

The effects of college students' perceived social support on coping with stress and
depression

by

Naho Ito

Submitted in Partial Fulfillment of the Requirements

for the Degree of

Master in the Arts

in the

Professional Communications

Program

YOUNGSTOWN STATE UNIVERSITY

May, 2021

The effects of college students' perceived social support in coping with anxiety and depression

Naho Ito

I hereby release this thesis to the public. I understand that this thesis will be made available from the OhioLINK ETD Center and the Maag Library Circulation Desk for public access. I also authorize the University or other individuals to make copies of this thesis as needed for scholarly research.

Signature:

Naho Ito, Student

Date

Approvals:

Dr. Rebecca Curnalia, Thesis Advisor

Date

Dr. Christina Saenger, Committee Member

Date

Dr. Kendra Fowler, Committee Member

Date

Dr. Salvatore A. Sanders, Dean of Graduate Studies Date

ABSTRACT

With the exceedingly competitive job market, skilled individuals are overlooked compared to those with a college degree. The pressure to earn a college degree weighs heavily on those who wish to attain gainful employment. From the transition from high school to university and adapting to new academic environments, college students are burdened with high levels of expectations. Recent studies have reported the transition leads to high levels of stress and depression. This study focuses on college students' perceived social support and how it affects their levels of stress that may lead to experiencing various levels of depression. 160 college students participated in this quantitative study. One of the findings of the study was the significant relationship between perceived social support, stress, and depression.

Keywords: stress, depression, perceived social support, college students

Table of Contents

Literature Review	1
Stress	2
Anxiety	4
Coping	4
Social Support	6
Method	6
Sample	6
Procedure	7
Instrumentation	8
Analysis	11
Results	12
Research Question	12
Hypothesis	14
Discussion	15
Summary	15
Limitations	15
Directions for future research.....	17
Conclusion	17
References	20
Appendices A – D	24

Perceived Social Support and Coping

The effects of college students' perceived social support in coping with anxiety and depression

Overall health of an individual includes both their physical and mental state. Mental health is often neglected. According to the World Health Organization (2013), health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Depression is identified as one of the three emotional disorders with anxiety and stress being the other two. The identification of depression can be an important indicator for mental health. According to Manap et al. (2019), the failure to identify depression can lead to increased psychological morbidity and impair an individual's normal functioning and increase physical health problems.

Entering and continuing in higher education requires adaptation and drastic changes for students. Kumar et al. (2009) noted in their research that newly found independence comes with a stressful lifestyle that requires routine, time management, and academic burdens. These changes factor in and can lead to depression among undergraduate college students (Kumar et al., 2019). Academic stress, peer pressure, and parental expectations are also factors that affect a student transitioning and adjusting to a new lifestyle as a college student. Whiteford et al. (2016) stated that stress and feeling overburdened can result in sadness and overwhelming unhappiness, which, if experienced for a significant amount of time, leads to depressive disorder. According to Kumar et al. (2019), individuals who experience emotional and psychological turmoil may suffer from major depressive disorder; a state when overwhelming sadness and lack of willingness is

Perceived Social Support and Coping

expressed with social and emotional withdrawal for a significant amount of time. Major depressive disorder can lead to long-term complications such as substance abuse, risky behaviors, and suicide.

The cause of depression is most commonly due to overburdening stress and feelings of self-doubt (Schulte-Korne, 2016). For the purpose of this study, identification of depression will be separated into two indicators: stress and anxiety.

Stress

People experience many different levels of stress on a day-to-day basis. However, college stressors are unique due to the situational, transitional state in which individuals attend undergraduate programs (Chao, 2012). These stressors may vary from interpersonal relationships, such as breakups, to uncertainty about the future. Benton et al. (2003) reported undergraduate students' stress has increased severely due to lack of adaptability.

A study conducted by Kumari and Jain (2014) reported stress to be highly correlated with anxiety. In the study, stress was viewed to have a causal relationship with anxiety, stating, "stress is something that causes strong feeling of worry or anxiety" (p. 32). The researchers further explained the relationship between stress and anxiety by stating how a college student's inability to properly cope with stressors is a direct result of anxiety and poor performance. According to Manap et al. (2019) there are three types of stresses: eustress, acute stress, and chronic stress.

