



## An Azerbaijani Adaptation of The Interpersonal Support Evaluation List: Exploring the Relationship between Interpersonal Support, Wellbeing, Psychological Resilience, Depression, Anxiety and Stress

Prof. Bakhtiyar Aliyev<sup>1</sup>, Dr. Elnur Rustamov<sup>2</sup>, Rahila Mammadova<sup>3</sup>, Ulkar Zalova Nuriyeva<sup>4</sup>, Fuad Asadov<sup>5</sup>

<sup>1,2,3,4,5</sup>Psychology Scientific Research Institute, Baku, Azerbaijan

**ABSTRACT:** Adapting the Interpersonal Support Evaluation List (ISEL) to the Azerbaijani context is of critical importance for ensuring the valid and reliable assessment of perceived social support within the cultural and linguistic framework. The identification and evaluation of interpersonal support are essential, as empirical evidence consistently highlights its role as a key protective factor contributing to individuals' psychological resilience, wellbeing, and overall mental health. This study addresses this gap by adapting ISEL for Azerbaijani students. The study sample consisted of 551 university students enrolled in Azerbaijani universities. The adaptation process included confirmatory factor analysis (CFA), assessment of criterion-related validity, and reliability testing. Additionally, network analysis was employed to investigate the relationships between interpersonal support and well-being, psychological resilience, depression, anxiety, and stress. The adaptation process included performing a confirmatory factor analysis (CFA) to evaluate the applicability of the original 12-item structure of the scale within the Azerbaijani cultural context. The CFA findings revealed a refined structure consisting of 9 items across three distinct factors, exhibiting an acceptable model fit. Furthermore, the scale demonstrated high internal consistency, as evidenced by robust reliability coefficients, including Cronbach's alpha, McDonald's omega, and Guttman's lambda. Furthermore, the findings revealed that interpersonal support and well-being were negatively associated with depression, stress, and anxiety, and positively associated with psychological resilience. These results suggest that the Azerbaijani version of the Interpersonal Support Evaluation List possesses strong psychometric properties.

**Corresponding Author:**  
**Bakhtiyar Aliyev**

### KEYWORDS:

interpersonal support,  
wellbeing, resilience,  
depression, scale  
adaptation

## INTRODUCTION

Quality of life is a multidimensional concept that involves evaluating both positive and negative aspects of psychological, social, environmental, and physical well-being (Zhang et al., 2012). Research indicates that quality of life heavily depends on social support, which positively influences university students' social, academic, and psychological well-being, aiding their successful adaptation to university life (Zhang et al., 2012). The university years represent a significant phase where young people acquire new skills, gain experiences, expand their social networks, and enhance their knowledge. However, for many students, this period can be stressful due to lifestyle, social environment, and relationship changes (Bayram & Bilgel, 2008; Ibrahim et al., 2013; Steptoe et al., 2007). The transition from adolescence to early adulthood is marked by increased independence and the acceptance of responsibilities (Lenz, 2001), enabling young individuals to explore their identity and decide who they want to become in the future.

According to Maheswari (2016), university years are pivotal for students' personality development, often providing the first opportunity to discover themselves and university life while being away from family and relatives. Students entering a new environment strive to form friendships and gain acceptance in their surroundings. Social support plays a crucial role during this period, as individuals with low levels of social support are at a higher risk of experiencing depression (Chang et al., 2018; Ho et al., 2020; Noteboom et al., 2016). Additionally, a supportive social environment helps students adjust to their academic responsibilities and cope with the stress of newfound independence (Maheswari, 2016).

In the domain of mental health, family, friends, and significant others provide instrumental, informational, or emotional support (House et al., 1988). This kind of assistance, commonly referred to as social support, positively affects personal resources such as self-esteem and self-affirmation, thus mitigating the negative effects of stress (Thoits, 1995). Social support is considered a fundamental element of relationships (Virtanen & Isotalus, 2012) and reflects an individual's belief in receiving help during times

of need (Sarason et al., 1991). Furthermore, research emphasizes that a strong support system contributes not only to mental health but also to physical well-being, highlighting its broad impact on individuals' quality of life (Berkman et al., 2000; Holt-Lunstad et al., 2010).

