

Social Resources and Mental Health Continuum: The Mediating Role of Family Sense of Coherence

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Abstract

From the first moments of life, family can be the greatest source of support for children as a center of love and safety. Accordingly, the well-being of a person is inextricably linked to parental well-being because human well-being is not merely a health disease but also a combination of physical, mental and social situations which is evaluated together with social, emotional and psychological dimensions of a person and his family. The aim of this study was to examine the mediating role of family sense of coherence on the relationship between social resources and mental health continuum. The participants of the study were 192 university students (109 females and 83 males; aged between 18 to 31), who completed a questionnaire package that includes the Family Sense of Coherence Scale, Mental Health Continuum-Short Form and Social Resources Subscale of the Scale of Resilience for Adults. Hierarchical regression analyses indicated that family sense of coherence fully mediated the relationship between social resources and mental health continuum.

Keywords Family, Resilience, Social Resource, Mental Health Continuum, Family Sense of Coherence

1. Introduction

Throughout the lifespan development of people, family is the first social institution that has the most important central role on a child and his well-being. From the first moment of life, family can be the greatest source of support for children. They offer love, safety, care and protection to their children. Therefore, children's well-being is inextricably linked to parental well-being [1]. Human well-being is not merely a health disease but also a combination of physical, mental and social situations which is evaluated together with social, emotional and psychological dimensions of a person and his family [2]. So that psychological mental health should be evaluated together with many variables. In addition to this the continuity of mental health is specifically influenced by resilience and family integrity. Resilience may be defined as a dynamic process of positive adaptation to adversity including distress, depression, anxiety and other components of vulnerability [3], [4] Obviously, resilience does not only provide a protective apron from negative life events but it also refers to strong adaptation and the ability of coping with negative conditions and challenges [5]. Recent studies explained that the external protective factors such as efficient schools and relationship with protective adults are affected in promotion of resilience [4].

The characteristics of resilient people who overcome difficult life conditions is distinguished with close relationships with caring parental figures [6], [7]. Family is the most effective environmental structure in human life, so this is closely related to mental health especially in neurotic disorders. The biggest factor, that disrupts mental health, is mostly the loneliness and it can be usually derived from the disconnection among family members [42]. In many studies it is found that people, living with functional families, gained much more satisfaction from their lives. Neurotic conflicts and family problems are also related to each other, by the way there are much more suicide cases, mental and physical problems, behavioral problems can be seen in nonfunctional families [8]. Depending on recent research not only is support from parent important in a person's live, but also a family sense of coherence is related to resilience with regard

to social resources as protective factors [9] and it has an influence on the quality of family life [10]. To be a member of a family, the stability of family, and the supportive relationships in the family are important social equipment's that are utilized against stress and crisis situations [11].

The family and parental support is also associated with positive social and emotional outcomes besides being protective against the effects of stressful events and circumstances [12]. The absence of illness and pain is no guarantee of a good life [3] but a good life can arise from well-being. Thereby the positive functioning and well-being of the family members can be enhanced by the influence of family sense of coherence on the family's capability to deal with stress [13] and it plays a significant role on promoting mental health continuum of an individual. Thus, previous studies have shown that internal and external factors in a life can affect a person in many ways both mentally and physically, but the causality of these associations are also open to interactive relations.

Family therapy which was a form of psychotherapy was introduced after realizing the importance of family structure in the clients' recovery [14]. In this way, this study aims to examine how individuals' social resources and family sense of coherence affect their mental health continuum and also emphasize the importance of family structure on mental health continuum as mentioned in the study of Samanci and Ekici [14]. The main aim of this study is to find out how family sense of coherence plays a mediating role on the relationship between social resources subdimension of resilience and mental health continuum of young adults in Turkey.

Hypothesis 1. Family sense of coherence has a positive correlation with social resources subdimension of resilience.

Hypothesis 2. Family sense of coherence has a positive correlation with mental health continuum.

Hypothesis 3. Social resources subdimension of resilience has a positive correlation with mental health continuum.

Hypothesis 4. Family sense of coherence has a mediation role between social resources and mental health continuum.

