environment Scale (FES) developed by Moos and Moos (1994). BRFS is developed by Fok, Allen, Henry, and Awakening Team (2011). It is responded to using a 3-point response format ranging from 1 = not at all, to 3 = a lot. It is a 3-dimensional construct namely: Cohesion (items 1 – 7), sample items include “I am proud to be a part of our family”, “In our family, we work hard at what we do in our home” etc.; expressiveness (items 8 – 10), sample items include “In our family we can talk openly in our home”, “In our family we begin discussions easily” etc; and conflict (items 11- 16), sample items include “In our family we argue a lot”, “In our family we often put down each other”, etc. Fok, Allen, Henry, and Awakening Team (2011) obtained a reliability coefficient of .83, .80, .65, and .88 for cohesion, conflict, expressiveness, and full-scale BRFS, respectively

The Brief-COPE

The Brief COPE is a 28-item measure of strategies used by individuals to cope with problems and stress and was developed by Carver (1997). The items measure 14 coping approaches that responders use, answered on a four-point Likert-type scale ranging from 1 = ‘not at all’ to 4 = ‘very much’. Participants indicated whether or not they would employ the coping strategy described by using a 4-point Likert scale (1 = I usually do not do this at all; 2 = I usually do this a little bit; 3 = I usually do this a medium amount; 4 = I usually do this a lot). The scale has 14-dimensions and they are: Active coping (items 1 and 16, $\alpha = .57$); planning (items 2 and 17, $\alpha = .73$); Positive reframing (items 3 and 18, $\alpha = .55$); Acceptance (items 4 and 15, $\alpha = .55$); Humor (items 5 and 19, $\alpha = .82$); Religion (items 6 and 20, $\alpha = .89$); Using emotional support (items 7 and 21, $\alpha = .80$); Using instrumental support (items 8 and 22, $\alpha = .87$); Self-distraction (items 9 and 23, $\alpha = .43$); Denial (items 10 and 24, $\alpha = .64$); Venting (items 11 and 25, $\alpha = .50$); substance use (items 12 and 26, $\alpha = .50$); Behavioral disengagement (items 13 and 27, $\alpha = .69$); and Self-blame (items 14 and 28, $\alpha = .72$). Each subscale's scores varied from 2 to 8, with Although the final six scales—self-distraction, denial, venting, substance use, behavioral disengagement, and self-blame—were categorized as maladaptive coping strategies in the current study, the first eight scales—active coping, planning, positive reframing, acceptance, humor, religion, use of emotional support, and use of instrumental support—were grouped together as adaptive coping strategies (Lehavot, 2012; Meyer, 2001). The higher scores reflect greater usage of the designated coping mechanism. Although the last six scales (self-distraction, denial, venting, substance use, behavioral disengagement, and self-blame) were categorized as maladaptive coping

strategies in the current study, the first eight scales (active coping, planning, positive reframing, acceptance, humor, religion, use of emotional support, and use of instrumental support) were grouped together as adaptive coping strategies (Lehavot, 2012; Meyer, 2001).

Procedure

The study was carried out in the University of Nigeria, Nsukka, among two Departments chosen; Sociology and Political Science. The researcher went to their heads of Department with a permission letter received from the Head of Department of Psychology. When the researcher received consent from the authorities, she met them in their classes during free period. The researcher introduced herself and 2 research assistants who came with her and also declared her

intention was to conduct a research. The research made them to know that it was voluntary, confidential and one is free to opt out at any time. Those that gave their consent, were given questionnaire to fill. A total of three hundred and eighty questionnaires was shared to them and was collected immediately after completion for data analysis. The study lasted over a period of one week..

Design/Statistics

The research used a cross-sectional survey design. Multiple hierarchical Regression analysis will be used to analyze the data via SPSS 22.0. Also, the mean, standard deviation and correlation analysis will be computed in the first and second tables.

4. RESULTS

The results of the findings of this study are presented in this section. The descriptive statistics is shown in Table 1. The correlations of the demographic variables and study variables are shown in Table 2, while findings of the regression analysis is in Table 3.

Table 1: Descriptive statistics for Age and the study variables

Variables	Range	Mean	Std. Deviation
Age	18-34	24.05	4.14
Family relationship	18-43	31.37	4.25
Adaptive brief coping	17-53	34.99	6.09
Maladaptive brief coping	20-48	32.47	5.42
Psychological wellbeing	39-100	71.89	12.21

Descriptive statistics in Table 1 showed that age of the participants was from 18-34 years (Mean = 24.05, $SD = 4.14$ years). The scores of the participants on the variables in the study were within the normal range of scores.

Table 2: Correlations of demographic variables and study variables

Variables	1	2	3	4	5	6
1 Age	-					

2	Gender	-.27***	-				
3	Level of study	.35***	-.10	-			
4	Family relationship	-.01	.07	.01	-		
5	Adaptive coping	.01	.03	.00	.73***	-	
6	Maladaptive coping	-.01	-.01	.04	-.74***	-.79***	-
7	Psychological well	-.02	-.05	-.00	.13*	.35***	-.24***

Note: * $p < .05$; *** $p < .001$; Gender (0 = Male; 1 = female)

In Table 2, older age was associated with higher level of study ($r = .35, p < .001$). Male gender were older in age ($r = -.27, p < .001$). Family functioning was positively associated with adaptive coping ($r = .73, p < .001$), and negatively associated with maladaptive coping ($r = -.74, p < .001$). Adaptive coping was negatively associated with maladaptive coping ($r = -.79, p < .001$).

Table 3: Hierarchical multiple regression predicting psychological wellbeing, by family relationship, adaptive and maladaptive coping strategies.