Social support can be described in various forms, generally divided into two aspects: structural support (e.g., the number of connections or the frequency of interactions) and functional support, which involves the provision of material or emotional aid and the perceived availability of social support (Brisette et al., 2000; Cohen & Wills, 1985; Lakey & Cohen, 2000). Functional support includes informational support, which provides individuals with necessary advice and information to solve existing problems, and appraisal support, which helps individuals improve their self-evaluation and confidence (Cohen, 1985; Al-Rudainy, 2011). These forms of support work synergistically to foster resilience and well-being, particularly in the face of academic and personal challenges (Thoits, 1995).

Moreover, the original version of the Interpersonal Support Evaluation List (ISEL) distinguishes three subdimensions of social support (Cohen, S., & Hoberman, H., 1983).

1. Appraisal Support - Emotional support, empathy, love, trust, and care provided by family and friends.
2. Tangible Support - Instrumental support that meets daily needs, such as transportation or financial assistance.
3. Belonging Support - The ability to engage socially and build connections with others.

Social support from both family and friends is a strong predictor of psychological aspects of quality of life, with a positive correlation established between social support and quality of life. Previous studies emphasize the importance of social support for university students' quality of life (Dafaalla et al., 2016). Family support, in particular, plays a significant role, as parents' maturity and life experiences greatly influence the effectiveness of their support (Camara et al., 2017). Moreover, familial encouragement often serves as a protective factor against the challenges of social and academic life, fostering a secure base for students to grow emotionally and academically (Sarason et al., 1991).

Gender is one of the most widely studied dimensions in this context. For instance, males often react more negatively to receiving support compared to females (Nagurney et al., 2004). Additionally, female students generally receive more social support than their male counterparts (Kugbey, 2015; Tahmasbipoura & Taheri, 2012). This can be attributed to the tendency of women to seek help more frequently and use social-emotional strategies to manage stress (Camara & Padilla, 2017; Rose & Rudolph, 2006). Furthermore, these gender differences may reflect cultural norms and expectations, which shape how men and women perceive and provide support in various social contexts (Thoits, 1995).

The impact of social support may also vary by race. Research shows that high-quality personal relationships can mitigate the development of severe depressive symptoms among individuals from minority groups (Plant & Sachs-Ericsson, 2004). Differences in the availability and utilization of social support across racial and cultural groups further underline the necessity of tailoring interventions to the specific needs of diverse populations (Taylor et al., 2004).

Studies across different populations confirm the positive effects of social support on physical and mental health (Barth et al., 2010; Holt-Lunstad et al., 2010; Reblin & Uchino, 2008). Low levels of social support are associated with higher risks of health issues such as diabetes, cardiovascular diseases, arthritis, chronic pain, and mood and anxiety disorders (Barth et al., 2010; Reblin & Uchino, 2008). Such findings demonstrate the multifaceted role of social support in promoting holistic health outcomes, reinforcing its importance in individuals' lives (Cohen & Wills, 1985).

Numerous studies highlight a strong connection between social support and mental health (Berkman et al., 2000; Caron et al., 2007; Coyne & Downey, 1991; House et al., 1988; Kawachi & Berkman, 2001; Thoits, 1996). For example, psychological stress is strongly linked to social isolation (Kawachi & Berkman, 2001; Seeman, 1996), as well as a lack of close friendships, trusted individuals, and feelings of loneliness (Coyne & Downey, 1991; Durden et al., 2007; Stravynski & Boyer, 2001). A sense of social support serves as a protective factor against depression and contributes to better mental health outcomes (Camara & Padilla, 2017; Dafaalla et al., 2016; Kugbey, 2015). Social support positively influences emotional well-being and overall quality of life (Kawachi & Berkman, 2001). Mental health is associated with general well-being, characterized by positive emotions, high quality of life, and overall satisfaction (Aliyev et al., 2024).

In conclusion, university life is one of the most complex stages in young people's social and psychological development. Understanding the impact of social support on students' well-being is crucial for developing systems that ensure genuine support for students and foster the growth of future generations. For this purpose, it is first necessary to investigate the level of interpersonal support and develop an action plan for addressing identified issues. Unfortunately, the absence of a reliability- and validity-tested measurement scale for assessing interpersonal support in Azerbaijan poses a significant challenge. Therefore, the adaptation of the Interpersonal Support Evaluation List into Azerbaijani becomes essential.

The ISEL short version, consisting of 12 items across three subscales, was first developed by Cohen and Hoberman in 1983 and later validated. This scale has been translated and adapted into various languages and cultures, including Greek (EvangeliaDelistamati et al., 2015), Polish (Danuta Zarzycka et al., 2017), and Spanish (Humberto et al., 2011). This approach has provided numerous opportunities to understand the importance of interpersonal support among young people.