This study also aims to contribute to mental health workers' clinical practicing. According to results of this study, it would be understood which topic (client's social resources or family sense of coherence) is more appropriate and beneficial to handle by mental health workers for increasing the client's mental health continuum when a client who complains about loneliness applied to therapy.

2. Materials and Methods

2.1. Participants

The research group consists of 192 university students who were selected randomly including 109 females and 83 males in the range of 18-31 ages (see Table 1).

Table 1: Descriptive Statistics of Gender

Groups	<i>f</i>	%
Female	109	56,8
Male	83	43,2

The research group consists of 32 single child and 160 participants with more than one sibling (see Table 2).

Table 2: Descriptive Statistics of Participants' Sibling Status

Groups	<i>J</i>	%
Without siblings	32	16,7
With siblings	160	83,3

The research group consists of 177 participants whose parents were together and 15 participants whose parents were divorced (see Table 3).

Table 3: Descriptive Statistics of Participants's Parents' Marital Status

Groups	<i>f</i>	%
Married parents	177	92,2
Divorced parents	15	7,8

2.2. Measures

2.2.1. Social Resources Subscale of the Resilience Scale for Adults

Resilience Scale for Adults was developed by Friborg, Hjemdal, Rosenvinge, Martinussen [15]. The scale was adapted to Turkish by Basim and Cetin [16]. The Cronbach's alpha of the total scale was .86. In the present study Cronbach's α was .77. The scale has 6 subdimensions: social resources, perception of self, perception of future, structured style, social competence and family cohesion. Alpha coefficients for the subdimensions of the scale ranged from .66 to .81. In the present study, The Social Resources Subscale, that has 7 items, was used.

2.2.2. The Family Sense of Coherence Scale - Short Form (FSOC-S).

The scale was developed originally with 26 items by Antonovsky and Sourani [17] and the short form of the scale which consists of 12 items was developed by Sagy [18]. In this study the Turkish form of the scale was used. The Turkish adaptation of the scale was done by Cecen [19] FSOC-S is rated on a 7-point Likert-type scale Internal consistency (Cronbach's α) of the scale was .80 [19]. In the present study the Cronbach's α of the scale was .85.

2.2.3. Mental Health Continuum-Short Form

The scale was developed by Keyes, Wissing, Potgieter, Temane, Kruger and Van Rooy [20] and it was adapted to Turkish by Demirci and Akin [2]. It has 14 items and the internal consistency coefficients the overall scale was .90. In the present study the Cronbach's α was .93.

2.2.4. Procedure and Data Analysis

Self-report questionnaires were administered to the students in the classroom environment and participants were all volunteer students.

The analysis of data was performed on SPSS version 21.0 packaged software. Pearson Correlation, Independent Samples t-Test and Hierarchical Regression were used in analysis of data. For all these analyses, the results for $p < .05$ were deemed as statistically significant.

3. Results

Table 4 indicates the means, standard deviations, skewness and kurtosis of the social resources, family sense of coherence and mental health continuum score.

Table 4. Descriptive Statistics of Variables

Variable	X	SD	Skewness	Kurtosis
Social Resources	29,35	4,16	-,857	,596
Family Sense of Coherence	61,54	10,59	-,460	-,238

Mental Health Continuum	46,60	14,73	-,165	,165
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Table 5. Pearson Correlation Analysis Between Social Resources, Family Sense of Coherence and Mental Health Continuum (N=192)

Variables	1	2	3
1. Social Resources	----		
2. Family Sense of Coherence	.504*	----	
3. Mental Health Continuum	.208*	.379*	----

The correlation among social resources, family sense of coherence and mental health continuum was analyzed with Pearson Correlation; and there was a positive correlation found between Social Resources and Family Sense of Coherence ($r=.504, p<.01$); Social Resources and Mental Health Continuum ($r=.208, p<.01$); Family Sense of Coherence and Mental Health Continuum ($r=.379, p<.01$) (see Table 5).

The results of the regression analysis predicting mental health continuum as a function of social resources and mediated by family sense of coherence in Table 6. As can be seen in Table 6, social resources ($\beta=.208, p<.05$) and family sense of coherence ($\beta=.367, p<.001$) predicted mental health continuum significantly.