Eustress. Although most stresses are viewed negatively, eustress is referred to as good stress. It is evoked when individuals feel excited, as opposed to a response to a

Perceived Social Support and Coping

threat (Manap et al., 2019). In other words, it can be the feeling of adrenaline or extreme excitement. Today, eustress is categorized into two approaches. The first approach was realized by Seyle in his effort to distinguish how individuals respond to stress by introducing the terms “distress” and “eustress” in 1974 (Kupriyanov & Zhdanov, 2014). Kupriyanov and Zhdanov further defined eustress as “healthy, positive, constructive results of stressful events and stress response” (p. 180). Therefore, in the first domain, eustress is identified as a constructive response to minor stressors.

The second dominant approach proposed by Lazarus (1993) considers eustress as a positive cognitive response to a stressor. Unlike distress, which is associated with negative feelings and physical impairment, eustress is associated with positive feelings and a healthy physical state (p. 3).

Acute Stress. Acute stress is often caused by sudden and quick surprises or events that can be quickly processed and resolved physically or psychologically (Manap et al., 2019). Once the stressor is mediated, the individual returns to his or her pre-stress state. According to Lea et al. (2019), “it is well-established that recovering faster from stressful experiences is more adaptive in most contexts, as this limits unnecessary exposure to the detrimental downstream effects of the ‘fight or flight’ response” (p. 2). Therefore, a swift response to cope with acute stress properly will aid in lessening the likelihood of the stress evolving into long-term stress.

Chronic Stress. Lastly, chronic stress requires most attention for this study. Chronic stress occurs when stress is repeatedly experienced over a significant amount of time and can cause negative effects on an individual's physical, mental, and emotional

Perceived Social Support and Coping

health. The stressors may be the same stressor repeatedly occurring over a course of time or different types of stressors that accumulate in a short amount of time, this hinders people from being able to fully process and cope, thereby, causing a sense of overwhelming state of mind (Manap et al., 2019).

Chronic stress among college students occurs mostly from peer relationships and academic workload (Kausar, 2010). Kausar (2010) further explains that perceived stress and academic workload have a positive relationship. This means that a student who reports high perceived stress also reports having a high academic workload. According to Eisenbarth (2020), chronic stress most likely leads to alcohol ,drug abuse, and suicidal thoughts in college students.

Anxiety

Anxiety is a normal reaction an individual feels when they are in an uncomfortable or having the perceived obligation to deal with an uncomfortable situation. Maina et al. (2016) defined constant anxiety to be an experience an individual suffers with when overwhelming feelings interfere with daily activities and prevents them from completing normal daily tasks. Manap et al. (2019) states, “high levels of anxiety will interfere with concentration and memory therefore, lead to misapprehension of information or blocking of memory and recall, thus effect the academic performance” (p. 2).

According to Bayam and Bigel (2008), high rates of anxiety in college students stems from perceived demands in academia and peer relationship pressures. Therefore,

Perceived Social Support and Coping

students who perceive their academic workload and pressure to keep up with peer relationships to be high are more likely to suffer with constant anxiety.

Coping

When experiencing stress and anxiety, the next reaction is to cope. In other words, the coping process is how the stress and anxiety is managed. Chao (2012) addressed Lazarus's (1993) paradigm that consists of perceived stress, appraisal, and coping. Perceived stress is what the individual identifies as a threat from the external environment that causes stress or anxiety. The individual then enters the appraisal step which assesses the perceived social support one believes to be provided. Lastly, coping is the individual's response to the stressor after assessing the available support. The effectiveness of a coping strategy is determined by the extent of internal and external demands and the level of perceived external support. According to Carver et al. (1989), coping is multidimensional because there can be functional coping and dysfunctional coping.

Dysfunctional coping. There are three aspects included in dysfunctional coping: a) focusing on and venting emotions, b) behavioral disengagement, and c) mental disengagement (Carver et. al., 1989). According to Chao (2012) compulsively focusing and venting emotions is dysfunctional due to a lack of action or adaptive behaviors. Disengagement of a behavior means that the individual is avoiding the behavior, however, the stress remains because it is unresolved. Mental disengagement includes mental avoidance by keeping busy in other various activities, therefore, also not resolving the stress at hand (p. 340). Chao (2012) supported the findings of a study conducted by

Perceived Social Support and Coping

Carver et al., (1989) which suggests that dysfunctional coping can lead to increased anxiety because the coping methods merely relieve the stressor for a momentary time.

However, the individual's stressor remains unsolved, leading to an even more intensified stress.