## METHOD

### Participants

Among the participants, 436 were women (79.1% of the total sample) and 115 were men (20.9% of the total sample). The average age of the group was 22.3, with a standard deviation of 10.9. Regarding economic status, 77.5% (n=427) of the participants rated their financial situation as moderate, 8.7% as low, and 8.5% as high. In terms of education, 84.9% (n=468) of the respondents reported having a bachelor's degree, while 10.7% had a master's degree. Concerning marital status, 85.3% (n=470) of the participants were single, while 14.7% (n=81) were married. Regarding health conditions, 87.7% of the respondents reported having no health issues, while 32.3% indicated experiencing certain health problems. Further details about the participants are presented in Table 1.

	Frequency	%
<i>Gender</i>		
Female	436	79.1
Male	115	20.9
<i>Marital status</i>		
Single	470	85.3
Married	81	14.7
<i>Economic status</i>		
Poor	48	8.7
Moderate	427	77.5
Good	47	8.5
<i>Any health issues</i>		
Yes	178	32.3
No	373	67.7
<i>Educational status</i>		
Bachelors	468	84.9
Master	59	10.7
Phd	24	4.4
<i>Life satisfaction with current position</i>		
Yes	184	33.4
Somewhat	315	57.2
No	52	9.4

### Ethics

This study was conducted in full accordance with the ethical principles outlined in the 1975 Helsinki Declaration. Ethical approval for the research was granted by the Ethics Committee of the Psychology Research Institute in Baku.

### Measures

**The Interpersonal Support Evaluation List (ISEL)** was prepared by Cohen S et al., (1985). There are 12 items in this scale (e. g., 'If I wanted to go on a trip for a day (for example, to the country or mountains), I would have a hard time finding someone to go with me'). The Interpersonal Supplement Evolution List assesses support using 4 point Likert scale (1=definitely false and 4= definitely true). The original structure of the tool was categorized into three distinct dimensions: 1.) Appraisal Support, 2.) Belonging Support 3.) Tangible Support. The Appraisal Support subscale is made up of Items 2, 4, 6, and 11, the Belonging Support subscale includes Items 1, 5, 7, and 9, and the Tangible Support subscale consists of Items 3, 8, 10, and 12. The Interpersonal Support Evaluation List Scale scores reflect higher levels of trait support. The Cronbach alpha reliability of the scale is reported as 0,91.

**The Depression, Anxiety, and Stress Scale-21 (DASS-21)** was developed by Lovibond, P. F., & Lovibond, S. H. (1995). The scale is divided into three subscales, each containing seven items. Responses are rated on a four-point Likert scale, ranging from (e. g., ‘Did not apply to me at all’ to ‘Applied to me very much or most of the time’). The depression subscale evaluates feelings of sadness, hopelessness, self-criticism, and loss of interest. The anxiety subscale focuses on both situational anxiety and the emotional and physiological responses to it. The stress subscale gauges levels of sustained non-specific arousal. The total score on the DASS-21 can range from 0 to 63.

**The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWS; Tennant et al., 2007)** is designed to assess participants’ mental well-being. It consists of seven items, such as (e g., ‘I have been feeling confident’) and yields a total score from a single sub-dimension. Each item is rated on a 5-point scale, ranging from 1 (none of the time) to 5 (all of the time). Higher scores indicate a greater level of mental well-being. The Cronbach alpha reliability of the scale is reported as .89.

**The Brief Resilience Scale (BRS)**, developed by (Smith et al., 2008) is designed to evaluate an individual’s ability to recover from stress. The Azerbaijani adaptation of the scale was conducted by (Rustamov et al., 2023). The BRS consists of six self-report items (e.g., “I tend to take a long time to get over setbacks in my life”) rated on a 5-point Likert scale, ranging from 1 (“Strongly disagree”) to 5 (“Strongly agree”). The scale has demonstrated strong internal consistency, with a Cronbach’s alpha of 0.87.