All four of the conditions specified by Baron and Kenny [21] were met: (1) the relationship between social resources and mental health continuum was initially significant; (2) variations in levels of social resources accounted for variations in family sense of coherence (3) variations in family sense of coherence significantly accounted for variations in mental health continuum; (4) with family sense of coherence in the equation, the standardized regression coefficient for social resources on mental health continuum decreased significantly from .20 to .02. Further, because the latter coefficient (.02) was not significant, family sense of coherence full mediated between social resources and mental health continuum ($\beta=.02, p>.05$).(see Table 6).

Table 6 :Hierarchical Regression Analysis: Social Resources on Mental Health Continuum via Family Sense of Coherence

	B	SE _B	β	t	P	F
Step 1						
Constant	25.021	7.573		3.304	.001	
Social Resources	.735	.255	.208	2.878	.004	8.282
Step 2						
Social Resources	.082	.281	.023	.291	.771	15.289
Family Sense of Coherence	.511	.110	.367	4.623	.000	11.163

There was a significant difference between mental health continuum level of female and male ($t(190)=7,77; p<.05$). The results showed that mental health continuum level of male (=54,48) was higher than mental health continuum level of female (=39,45) (see Table 7).

Table 7: Independent Sample t Test Analysis of Mental Health Continuum Level According to Their Gender

	Gender	N	\bar{X}	SS	Sh _{\bar{x}}	t Test		
						t	Sd	p
Mental Health Continuum	Male	83	54,48	13,45	1,94	7,77	190	.000
	Female	109	39,45	13,10	1,93			

$p < .001$

There was not a significant difference between mental health continuum level of participants without siblings and participants with siblings ($t(190)=1,23; p>.05$) (see Table 8).

Table 8: Independent Sample *t* Test Analysis of Mental Health Continuum Level According to Their Sibling Status

	Sibling	N	\bar{x}	SS	Sh \bar{x}	t Test		
						t	Sd	p
Mental Health Continuum	Without siblings	32	48,97	15,34	2,71	1,23	190	.219
	With siblings	160	45,34	15,14	1,97			

There was not a significant difference between mental health continuum level of participants who have married parents and divorced parents ($t(190)= -.31; p>.05$) (see Table 9).

Table 9: Independent Sample *t* Test Analysis of Mental Health Continuum Level According to Their Parents' Marital Situation

	Parents' Marital Situation	N	\bar{x}	SS	Sh \bar{x}	t Test		
						t	Sd	p
Mental Health Continuum	Married Parents	177	45,94	14,7	4,09	-,31	190	.975
	Divorced Parents	15	46,07	20,0	5,29			

4. Discussion

The goal of this study was to examine the mediating role of family sense of coherence in the relationship between social resources subdimension of resilience and mental health continuum of young adults in Turkey. Depending on this goal, three subgoals were examined for analyzing the relationship between the variables.

In accordance with the hypothesis 1, 2 and 3 the findings indicated that family sense of coherence has a positive correlation both with social resources subdimension of resilience and mental health continuum. And also there is a positive correlation between social resources subdimension of resilience and mental health continuum. The most important finding of this study is that Family sense of coherence as a full mediator of the relationship between social resources subdimension of resilience and mental health continuum. In other words, individuals with having high levels of social resources as subdimension of resilience are likely to engage in greater family sense of coherence, which in turn contributed to increase mental health continuum. These results are consistent with previous studies reporting the relations between family sense of coherence, social resources subdimension of resilience and mental health continuum.

The family sense of coherence attributes to a family perception or a family perspective. Sagy and Antonovsky [22] states that family sense of coherence refers to the family's collective belief that the environment is understandable. Reiss's [23] idea of "shared constructs" says: How the family perceives stressed individuals who grow in this family perceive similarly. Family sense of coherence was defined as an important factor in the formation of individual sense of coherence. Various studies Show that sense of coherence is considered a kind of coping resource, that helpsto alleviate stress, improve health, and adaptation. Current studies indicates that there is a strong negative correlation among family sense of coherence, stress and depressive symptoms [24]. In addition, having a good quality of life is associated with being resistant to stress. Family sense of coherence integrity is also a source of resistance to stressors. McCubbin, and Patterson's [25] study indicates a model which presented family sense of coherence mediated between family stressors and adaptation. The family sense of coherence can be also regarded as a resilience resource to stress [13]. Wickens and Greef [26] can also be cited in support of the importance of the family. According to their study there was a stronger relationship between the utilization of sources and the experience of family sense of coherence, than between the utilization of sources and the experience of a personal sense of coherence. This also confirms the overflow effect that

family life has on the coping strategies of individuals. After examining the literature, it was seen that this current study's model presents similar results with other models which have associated variables.