Social Support

Klausli and Caudill (2018) defined social support as, "the amount of contact and care an individual perceives and accepts in relationships" (p. 106). According to Chao (2012), college students with low social support are more likely to experience heightened stress and lack coping skills (p. 6). Students with low social support are more likely to engage in unhealthy, negative activities and habits, such as alcohol abuse, insomnia, and isolation (Daniel, 2001). College students who have a perception of insufficient social support are more likely to report life dissatisfaction and have suicidal ideation (Arria et al., 2009). Therefore, the level of social support a student perceives to receive may be an indicator of how a student may cope with depression and stay motivated to persist in college.

Research Question(s) and / or Hypothesis Tests

Kumar et al. (2016) stated college students experience high levels of stress that often lead to depression. Daniel (2001) reported that students who believe they have high social support were happier overall and coped with stressors more effectively compared to students who believe they have low social support.

RQ: Is depression and stress among college students associated with perceived social support?

Perceived Social Support and Coping

H1: Students who perceive themselves to have low social support are more likely to have high stress.

H2: Students who perceive themselves to have low social support are more likely to experience depression.

H3: Students experiencing high levels of stress are more likely to be suffering with depression.

Method

Sample

The survey was distributed in three ways. Firstly, the survey link was sent to YSU students utilizing the email list provided on the college website's directory page.

Secondly, the survey link was provided to YSU students enrolled in Communications course in the Fall 2020 semester. The last method of distributing the survey link was by posting it on Facebook. YSU students and participants from Facebook were volunteer and convenience samples.

There was a total of 160 respondents for the questionnaire ($N = 160$). There was an uneven distribution in the gender of the respondents with 63.3% identified as a female and 36.1% identified as male. The sample was also not racially diverse, with the majority identifying as Caucasian ($N = 140$). The second and third most common race survey participants identified with were African American ($N = 7$) and Middle Eastern ($N = 6$) respectively. The age of respondents was, on average, 19 years of age ($M = 19.46$, $SD = 2.89$).

Procedure

Perceived Social Support and Coping

The survey was based in Google Forms. The link to the survey was included in the email previously described. Those who clicked the link were directed to the online survey here they were first asked to complete and agree to a consent form. The consent form included a requirement that participants must be an enrolled college student at the time of taking the survey. Those who accepted the terms and identified that they are a college student went on to complete the rest of the survey items.

Instrumentation

Perceived Stress Scale. The first scale measure investigated was a measure developed by Cohen et al. (1984). The questionnaire consists of 10 items that assess the level of psychological stress a participant may be coping with. The items include questions such as, “In the last month, how often have you been upset because of something that happened unexpectedly,” and “In the last month, how often have you found that you could not cope with all the things that you had to do?” These items observe certain stressful situations participants may have dealt with and ask participants whether they have utilized specific stress coping methods. Perceived Social Stress (PSS) was on a Likert scale of *never* (0) to *very often* (4). The total score ranged from 0 to 40. Level of intensity of perceived stress is determined by putting participants into three groups based on their scores: scores 0-13 (mild stress), 14-19 (moderate stress), 20-40 (severe stress). To calculate the mean and standard deviation for this scale, each participant’s responses were summed. The sum of the ten items was then used to determine where the student fits in the three groups mentioned above (Appendix A).

Perceived Social Support and Coping

I ran Cronbach's Alpha to verify the reliability of the items measuring perceived stress ($\alpha = .87$). Four items were reverse coded due to the nature of the statements. One of the reversed statements stated, “in the last month, how often have you felt confident about your ability to handle personal problems?” (refer to Appendix A).

Participants reported severe perceived stress level ($M = 20.23$, $SD = .74$). This means that most participants reported experiencing severe levels of stress as a college student. When reviewing the sum scores of participants, 26 participants had experienced mild stress ($N = 26$), 48 participants experienced moderate stress ($N = 48$), and 84 participants experienced severe stress ($N = 84$). According to those numbers, 53.16% of participants reported experiencing severe stress.

The Patient Health Questionnaire-9. The second scale measure investigated was the level of depression participants fit best in. This was done by utilizing the Patient Health Questionnaire-9 (PHQ-9) known in and used widely in studies of mental disorder to detect and assess the severity of depression (Hiang, Kohler, Kampfen, 2018). The depression measure was on a Likert scale of *not at all* (0) to *nearly everyday* (3). The sum total scored from all nine of the statements determined the participants' depression severity. The summed score determined placement in one of four levels of severity: 5-9 is mild depression, 10-14 is moderate depression, 15-19 is moderately severe depression, and 20-27 is severe depression (Appendix B). Participants that score 4 or lower do not have detectable depression.