### Data analysis

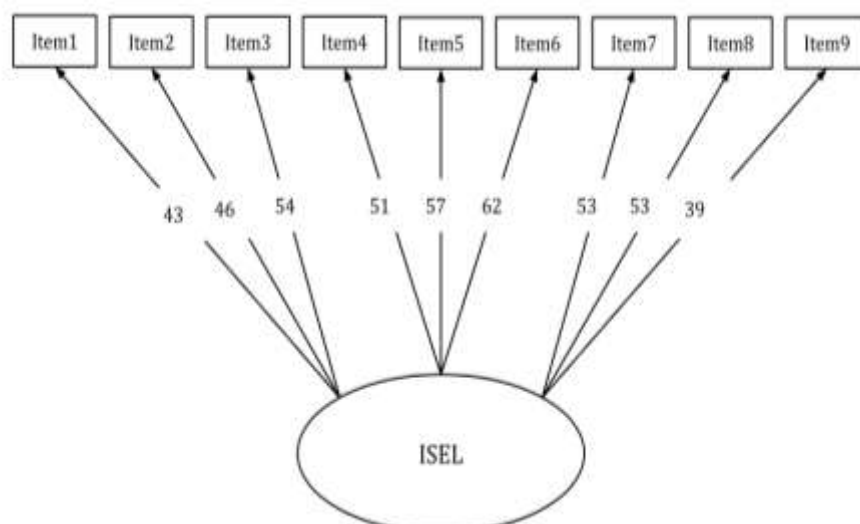
The aim of this study was to examine the psychometric properties of the ISEL, specifically evaluating its structural validity, overall reliability, criterion-related validity, and predictive validity. To assess structural validity, a Confirmatory Factor Analysis (CFA) was conducted using the Maximum Likelihood method in SPSS Statistics 29. The analysis considered various fit indices, including the chi-square ( $\chi^2$ )/degrees of freedom (df) ratio, Comparative Fit Index (CFI), Normed Fit Index (NFI), Relative Fit Index (RFI), Incremental Fit Index (IFI), Tucker-Lewis Index (TLI), and Root Mean Square Error of Approximation (RMSEA). The internal consistency of the H-Sat Scale was assessed using Cronbach’s alpha ( $\alpha$ ), McDonald’s omega ( $\omega$ ), and Guttman’s lambda ( $\lambda_6$ ) coefficients. Additionally, a comprehensive network analysis was performed in JASP 0.18.01 to visually represent the relationships between Interpersonal Support Scale, The Short Warwick-Edinburgh Mental Well-Being scale, The Brief resilience scale and DASS-21.

## RESULTS

Before testing the factor structures, item-total correlations were evaluated. According to the results, the correlation values of the seventh item (“I am not often invited to do things with others”), the eighth item (“If I had to leave town for a few weeks, it would be difficult to find someone to take care of my home (plants, pets, garden, etc.)”), and the eleventh item (“If a family crisis arose, it would be difficult to find someone who could give me good advice on how to handle it”) were found to be below 0.30. It is noteworthy that when these items were removed from the scale, the reliability coefficient increased.

To examine the factor structure of the Azerbaijani version of the Interpersonal Support Scale, Confirmatory Factor Analysis (CFA) was conducted. The CFA results indicated that the factor loadings of three items were below 0.30. Consequently, the seventh, eighth, and eleventh items of the Interpersonal Support Scale were excluded.

The factor loadings of the remaining nine items are presented in Figure 1. In line with the original design of the scale, a single-factor structure was identified. As shown in Figure 1, the factor loadings of the items range from 0.39 to 0.62. Factor loadings of 0.60 or higher are considered “high,” while those between 0.30 and 0.59 are classified as “moderate” and may be taken into account when deciding whether to retain or remove variables (Kline, 1994).