Focusing on family studies, the importance of relationship among family members was revealed [27], [28], [29]. Family is the most effective environmental structure in human life, so this is closely related to mental health especially neurotic disorders [30] [41]. The biggest factor is loneliness that disrupts mental health. It is found that people are living with their family are more satisfied with their lives [31]. Obviously, resilience does not protect the individual from negative life events but resilient individuals seem to cope more functionally and flexible with stress [15]. Moreover, family sense of coherence provides people with the sense of confidence. Challenges are manageable, predictable and worthy of overcoming [24]. Antonovsky says: "The sense of coherence consists of at least three dimensions: comprehensibility, manageability and meaningfulness" [31]. This idea enables the individual to effectively mobilize resources to promote healthy well-being. The collective sense of coherence can fight with collective stressors and it provides the motivational, perceptual, and behavioral basis for a good quality of life, while minimizing the risk of depression [22][32][33]. These studies consider how sense of coherence plays crucial role on well-being and mental health continuum. Thus, this current study's results also contribute literature with similar results with emphasizing on the importance of the family sense of coherence.

A study with American families indicates that family sense of coherence has a strong role as a mediator in reducing the impact of stress on the quality of family life [24]. All these results are consistent with salutogenic framework. There are many studies about salutogenic and sense of coherence. The aim is to properly use individual resources to be healthy. Why do some people stay healthy after major stressful situations and severe hardships? How do people manage their life with their control? Antonovsky replies this question as concepts sense of coherence and general resistance resources [34]. People with these kinds of resources at their disposal have better chance to deal with the challenges of life. General resistance resources contain social resources, and this study is significance to emphasize this importance [35-36]. In this current study investigates mediator role of family sense of coherence on the relationship between social resources and mental health continuum. Salutogenic view is necessary for mental health continuum and family therapy which searches for sources of strength and health contributes salutogenic view [37-38]. Results of this current study support the assumption that family sense of coherence of clients is a prediction of mental health continuum [39-40]. In this way, it would be helpful for mental health workers to work on improving the family sense of coherence besides exercises to increase client's social resources. This study also referred to the importance of family therapies besides individual therapy. This study shows that it would be more efficient practicing to increase client's family sense of coherence than practicing to increase client's social resources by the means of family therapy or individual therapy. Thus, this study's results would be helpful for better treatment outcome.

4.1. Limitations and Conclusions

The present study has some limitations, mainly the small size of the sample and the problem of the generalizability. It is noteworthy to mention that the sample was young adults in Turkey. It is not clear how well these results would be generalized to other cultures. Future studies with multicultural samples will facilitate understanding of causality.

In conclusion, the findings indicated that family sense of coherence has a full mediator role between social resources subdimension of resilience and mental health continuum of young adults in Turkey. Along with the limitations, this paper provides a useful contribution to the sphere of clinical psychology. The clinical psychologists have to be interested in family sense of coherence besides individual's social resources because as seen in the findings of this study the supportive role of social resources for enhancing the mental health continuum is mediated through family sense of coherence. The results suggest that being a family plays a key role in supporting well-being.