The items of PHQ-9 were reliable ($\alpha = .89$). For this measure, each participant's responses were summed. Of the 154 responses, the sum of the responses calculated were

Perceived Social Support and Coping

used to identify how many participants fit in the four (4) categories of depression severity with 42 participants suffering with mild depression, 25 participants suffering moderate depression, 28 are suffering with moderately severe depression, and 7 participants suffering with severe depression; 52 responses were below the severity levels. Therefore, 43.51% of participants reported low PHQ-9 and those participants experience low levels of depression or none.

Huang, Kohler, and Kampfen (2018) utilized the four levels of severity that were formed from the original PHQ-9 measure. However, for this study, two groups were then formed: Group 1 PHQ9 Low for mild to moderately depressed students ($N = 67$) and Group 2 PHQ9 High for moderately severely depressed to severely depressed students ($N = 35$). The four groups were collapsed into two groups so that an independent sample t-test can be utilized. Combining of the groups was also done due to the small sample population ($N = 7$) scoring into the highest severity level. With a low number of severely depressed participants, keeping the original four levels of depression would have made detecting effects very unlikely.

There were 154 responses to the PHQ-9 scale indicating that 6 participants did not provide responses to this section of the survey ($N = 154$). When observing the data for the measure to determine average depression level of the participants, many reported to have low levels of depression ($M = 8.43$, $SD = 6.25$). The significantly low mean indicates that most students suffer from mild depression.

Social Support Inventory. The third scale measured participants' perceived social support. The measure originally consisted of 20 Likert items (Timmerman et al.,

Perceived Social Support and Coping

2000). However, three (3) items were removed for this study as the co-investigator determined the statements to be oddly worded, irrelevant, and inappropriate to the study (see Appendix C). The following three (3) statements were removed: “I believe my family and friends feels with me,” “I believe my family and friends take me places,” and “I believe my family and friends caress me.” The statements in the scale also were set in a dialogue-format that questioned the participant as the second-person. For this study, the format was changed so the statements reflected the participant as the first-person by using words such as “me,” “mine,” and “my,” rather than “yours” and “you.” The Social Support Inventory (SSI) is on a Likert scale of 1 *never* (1) to *always* (5). Higher score indicated a higher perceived social support.

Unlike the other two scales, SSI scores are summed and averaged. The items in the Social Support Inventory proved to be highly reliable ($\alpha = .95$).

There were 160 responses for the Social Support Inventory (SSI) scale ($N = 160$). Students reported moderately high social support ($M = 3.58$, $SD = .83$). This means that the majority of students perceived adequate support from their friends and family members. However, the standard deviation is high for a Likert scale that only ranges from 1 to 5. Therefore, the SSI results vary greatly, meaning that participants’ perceived social support varies between rarely receiving support to always receiving social support.

Analysis

There were two goals to this study. One was to determine if there was a correlation between college students’ perceived social support in relation to their level of

Perceived Social Support and Coping

depression. The second focus was if there was a correlation in college student's level of stress, depression, and their perceived social support. Therefore, a correlation test was conducted to observe how the three variables may or may not be related to one another.

As mentioned in the Methods section, this study created two (2) groups from the four (4) groups provided from the PHQ-9: mild to moderately depressed and moderately severely to severely depressed. With the two depression groups established, a t-test was conducted to investigate if there may be a difference between the two groups on perceived social support from family and friends. The two PHQ-9 groups are independent of each other. Therefore, an independent sample t-test was utilized.

Results

Research Question

The study investigated whether college students' levels of depression and stress is associated with their perceived social support. According to Table 1, the results of the study indicated that students' perceived social support does have a significant relationship with students' stress levels ($t = -4.37, p = 0.001$) and depression ($t = 2.69, p = 0.008$).