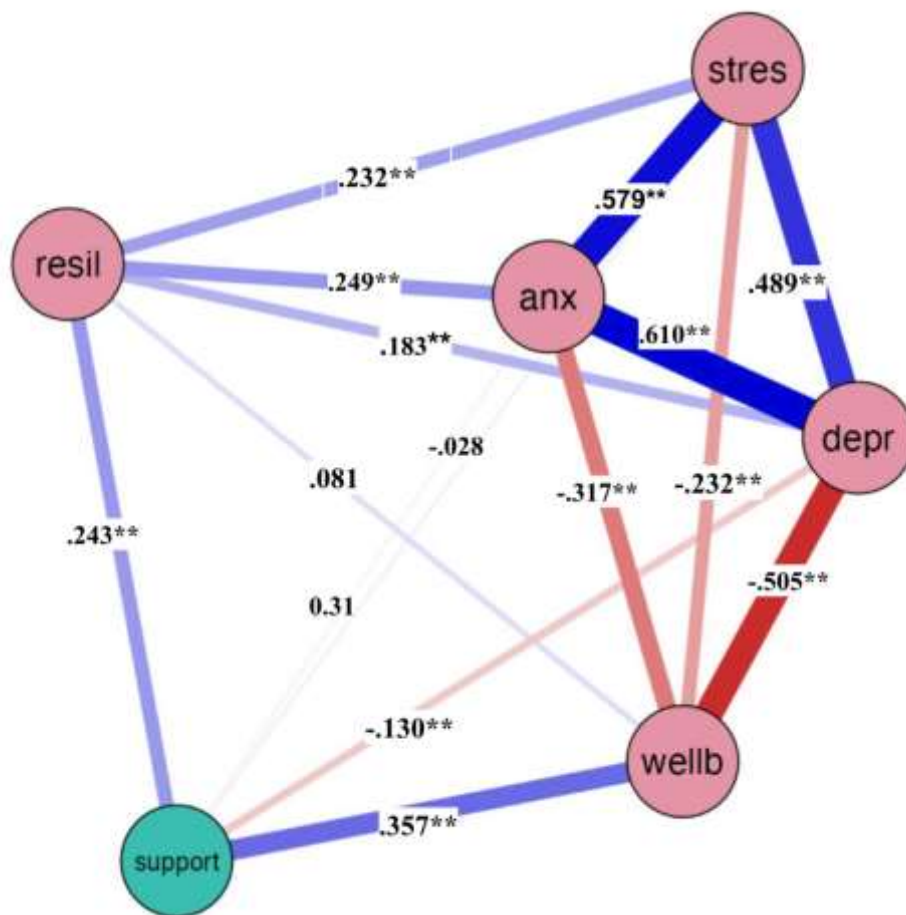
**Figure 1: Structure validity of the Azerbaijan Interpersonal Support Scale**

The CFA results indicate positive fit indices that enhance the model's reliability: Chi-square statistic  $\chi^2$  (CMIN/DF = 6.214), p-value < .001. The key fit indices are as follows: Comparative Fit Index (CFI) = .839, Relative Fit Index (RFI) = .755, Normed Fit Index (NFI) = .816, Incremental Fit Index (IFI) = .841, Tucker-Lewis Index (TLI) = .786, and Root Mean Square Error of Approximation (RMSEA) = .097. Overall, these indices suggest that the model fits the data well (see Figure 1).

The internal consistency reliability of the Interpersonal Support Scale was assessed using three different indicators: Cronbach's alpha ( $\alpha$ ), McDonald's omega ( $\omega$ ), and Guttman's lambda ( $\lambda_6$ ). The results showed that Cronbach's alpha coefficient was 0.756, indicating a high level of reliability. Additionally, McDonald's omega coefficient demonstrated considerable reliability with a value of 0.758, while Guttman's lambda coefficient yielded the same value (0.756).

**Table 2. Reliability coefficients for ISEL**

Estimate	McDonald $\omega$	Cronbach $\alpha$	Guttman $\lambda_6$
<b>Point estimate</b>	0.758	0.756	0.756
<b>95% CI lower bound</b>	0.727	0.724	0.727
<b>95% CI upper bound</b>	0.788	0.785	0.788



**Figure 2. Network analysis results of the ISEL**

Figure 2 presents the results of the network analysis, illustrating the interconnections between interpersonal support, psychological resilience, mental well-being, stress, anxiety, and other variables. Notably, the interpersonal support measures are interconnected and linked to indicators of psychological well-being and resilience, highlighting the relationships among these constructs.

## DISCUSSION

The findings of this study underscore the pivotal role of social support in enhancing university students' quality of life, emphasizing its multidimensional influence on psychological, academic, and social well-being. As highlighted in the literature, social support acts as a buffer against stress and contributes significantly to students' adjustment during their transition to university



life. This phase, characterized by increased independence and new responsibilities, can be daunting for many young adults. Consequently, robust social support systems — comprising family, friends, and significant others — are essential for mitigating the negative effects of this transition. One significant observation is the interplay between social support and gender. Existing research suggests that female students tend to seek and receive more support compared to their male counterparts, which may stem from cultural norms and differences in coping strategies. These findings prompt a critical reflection on how social and cultural expectations influence the accessibility and effectiveness of support systems. Future interventions could benefit from addressing these disparities, ensuring equitable access to support mechanisms for all students.

Moreover, the variability of social support's impact across racial and cultural groups highlights the necessity of culturally sensitive approaches in fostering well-being. Tailored interventions, considering the unique needs of diverse student populations, can enhance the inclusivity and effectiveness of support programs. This aligns with the broader understanding that universal solutions may not adequately address the specific challenges faced by minority or culturally distinct groups.