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REFERENCES

- [1] Daly, M., R. Bray, Z. Bruckauf, J. Byrne, A. Margaria, N. Pec'nik, and M. Samms-Vaughan (2015). Family and Parenting Support: Policy and Provision in a Global Context, Innocenti Insight, UNICEF Office of Research, Florence.
- [2] Demirci, I., & Akin, A. (2015). The validity and reliability of the mental health continuum short form. *Egitim Bilimleri Fakültesi Dergisi*, 48(1), 49-64. https://doi.org/10.1501/Egifak_0000001352.
- [3] Zautra, A. J., Hall, J. S., Murray, K. E., & the Resilience Solutions Group 1. (2008). Resilience: A new integrative approach to health and mental health research. *Health Psychology Review*, 2(1), 41-64. <https://doi.org/10.1080/17437190802298568>.
- [4] Haddadi, P., Besharat, M. A. (2010). Resilience, vulnerability and mental health. *Procedia-Social and Behavioral Sciences*, 5, 639-642. <https://doi.org/10.1016/j.sbspro.2010.07.157>.
- [5] Hassan, A., Kazi, A.S., Shafqat, A., Ahmed, Z., (2020). The Impact of Process Writing on the Language and Attitude of Pakistani English Learners. *The Asian EFL Journal*, 27 (4.3), 260-277.
- [6] Hassan, A. (2016). Assimilation and incidental differences in Sindhi language. *Eurasian Journal of Humanities*, 2(1).
- [7] Hassan, A., Mitchell, R., & Buriro, H. A. (2020). Changes in uses of salutations in British English. *International research journal of management, IT and social sciences*, 7(1), 197-204.
- [8] Hassan, A., N. D.-e.-A. (2015). Language planning and language policy dilemma in Pakistan. *International Journal of Linguistics, Literature and Culture (Linqa- LLC)*, 2, No 4.
- [9] Oz, F., Yilmaz, E.B. (2009). Ruh sagliginin korunmasinda onemli bir kavram: Psikolojik saglamlık. *Hacettepe Üniversitesi Sağlık Bilimleri Fakültesi Hemsirelik Dergisi*, 16(3), 82-89.
- [10] Garmezy, N. (1985). Stress-resistant children: The search for protective factors. In J.E. Stevenson (Ed.), *Recent research in developmental psychopathology: Journal of Child Psychiatry and Psychiatry Book Supplement 4* (pp. 213-233). Oxford, England: Pergamon.
- [11] Jalala, S. S., Latifoğlu, G., & Uzunboyulu, H. (2020). Strength-based approach for building resilience in school children: The case of Gaza. *Anales De Psicología / Annals of Psychology*, 36(1), 1-11. <https://doi.org/10.6018/analesps.343501>
- [12] Freedman, A. (1981). Neurotic problem in marriage. *The Handbook of Marriage and Marital Therapy*. Ed.: G.P. Sholever. New York: Medical and Scientific Books.
- [13] Nettles, S.M., Mucherah, W., Jones, D.S. (2000). Understanding resilience: The role of social resources. *Journal of Education for Students Placed at Risk (JESPAR)*, 5(1&2), 47-60. <https://doi.org/10.1080/10824669.2000.9671379>.
- [14] Anderson, K.H. (1998). The relationship between family sense of coherence and family quality of life after illness diagnoses: Collective and consensus views. In H.I. McCubbin, mE.A.mThompson. A.I. Thompson & J.E. Fromer (Eds.), *Stress, coping, and health in families: Sense of coherence and resiliency* (pp. 169-187). USA: Sage Publications, Inc.
- [15] McCubbin, H.I., Thompson, A.L., Thompson, E.A., Elver, K. M., & McCubbin, M.A. (1998). Ethnicity, schema, and coherence: Appraisal processes for families in crisis. In H.I. McCubbin, E.A. Thompson, A.I. Thompson, & J.E. Fromer (Eds.) *Stress, coping, and health in families: Sense of coherence and resiliency* (pp. 41-67). London: Sage.
- [16] Sandler, I.N., Wolchik, S.A., MacKinnon, D., Ayers, T.S., Roosa, M.W. (1997). Developing linkages between theory and intervention in stress and coping processes. In S.A. Wolchik & I.N. Sandler (Eds.), *Handbook of children's coping: Linking theory and intervention*. New York: Plenum. http://doi.org/10.1007/978-1-4757-2677-0_1.
- [17] Ngai, F.W., Ngu, S.F. (2014). Family sense of coherence and family adaptation among childbearing couples. *Journal of Nursing Scholarship*, 46(2), 82-90. <https://doi.org/10.1111/jnu.12045>.
- [18] Samanci, A. Y., & Ekici, G. (1998). Aile terapisi. *Düşünen Adam*, 11(3), 45-51.
- [19] Friberg, O., Hjemdal, O., Rosenvinge, J.H. and Martinussen, M. (2003). A new rating scale for adult resilience: What are the central protective resources behind healthy adjustment? *International Journal of Methods in Psychiatric Research*, 12, 65-76. <https://doi.org/10.1002/mpr.143>.
- [20] Basim, H. N., & Cetin, F. (2011). Yetişkinler için psikolojik dayanıklılık ölçeği'nin güvenilirlik ve geçerlilik çalışması. *Türk Psikiyatri Dergisi*, 22(2), 104-114.
- [21] Antonovsky, A., Sourani, T. (1988). Family sense of coherence and family adaptation. *Journal of Marriage and the Family*, 50, 79-82. <https://doi.org/10.2307/352429>.