Predictors	Step 1			Step 2		
	<i>B</i>	<i>B</i>	<i>T</i>	<i>B</i>	β	<i>t</i>
Family relationship	.37	.13	2.42*	-.82	-.29	-3.64***
Adaptive coping				1.06	.53	6.13***
Maladaptive coping				-.08	-.04	-.42
R^2	.02			.16		
ΔR^2	.02			.14		
<i>F</i>	5.86 (1, 350)*			21.26 (3, 348)***		
ΔF	5.86 (1, 350)*			28.51 (2, 348)***		

* $p < .05$; *** $p < .001$; *B* = Unstandardized regression coefficient; β = Standardised regression coefficient

Results of the hierarchical multiple regression for the test of the hypotheses is shown in Table 3. In Step 1 of the regression model, family relationship was added to the regression model and it significantly positively predicted psychological wellbeing, $\beta = .13, t(352) = 2.42, p < .05$. The unstandardized regression coefficient (*B*) showed that for every one unit increase in family relationship, psychological wellbeing rises by .37. This model contributed 2% in explaining the variance in psychological wellbeing ($R^2 = .02$), and the model was significant, $F(1, 350) = 5.86, p < .05$.

In step 2, adaptive and maladaptive coping strategies were added to the regression mode. Adaptive coping style significantly positively

predicted psychological wellbeing, $\beta = .53, t(352) = 6.13, p < .001$. The unstandardized regression coefficient (*B*) showed that for every one unit increase in adaptive coping style, psychological wellbeing increases by 1.06. Maladaptive coping style did not significantly predict psychological wellbeing, $\beta = -.04, t(352) = -.42$. This model contributed 14% in explaining the variance in psychological wellbeing ($\Delta R^2 = .14$), and the model was significant, $\Delta F(2, 348) = 28.51, p < .001$. The strongest predictor of psychological wellbeing in the present study was adaptive coping ($\beta = .53$), and all the predictor variables in the study accounted for 16% of the variance in psychological wellbeing ($R^2 = .16$).

5. DISCUSSION

The major goal of this study was to examine the predictive role of family relationship and coping on psychological wellbeing of undergraduates. The

result showed that family relationship significantly positively predicted psychological wellbeing, thus hypothesis one was accepted. This finding shows that having a positive relationship with other members of the family fosters psychological wellbeing. That is to say that, positive family relationship serves as a buffer to a better psychological wellbeing. This finding is in line with previous findings (Butler, 2015; Gilligan et al., 2017; Pannilage, 2017). That is to say that those families that there is a sense of togetherness, support for one another, and help for one another, are more likely to experience psychological wellbeing. Jackman et al. (2020) found out that support from colleagues improved the psychological wellbeing of Police staff. Thus, this seems to be the same thing that plays out among family members.

The result further showed that adaptive coping style significantly predicted psychological wellbeing among undergraduates, thus, the second hypothesis was confirmed. This finding shows that making use of humour, religion, emotional support, instrumental support, etc, foster psychological wellbeing. That is to say that, creating room for humour, receiving emotional support from others, participating in religious activities, planning, positive reframing of the situation all helps to maintain a good level of psychological wellbeing. Previous studies have found similar thing (see, Akhtar & Kroener-Herwig, 2019; Gillett & Crisp, 2017; Hayward, Vartanian, & Pinkus, 2018; MacIntyre, Gregersen, & Mercer, 2020; Ukeh & Hassan, 2018; Yu et al., 2020). Even though they used different names for adaptive and maladaptive coping styles, yet, they all drew the same conclusion that adaptive coping style fosters psychological wellbeing, while maladaptive coping style wears it down.

Finally, the result showed that maladaptive coping did not predict psychological wellbeing, thus, the third hypothesis was rejected. This is rather disturbing since it was expected that it will predict it negatively. However, this finding contradicts the finding of (Hayward, Vartanian, & Pinkus, 2018; MacIntyre, Gregersen, & Mercer, 2020; Mohanraj et al., 2015). They all found that maladaptive coping style was negatively associated with psychological wellbeing and positively associated with depression. Thus, showing that maladaptive coping style is a risk factor of psychological wellbeing. The possible reason why this finding came out this way could be because of response fatigue or the length of the scale.

Implications of the Findings of the Study

These present findings have some implications. Family relationship and adaptive coping style positively predicted psychological wellbeing. This suggests that having positive interpersonal relationships with family members and coping mechanisms for challenging circumstances both contribute to psychological wellness. Therefore, positive family relationship and adaptive coping styles then become protective factors to psychological wellbeing of undergraduates, while maladaptive coping style did not predict psychological wellbeing, which shows that it is not a protective factor for undergraduates of University of Nigeria Nsukka.

6. SUMMARY, CONCLUSION AND RECOMMENDATIONS

The current study examined how family relationships and coping strategies affected undergraduates' psychological wellness. Three hundred and fifty-two (352) undergraduates (52.8% males, 47.2% females), with mean age of 24.05, participated in the study. Three hypotheses

were tested in the study. The participants were evaluated using Psychological Wellbeing Scale (PWBS) by Ryff (1989), The Brief Family Relationship Scale (BFRS) by Fok et al. (2011), and The Brief COPE by Carver (1997).

A cross-sectional survey design was used in the study. A multiple hierarchical regression was used to test for the relationship among the variables. The findings showed that family relationship and adaptive coping significantly positively predict psychological wellbeing among undergraduates while maladaptive coping did not.

In conclusion, family relationship and adaptive coping significantly positively predict psychological wellbeing. Thus, the present study supports and extends the existing literature on the relationship between family relationship and coping on psychological wellbeing among undergraduates. The study therefore recommends that these identified factors that predict psychological wellbeing are worth paying attention to during intervention programmes.

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