From a methodological perspective, adapting the Interpersonal Support Evaluation List (ISEL) for Azerbaijani students is a valuable contribution. It not only enriches the tools available for evaluating social support in this context but also facilitates cross-cultural comparisons. Such adaptations are crucial for ensuring that research findings are relevant and applicable to the local population, bridging gaps in global studies on social support and quality of life. The results of the Confirmatory Factor Analysis (CFA) indicate that the structure of the scale aligns with both its original version and the versions adapted into other languages, confirming its reliability and construct validity. This ensures that the scale provides accurate measurements across various contexts.

The 9-item ISEL has been psychometrically evaluated using various samples and methods. Extensive analyses were conducted to determine internal consistency, revealing that the overall reliability exceeded 0.70. According to Nunnally and Bernstein (1994), a Cronbach's alpha coefficient above 0.70 is considered acceptable. In our research, we utilized several scales to evaluate validity. These include the Interpersonal Support Evaluation List (ISEL), DASS-21, the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWS), and the Brief Resilience Scale (BRS).

Furthermore, it is essential to focus on the subcategories of interpersonal support in our research. Appraisal support highlights the strong connection between social support from family and friends and the psychological aspects of quality of life, showing a positive correlation between such support and overall life quality. Tangible support emphasizes the impact of instrumental assistance in enhancing individuals' quality of life and psychological well-being. Higher levels of instrumental support enable individuals to overcome daily challenges and improve their overall well-being. Belonging support highlights the importance of a supportive social environment. Such an environment helps individuals adapt to academic responsibilities (Maheswari, 2016).

Finally, the study reinforces the multifaceted benefits of social support, extending beyond psychological well-being to encompass physical health and resilience against academic challenges. Future research could further explore longitudinal impacts, examining how variations in social support influence students' trajectories in personal and professional development. Expanding this research domain is vital for shaping policies and programs that nurture well-rounded and resilient individuals. In conclusion, social support remains an indispensable element in promoting holistic well-being among university students. This study lays the groundwork for practical initiatives and further research aimed at optimizing support structures, ultimately contributing to the cultivation of thriving educational environments.

## LIMITATION

Like any research, this study has its limitations. First, the participants were exclusively students residing in Baku and its surrounding districts. Studies conducted with students from diverse demographic backgrounds in different regions and schools might produce varying results. Consequently, the findings of this study may not be applicable to participants from other areas. Second, the sample had a predominance of female participants. Future studies with a more balanced gender representation could yield more comprehensive results. Additionally, the survey was administered solely in Azerbaijani, which may have excluded individuals facing language barriers, particularly students who speak other languages, thereby limiting the study's broader applicability. Lastly, the online survey format posed its own challenges, as it only included individuals with internet access, potentially underrepresenting certain groups.

## CONCLUSION

In conclusion, the aim of this study is to analyze the psychometric properties of the Interpersonal Support Evaluation Scale (ISEL) within the Azerbaijani context and to assess its reliability. The research extensively discusses the importance of social support provided by family, friends, and the community for psychological well-being. It also emphasizes that a lack of social support can lead to psychological issues such as depression, anxiety, and stress. The findings indicate that, despite some limitations, ISEL can be considered a reliable tool for measuring social support in Azerbaijan.