- [22] Sagy, S. (1998). Effects of personal, family and community characteristics of emotional reactions in a stress situation: The golan heights negotiations. *Youth and Society*, 29, 311-329.
- [23] Cecen, A.R. (2007). Aile butunluk (tutarlilik) duygusu olcegi (ABDO-K) kısa formunun Turkceye uyarlanmasi: Gecerlik ve Guvenirlik Calismalari. *Kuram ve Uygulamada Egitim Bilimleri/Educational Sciences: Theory & Practice*,
- [24] Keyes, C. L. M., Wissing, M., Potgieter, J. P., Temane, M., Kruger, A. & Van Rooy, S. (2008). Evaluation of the Mental Health Continuum Short Form (MHC-SF) in Setswana speaking South Africans. *Clinical Psychology and Psychotherapy*, 15, 181-192. <https://doi.org/10.1002/cpp.572>.
- [25] Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51(6), 1173. <http://dx.doi.org/10.1037/0022-3514.51.6.1173>
- [26] Sagy, S., & Antonovsky, A. (1992). The family sense of coherence and the retirement transition. *Journal of Marriage and the Family*, 983-993.
- [27] Reiss, D. (1981). *The Family Construction Of Reality*. Cambridge: Harvard University Press.
- [28] Ngai, F. W., & Ngu, S. F. (2013). Family sense of coherence and quality of life. *Quality of Life Research*, 22(8), 2031-2039.
- [29] McCubbin, H. I., & Patterson, J. M. (1983). The family stress process: The double ABCX model of adjustment and adaptation. In H. I. McCubbin, M. B. Sussman, & J. M. Patterson (Eds.), *Social stress and the family: Advances and development in family stress theory and research* (pp. 7-37). New York: Haworth.
- [30] Wickens, L., Greeff, A.P. (2005). Sense of family coherence and the utilization of resources by first-year students. *The American Journal of Family Therapy*, 33(5), 427-441. <https://doi.org/10.1080/01926180490455303>.
- [31] Fonagy, P., Steele, P., Steele, H., Higgitt, A. and Target, M. (1994). The theory and practice of resilience. *Journal of Child Psychology and Psychiatry*, 35, 231–57. <https://doi.org/10.1111/j.1469-7610.1994.tb01160.x>
- [32] Hawley, D., DeHaan, L. (1996). Towards a definition of family resilience: Integrating individual and family perspectives. *Family Process*, 35, 283–298. <https://doi.org/10.1111/j.1545-5300.1996.00283.x>.
- [33] Uygurer, G., Uzunboylu, H. and Kagan, S. (2015). What is the Secret Behind 25 Years of Marriage? *The Anthropologist*, 21(3), 404-414. <https://doi.org/10.1080/09720073.2015.11891830>
- [34] Rasouli, A., Heydari, H., Alyasin, S. A., & Abdi, M. (2018). Relationship between father’s emotional intelligence and marital satisfaction with adolescent self-esteem and mental health. *Global Journal of Guidance and Counseling in Schools: Current Perspectives*, 8(3), 165–172. <https://doi.org/10.18844/gjgc.v8i3.3934>
- [35] Bulut, I. (1993). Ruh hastaliginin aile islevlerine etkisi. *T.C. Basbakanlik Kadin ve Sosyal Hizmetler Mustesarligi*.
- [36] Aarabi, H., Abdi, M., & Heydari, H. (2018). Effects of relaxation training to increase self-esteem in the University’s graduate students. *International Journal of New Trends in Social Sciences*, 2(2), 32–38. <https://doi.org/10.18844/ijntss.v2i2.3954>
- [37] Sagone, E., Elvira De Caroli, M., Falanga, R., & Indiana, M. L. (2020). Mental synthesis and creative thinking in typically developed Italian. *New Trends and Issues Proceedings on Humanities and Social Sciences*, 7(1), 220–228. <https://doi.org/10.18844/prosoc.v7i1.4893>
- [38] Supriyatno, T., Susilawati, S., Hassan, A.,(2020). E-learning development in improving students’ critical thinking ability. *Cypriot Journal of Educational Sciences*, 15(5), 1099-1106. <https://doi.org/10.18844/cjes.v15i5.5154>
- [39] Eriksson, M & Lindström, B. (2007). Antonovsky’s sense of coherence scale and its relation with quality of life: a systematic review. *J Epidemiol Community*, 61:938–944.
- [40] Khan, A., & Hassan, A., (2018, Feb). The Impact of Drug Abuse on Youth. *DIMENSION Journal of Humanities and Social Sciences*.
- [41] Itmeizeh, M., & Hassan, A. (2020). New Approaches to Teaching Critical Thinking Skills through a New EFL Curriculum. *International Journal of Psychosocial Rehabilitation*, 24(07).
- [42] Manel, M., Hassan, A., & Buriro, H. A. (2019). Learners’ Attitudes towards Teachers’ switching to the mother tongue (The Case of Secondary school learners in Algeria). *Indonesian TESOL Journal*, 1(1), 9-26.
- [43] Belinskaya, E., Martsinkovskaya, T., Orestova, V., Kiseleva, E., & Kriger, E. (2020). Dynamics of sociocultural and linguistic identity in the process of socialisation in a multicultural society. *Global Journal of Sociology: Current Issues*, 10(1), 15–22. <https://doi.org/10.18844/gjs.v10i1.4752>
- [44] Us Saqlain, N., Shafqat, A., Hassan, A.,(2020). Perception Analysis of English Language Teachers about Use of Contextualized Text for Teaching ESP. *The Asian ESP Journal*, 16 (5.1), 275-299.