Table 1

Independent Samples Test

	<i>t</i>	Sig (2-tailed)	Mean Differences
PSS	-4.37	<0.001	< 5.67
SSI	2.69	.008	0.45

Perceived Social Support and Coping

The two depression groups were created and labeled as Group 1 PHQ Low and Group 2 PHQ High. Group 1 PHQ Low were students who scored between 5 to 14, suffering from mild to moderate depression. Group 2 PHQ High were students who scored between 15-27, suffering from moderately severe to severe depression. Group 1 PHQ Low ($M = 3.72$, $SD = 0.78$) scored higher in comparison to Group 2 PHQ High ($M = 3.26$, $SD = 0.86$) for the SSI measure in the t-test (Table 2). This indicates that Group 1, those suffering from low to moderate levels of depression, perceive high social support. In contrast, Group 2 PHQ High, those who are suffering from moderately severe to severe depression, reported less social support from family and friends.

Table 2

Group Statistics

	PHQ-9	N	Mean	Standard Deviation
PSS	1	67	21.58	5.24
	2	35	27.26	7.80
SSI	1	67	3.72	0.78
	2	35	3.26	0.86

Students experiencing less stress ($M = 21.58$, $SD = 5.24$) than Group 2 PHQ High ($M = 27.26$, $SD = 7.80$). According to the results, those who are experiencing low levels of depression experienced less stress. Students with high levels of depression reported experiencing higher levels of stress.

Hypothesis Tests

Perceived Social Support and Coping

There were three correlational hypotheses for this study. The first hypothesis was the negative correlation between perceived social support and stress. The correlation between PSS and SSI ($r = -0.26$) is a significant, negative correlation (see Table 3). The significance of the two measures confirms that there is a statistical relationship. The negative correlation indicates that college students who perceive themselves to have high levels of social support experience lower levels of stress. The second hypothesis was predicting a negative correlation between perceived social support and depression. The same can be said about the correlation between social support and depression ($r = -0.43$). The significant, negative correlation suggests college students who perceive themselves to have high levels of social support experiences lower levels of depression.

The third and last hypothesis stated there being a relationship between stress and depression. The correlation test between PSS and PHQ-9 ($r = 0.64$) significant, positive correlation. The positive correlation means that college students with higher levels of stress also experience higher levels of depression. Therefore, a college student's perceived social support does have a negative correlation relationship with their levels of stress and depression. Students with a higher perceived social support are likely to experience less stress, and also are less likely to suffer with depression.

Table 3

Correlations Between the Three Measures

		PSS	PHQ-9	SSI
PSS	Pearson Correlation	1	0.64**	-0.26**
	Sig. (2-tailed)		<0.001	0.001

Perceived Social Support and Coping

PHQ-9	Pearson Correlation	0.64**	1	-0.43**
	Sig. (2-tailed)	<0.001		<0.001
SSI	Pearson Correlation	0.26**	-0.43**	1
	Sig. (2-tailed)	0.001	<0.001	

Note. **. Correlation is significant at the 0.01 level (2-tailed).

Discussion

Summary. The results of the research suggests that there is a significant relationship between perceived social support, stress, and depression. With the significance of the results, I accept the hypothesis. Perceived social support had a negative correlation with stress and depression, meaning, college students who reported higher social support reported lower stress and depression levels.

Students in Group 1 PHQ Low with high perceived social support reported experiencing low stress and depression. Students in Group 2 PHQ High with low perceived social support reported experiencing high stress and depression. Meaning, perceived social support does affect students' anxiety and depression. Perceived social support has a negative relationship with stress and depression.

Limitations. There are three (3) limitations to be addressed. Firstly, the sample size was smaller than expected with the time provided. There was difficulty finding volunteers to participate in the survey. This may be due to the method of distribution. Some of the surveys were mass e-mailed. Therefore, they may have been overlooked as spam or junk mail.

Secondly, this study focused on students attending one university. The majority of participants of this study were students from a local university. The majority of

Perceived Social Support and Coping

students enrolled in the university reflect a variety of unique traits, such as mostly being commuter students, non-traditional students, first generation students, Pell eligible students, and students who come from financial or educational setbacks. A study conducted by Shields (2002) investigated the adjustments to university life and perceived stress first-generation students experience. First generation students reported not receiving adequate support and preparation from their high school, specifically in terms of the amount and difficulty of the work expected at a college-level (p.383).

According to Evelyn (2002), it is more likely that commuter students are older in age compared to traditional residential students. With their more matured age, it is likely they have more responsibilities associated with careers, social interactions, and families. Curasi and Burkhalter (2009) inferred that commuter students' added responsibilities and roles often causes additional stress. Shields (2002) stated, "the stress experienced by first-generation students seemed to be more centered in the university experience itself and outside demands on their time (work and family obligations" (p. 387). This may be an indicator of why many participants of this study reported high levels of stress ($N = 84$).