## REFERENCES

1. Aliyev, B., Rustamov, E., Satıcı, S. A., & Zalova, U. (2024). Azerbaijani adaptation of the WHO-5 wellbeing index: Investigating its relationship with psychological distress, resilience, and life satisfaction. *BMC Psychology*, 12(1), Article 100. DOI:<https://doi.org/10.1186/s40359-024-01593-0>
2. Al-Rudainy, O. (2011). *Role of acculturation, social capital and oral health literacy on access to dental care among preschool children of Arabic-speaking immigrants in Toronto, Canada* (Master's thesis, University of Toronto). University of Toronto
3. Barth, J., Schneider, S., & Von Känel, R. (2010). Lack of social support in the etiology and prognosis of coronary heart disease: A systematic review and meta-analysis. *Psychosomatic Medicine*, 72(3), 229–238. DOI: <https://doi.org/10.1097/PSY.0b013e3181d01611>
4. Bayram, N., & Bilgel, N. (2008). The prevalence and socio-demographic correlations of depression, anxiety and stress among a group of university students. *Social Psychiatry and Psychiatric Epidemiology*, 43(8), 667–672. DOI: <https://doi.org/10.1007/s00127-008-0345->
5. Brissette, I., Cohen, S., & Seeman, T. E. (2000). Measuring social integration and social networks. In S. Cohen, L. G. Underwood, & B. H. Gottlieb (Eds.), *Social support measurement and intervention: A guide for health and social scientists* (pp. 53–85). Oxford University Press. DOI: <https://psycnet.apa.org/doi/10.1093/med:psych/9780195126709.003.0003>
6. Camara, M., & Padilla, G. B. P. (2017). The role of social support in adolescents: Are you helping me or stressing me out? *International Journal of Adolescence and Youth*, 22(2), 123–136. DOI: <https://doi.org/10.1080/02673843.2013.875480>
7. Caron, J., Latimer, E., & Tousignant, M. (2007). Predictors of psychological distress in low-income populations of Montreal. *Canadian Journal of Public Health*, 98(Suppl. 1), S35–S44 DOI: <https://doi.org/10.1007/bf03403725>
8. Chang, C.-W., Yuan, R., & Chen, J.-K. (2018). Social support and depression among Chinese adolescents: The mediating roles of self-esteem and self-efficacy. *Children and Youth Services Review*, 88, 128–134.
9. Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357
10. Cohen, S., & Hoberman, H. M. (1983). Positive events and social supports as buffers of life change stress. *Journal of Applied Social Psychology*, 13(2), 99–125. DOI: <https://psycnet.apa.org/doi/10.1111/j.1559-1816.1983.tb02325.x>
11. Coyne, J. C., & Downey, G. (1991). Social factors and psychopathology: Stress, social support, and coping processes. *Annual Review of Psychology*, 42, 401–425 DOI: <https://doi.org/10.1146/annurev.ps.42.020191.002153>
12. Dafaalla, M., Farah, A., Bashir, S., Khalil, A., Abdulhamid, R., Mokhtar, M., ... Abdalrahman, I. (2016). Depression, anxiety, and stress in Sudanese medical students: A cross-sectional study on the role of quality of life and social support. *American Journal of Educational Research*, 4(13).
13. Delistamati, E., Samakouri, M. A., Davis, E. A., Vorvolakos, T., Xenitidis, K., & Livaditis, M. (2006). Interpersonal Support Evaluation List (ISEL) – College version: Validation and application in a Greek sample. *Journal of Social and Personal Relationships*, 23(6), 179–193. DOI: <https://doi.org/10.1177/0020764006074184>
14. Durden, E. D., Hill, T. D., & Angel, R. J. (2007). Social demands, social supports, and psychological distress among low-income women. *Journal of Social and Personal Relationships*, 24, 343–361. <https://doi.org/10.1177/0265407507077226>
15. Ho, T. T. Q., Li, C., & Gu, C. (2020). Cyberbullying victimization and depressive symptoms in Vietnamese university students: Examining social support as mediator. *International Journal of Law, Crime and Justice*, 63, 100422. DOI: <https://doi.org/10.1016/j.ijlcrj.2020.100422>
16. Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLOS Medicine*, 7(7), e1000316. <https://doi.org/10.1371/journal.pmed.1000316>
17. House, J. S., Umberson, D., & Landis, K. R. (1988). Structures and processes of social support. *Annual Review of Sociology*, 14, 293–318. <https://doi.org/10.1146/annurev.so.14.080188.001453>
18. Ibrahim, A. K., Kelly, S. J., Adams, C. E., & Glazebrook, C. (2013). A systematic review of studies of depression prevalence in university students. *Journal of Psychiatric Research*, 47(3), 391–400. <https://doi.org/10.1016/j.jpsychires.2012.11.015>
19. Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 78(3), 458–467
20. Kugbey, N. (2015). The influence of social support on the levels of depression, anxiety and stress among students in Ghana. *Journal of Education and Practice*, 6(25), 135–140.
21. Lakey B, Cohen S. Social support theory and measurement. In: Cohen Underwood, Gottlieb, editors. *Social support measurement and intervention: A guide for health and social scientists*. Oxford University Press; New York, NY: 2000. pp. 29–52. DOI: <https://awspntest.apa.org/doi/10.1093/med:psych/9780195126709.003.0002>