- [45] El-Ouali, F. Z., & Mouhadjer, N. (2019). Cultural Identity reconstruction in the study abroad context: The case of Algerian Sojourners. *Global Journal of Foreign Language Teaching*, 9(4), 226–237. <https://doi.org/10.18844/gjflt.v9i4.4366>
- [46] Ozdemir Beceren, B., & Adak Ozdemir, A. (2020). Description of psychosocial traits of preschool education teachers and investigation of correlations between these traits. *Cypriot Journal of Educational Sciences*, 15(2), 153–170. <https://doi.org/10.18844/cjes.v15i2.4290>
- [47] Romanova, E. S., Bershedova, L. I., Morozova, T. Y., Ovcharenko, L. Y., & Tolstikova, S. N. (2021). Psychological problems and features of modern schoolchildren’s communication. *World Journal on Educational Technology: Current Issues*, 13(1), 10–20. <https://doi.org/10.18844/wjet.v13i1.5360>
- [48] Muhle, T. C. (2020). Single-parenting influence on child’s academic performances at Mutare Junior School, Zimbabwe. *Global Journal of Psychology Research: New Trends and Issues*, 10(2), 233–246. <https://doi.org/10.18844/gjpr.v10i2.4835>
- [49] Gokalp, M. (2019). Analysis of communication styles between adolescents and parents (example of Kyrgyzstan). *Contemporary Educational Researches Journal*, 9(4), 119–127. <https://doi.org/10.18844/cej.v9i4>
- [50] Ahi, B., & Alisinanoglu, F. (2018). Effect of environmental education program integrated into preschool education on children’s mental model development about “environment” concept. *International Journal of Innovative Research in Education*, 5(2), 29–40. <https://doi.org/10.18844/ijire.v5i2.1247>
- [51] Perlman, D., Gerson, A.C. & Spinner, B. (1978). Loneliness among senior citizens: An empirical report. *Essence*, 2, 239-248.