The third limitation was the lack of diversity in the sample population. The participants were mainly Caucasian. In addition to the lack of racial diversity, there was a lack of diversity in age, or class standing. A large portion of the survey was distributed to students from a communications course, a general course consisting of mostly Freshmen-standing students. The average age and low standard deviation ($M = 19.46$, $SD = 2.89$) reflects this lack of age diversity. As stated in the literature review, many of the

Perceived Social Support and Coping

studies done in the past report high levels of depression in college students (Kumar et al., 2019). However, this study found most to suffer from mild depression and 33.77% not even scoring into the mild depression levels. The age and class standing may have contributed to students reporting low stress and depression level due to the lighter workload. Upper-class students who are burdened by classes related to their major, may have reported differently.

Directions for future research. This study failed to gain responses from a larger pool of students of different age, race, and college ranks. For future research, a much more diverse sample population from various higher institutions will yield a more accurate understanding of students and the relationship among the three variables studied here. With a larger sample size, an ANOVA test would better support the data and provide more thorough analysis and insight on the four levels of depression.

This study lacked focus on specific stressors. Future research should delve deeper into specific factors that could affect college students' differently. such as class standing and course workload.

Conclusion. This study investigated the relationship between college students' perceived social support and their stress and depression levels. A vast majority reported suffering from little to no depression with high levels of social support. The results yielded a significant relationship between perceived social support, stress, and depression. There is a strong correlation between the three measures. Stress and depression have a negative correlation with social support. Meaning, students with high perceived social support experience low levels of stress and depression, and vice versa.

Perceived Social Support and Coping

Although participants reported high perceived social support and low depression, data showed that more than 50% reported experiencing high stress levels ($N = 84$). According to Whiteford et al. (2016), long term stress can lead to depressive disorder. Therefore, it is important to identify and resolve the underlying stress to prevent students from falling victim to depression.

Sherman (2019) conducted a study on interpersonal and intrapersonal dynamics contributing to college students' success and how to facilitate academic success for students with mental health challenges. The study reported that students were more influenced by the quality of relationships they perceived was available to them, compared to the variety of supportive services, such as mental health clinics. Students found academic success and experienced less stress by servicing others around them and fostering quality relationships. With this information, Sherman (2019) suggested, "social workers and educators should consider ways to facilitate access to various altruistic endeavors, such as community service, youth mentoring, environmental advocacy, and fundraising, when working with students living with mental health issues" (p. 156).

It can be said that having a sense of belonging and being a part of a group or community can help college students better cope with stress and prevent or recover from depressive disorder. Although most colleges employ mental health counselors, as reported in Sherman's (2019) research, college students are more successful with coping with stress by increasing their interactions with others. In doing so, college students are nurturing relationships themselves, which could increase their perceived social support. However, having professional help in arms' reach is still valuable, according to Lipson

Perceived Social Support and Coping

(2016). In Lipson's (2016) research, it is recommended that counselors partner with individual academic departments "to optimize the reach and effectiveness of mental health services and resources" (p. 39). College students in different majors experience different kinds and levels of stress. By partnering with individual departments within a college, counselors can better understand the specific needs and stressors of their students, then, support them more effectively.

Perceived Social Support and Coping

References

- Arria, A.M., O'Grady, K.E., Caldeira, K.M., Vincent, K. B., Wilcox, H.C., & Wish, E.D. (2009) Suicide ideation among college students: A multivariate analysis. *Archives of Suicide Research, 13*, 230-246. Doi: 10.1080/1381111093044351
- Benton, S.A., Robertson, J.M., Tseng, W.W., Newton, F.B., & Benton, S.L. (2003). Changes in counseling client problems over 13 years. *Professional Psychology: Research and Practice, 34*, 66-72. doi: 10.1037/0735-7028.34.1.66.
- Carver, C.S, Scheier, M.F., & Weintraub, J.K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 56*, 267-283. doi: 10.1037/0022-3514.56.2.267
- Chao, R. C. (2012). Managing perceived stress among college students: The roles of social support and dysfunctional coping. *Journal of College Counseling, 15*(1), 5-21. doi: <https://doi.org/10.1002/j.2161-1882.2012.00002.x>
- Cohen, S., Kamarck, T., & Mermelstein, R. (1984). A global measure of perceived stress. *Journal of Health and Social Behaviour, 24*, 385–396. <https://doi.org/10.2307/2136404>
- Curaasi, C. F. & Burkhalter, J. N. (2009). An examination of the motivation of business students. *Business education Digest, 18*, 1-18.