22. Lenz, B. (2001). The transition from adolescence to young adulthood: A theoretical perspective. *The Journal of School Nursing: The Official Publication of the National Association of School Nurses*, 17(6), 300–306. DOI:<https://doi.org/10.1177/10598405010170060401>
23. Maheswari, R., & Maheswari, K. (2016). A study on self-esteem among the college students. *IOSR Journal of Humanities And Social Science*, 21(10), 8-10. <https://doi.org/10.9790/0837-2109122124>
24. Nagurney, A. J., Reich, J. W., & Newsom, J. T. (2004). Gender moderates the effects of independence and dependence desires during the social support process. *Psychology and Aging*, 19(2), 215–218. DOI: <https://doi.org/10.1037/0882-7974.19.1.215>
25. Noteboom, A., Beekman, A. T. F., Vogelzangs, N., & Penninx, B. W. J. H. (2016). Personality and social support as predictors of first and recurrent episodes of depression. *Journal of Affective Disorders*, 190, 156-161. <https://doi.org/10.1016/j.jad.2015.09.020>
26. Plant, E. A., & Sachs-Ericsson, N. (2004). Racial and ethnic differences in depression: The roles of social support and meeting basic needs. *Journal of Consulting and Clinical Psychology*, 72(1), 41–52. DOI: <https://doi.org/10.1037/0022-006x.72.1.41>
27. Rustamov, E., Aliyeva, M., Nahmatova, U., Asadov, F., & Mammadzada, G. (2023). Relations among psychological resilience, exam anxiety, and school satisfaction in a large sample of Azerbaijani adolescents. *European Journal of Educational Research*, 12(2), 1171–1178. <https://doi.org/10.12973/eu-jer.12.2.1171>
28. Reblin, M., & Uchino, B. N. (2008). Social and emotional support and its implication for health. *Current Opinion in Psychiatry*, 21(2), 201–205. <https://doi.org/10.1097/yco.0b013e3282f3ad8>
29. Rose, A. J., & Rudolph, K. D. (2006). A review of sex differences in peer relationship processes: Potential trade-offs for the emotional and behavioral development of girls and boys. *Psychological Bulletin*, 132(1), 98–131. DOI: <https://doi.org/10.1037/0033-2909.132.1.98>
30. Sarason, B. R., Pierce, G. R., Shearin, E. N., Sarason, I. G., & et al. (1991). Perceived social support and working models of self and actual others. *Journal of Personality and Social Psychology*, 60(2), 273-287. <https://doi.org/10.1037/0022-3514.60.2.273>
31. Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, 15(3), 194–200. <https://doi.org/10.1080/10705500802222972>
32. Steptoe, A., Tsuda, A., & Tanaka, Y. (2007). Depressive symptoms, socio-economic background, sense of control, and cultural factors in university students from 23 countries. *International Journal of Behavioral Medicine*, 14(2), 97–107. <https://doi.org/10.1007/BF03004175>
33. Stravynski, A., & Boyer, R. (2001). Loneliness in relation to suicide ideation and parasuicide: A population-wide study. *Suicide and Life-Threatening Behavior*, 31(1), 32–40. <https://doi.org/10.1521/suli.31.1.32.21312>
34. Tahmasbipoura, N., & Taheri, A. (2012). A survey on the relation between social support and mental health in students Shahid Rajaee University. *Cyprus International Conference on Educational Research (Cy-Icer-2012)*, 47, 5–9. DOI: <https://doi.org/10.1016/j.sbspro.2012.06.60>
35. Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., & Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, 5, Article 63. <https://doi.org/10.1186/1477-7525-5-63>
36. Thoits, P. A. (1995). Stress, coping, and social support processes: Where are we? What next? *Journal of Health and Social Behavior, Extra Issue*, 53–79. <https://doi.org/10.2307/2626957>
37. Virtanen, I. A., & Isotalus, P. (2012). The essence of social support in interpersonal communication. Empedocles: *European Journal for the Philosophy of Communication*, 3(1), 25-42. [https://doi.org/10.1386/ejpc.3.1.25\\_1](https://doi.org/10.1386/ejpc.3.1.25_1)
38. Zarzycka D, Ślusarska B, Dyk D, Bednarek A, Trojanowska A. Polish adaptation of Interpersonal Support Evaluation List, a version for students (ISEL-48v.Coll: Interpersonal Support Evaluation List, College Version). *Health Prob Civil*. 2017; 11(3): 280-286. DOI: <https://doi.org/10.5114/hpc.2017.71889>
39. Zhang, Y., Qu, B., Lun, S. S., Wang, D. B., Guo, Y., & Liu, J. (2012). Quality of life of medical students in China: A study using the WHOQOL-BREF. *PLoS ONE*, 7(11), e49714. <https://doi.org/10.1371/journal.pone.0049714>