Perceived Social Support and Coping

Daniel, B. V., Evans, S.G., & Scott, B. R. (2001). Understanding family involvement in the college experience today. *New directions for student Services, 94*, 3-13. doi:10.1002/ss.7

Eisenbarth, C. A. (2020). Stress and alcohol use among college students: The moderating role of social support. *Journal of Behavioral & Social Science, 7*(1), 33-40.

Evelyn, J. (2002). Nontraditional students dominate undergraduate enrollment, study finds. *Chronicle of Higher Education, 48*(40), 34.

Huang, Z., Kohler, I. V., & Kampfe, F. (2020). A single-item visual analogue scale (VAS) measuring for assessing depression among college students. *Community Mental Health Journal, 56*(2), 355-367. doi: <https://doi.org/10.1007/s10597-019-00469-7>

Kausar, R. (2010). Perceived stress, academic workloads and use of coping strategies by university students. *Journal of Behavioural Sciences, 20*, 31-45.

Klausli, J. & Caudill, C. (2018). Depression for college students in a traditional Christian culture context: the role of attachment, spirituality and social support. *Mental Health, Religion & Culture, 21*(1), 105-115. <https://doi-org.eps.cc.yosu.edu/10.1080/13674676.2018.1458083>

Kumar S, Natarajan K, Yogesh B, & Chandra R. (2019). Assessment of depression and its correlates among college students in Rishikesh Uttarakhand. *Indian Journal of Community Health. 31*(2), 220-225.

Perceived Social Support and Coping

Kumari, A. & Jain, J. (2014). Examination stress and anxiety: A study of college students. *Global Journal of Multidisciplinary Studies*, 4(1). ISSN: 2348-0459

Kupriyanov, R. & Zhdanov, R. (2014). The eustress concept: problems and outlooks. *World Journal of Medical Sciences*, 11(2) 179-185. doi: 10.5829/idosi.wjms.2014.11.2.8433.

Lazarus, R.S., (1993) From psychological stress to the emotions: A history of changing outlooks. *Annual Review of Psychology*, 44, 1-21.

Lea, R., Davis, S., Mahoney, B. & Qualter, P. (2019). Does emotional intelligence buffer the effects of acute stress? A systematic review. *Frontiers in Psychology*, 10, 810. <http://doi.org/10.3389/fpsyg.2019.00810>

Lipson, S. K., Zhou, S., Wagner III, B., Beck, K., & Eisenberg, D. (2016). Major differences: variations in undergraduate and graduate student mental health and treatment utilization across academic disciplines. *Journal of College Student Psychtherapy*, 30(1), 23-41. <https://doi.org/10.1080/87568225.2016.1105657>

Maina, G. Mauri, M. & Rossi, A. (2016). Anxiety and depression. *Journal of Psychopathology*, 22, 236-250.

Manap, R., Hamid, S.A., & Ghani, M.A. (2019). Depression, Anxiety, and stress among undergraduate students. *E-BANGI Journal*. 16(2), 1-7.

Perceived Social Support and Coping

Newbold, J. J. (2015). Lifestyle challenges for commuter students. *New Directions for Student Services*, 150, 79-86. <https://doi.org/10.1002/ss.20129>

Schulte-Korne G. (2016). Mental health problems in a school setting in children and adolescents. *Deutsches Aerzteblatt Online*. URL <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4850518/>

Shields, N. (2002). Anticipatory socialization, adjustment to university life, perceived stress: generational and sibling effects. *Social Psychology of Education*, 5, 365-392.

Timmerman, I.G.H., Emanuels-Zuurveen, E.S., Emmelkamp, P.M.G. (2000). Assessment the social support inventory (SSI): A brief scale to assess perceived adequacy and social support. *Clinical Psychology and Psychotherapy*, 7, 401-410. doi: 10.1002/1099-0879

Whiteford, H.A., Ferrari A.J., Degenhardt L., Feigin, V., Vos, T., (2016). Global burden of mental, neurological and substance use disorder: an analysis from the global burden of disease study 2010. *Disease Control Priorities* 3(4), 29-40.

World Health Organization (2013) WHO Definition of Health. <http://www.who.int/about/definition/en/print.html>

Perceived Social Support and Coping

Appendix A

Never (0)	Almost never (1)	Sometimes (2)	Fairly often (3)	Very Often (4)
-----------	------------------	---------------	------------------	----------------

Perceived Stress Scale PSS-10 (Cohen et al., 1983)

Instructions: The questions ask about your feelings and thoughts during this past month.

After reading each question, use the Likert scale from a scale of never to very often to determine how often or not often the events of the questions occurred to you in the last month.

-
1. In the last month, how often have you been upset because of something that happened unexpectedly?
 2. In the last month, how often have you felt that you were unable to control the important things in your life?
 3. In the last month, how often have you felt nervous and “stressed”?
 4. In the last month, how often have you felt confident about your ability to handle your personal problems?
 5. In the last month, how often have you felt that things were going your way?
 6. In the last month, how often have you found that you could not cope with all the things that you had to do?

Perceived Social Support and Coping

7. In the last month, how often have you been able to control irritations in your life?
8. In the last month, how often have you felt that you were on top of things?
9. In the last month, how often have you been angered because of things that were outside of your control?
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Perceived Social Support and Coping

Appendix B

Not at all (0)	Several days (1)	More than half the days (2)	Nearly everyday (3)
----------------	------------------	-----------------------------	---------------------

The PhQ-9 Questionnaire PHQ-9 (Huang, Kohler, Kampfen, 2018)

Instructions: Thinking about your last two weeks, respond to the following items on a scale of "not at all" to "nearly everyday." Over the last 2 weeks, how often have you been bothered by any of the following problems?

-
1. Little interest in doing things
 2. Feeling down, depressed, hopeless
 3. Trouble falling or staying asleep, or sleeping too much
 4. Feeling tired or having little energy
 5. Poor appetite or overeating
 6. Feeling bad about yourself or that you are a failure or have let yourself or your family down
 7. Trouble concentrating on things such as reading the newspaper or watching television

Perceived Social Support and Coping

8. Moving or speaking so slowly that other people could have noticed? Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead or of hurting yourself in some way

Appendix C

Never (1)	Rarely (2)	Sometimes (3)	Frequently (4)	Always (5)
-----------	------------	---------------	----------------	------------

Social Support Inventory (Timmerman et al., 2000)

Instructions: With your friends and family relationships in mind, please read each statement. After reading each statement, use the Likert scale from a scale of never to always to determine how often or not often the statements are true based on the relationships you believe you have with your family and friends

-
1. Cheers you up
 2. Supports your actions
 3. Pays you a social visit
 4. Lends you small things like effect or a little money
 5. Says to you “that is the right way”
 6. Hugs you

Perceived Social Support and Coping

7. Gives you advice on all kinds of small domestic problems
8. Calls you up just for a chat
9. Feels with you*
10. Makes constructive criticism about you
11. Takes you places*
12. Shows affection for you
13. Takes care of diversion
14. Offers you help under special circumstances, like illness, moving, babysitting
15. Make you understand why you did something wrong
16. Goes shopping or just a day out with you
17. Careses you*
18. Offers you practical help with daily matters, like housekeeping or a small job
19. Emphasizes your strong points
20. Invites you for dinner

*The items marked were removed from the questionnaire.

Perceived Social Support and Coping

Appendix D

IRB approval letter for Naho Ito

Wed 11/18/2020 6:26 PM

To: Naho Ito <nito@student.ysu.edu>; Rebecca M Curnalia <rmcurnalia@ysu.edu>



Nov 18, 2020 6:26:40 PM EST

Rebecca Curnalia
Communication

Re: Exempt - Initial - 2021-25 Social Support for College Students

Dear Dr. Rebecca Curnalia:

Youngstown State University Human Subjects Review Board has rendered the decision below for Social Support for College Students.

Decision: Exempt

Selected Category:

Any changes in your research activity should be promptly reported to the Institutional Review Board and may not be initiated without IRB approval except where necessary to eliminate hazard to human subjects. Any unanticipated problems involving risks to subjects should also be promptly reported to the IRB.

Findings: Approved Exempt Category 2, however, request that the end of the survey include information on how to contact the counseling center if the participants feel they would like to talk to someone about how they are feeling.

The IRB would like to extend its best wishes to you in the conduct of this study.

Sincerely,
Youngstown State University Human Subjects Review Board

Note. IRB approval letter validating Naho Ito (co-investigator) to conduct surveys.