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SOCIAL RESOURCES AND SOCIAL STRATEGIES AS PREDICTORS OF DEPRESSION, ANXIETY AND STRESS DURING THE CORONAVIRUS PANDEMIC

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Abstract

The aim of the research was to determine the predictive power of social resources and social strategies in predicting depression, anxiety and stress. The sample consisted of 255 respondents (105 males and 150 females) aged 18 to 46, average age AS = 28.91, SD = 6.54. The instruments used in the research are: Social Resources Scale, Social Strategies Scale and Depression, Anxiety and Stress Scale. The results of the descriptive analysis show that the most pronounced social resources are leadership and reliable support, and the most pronounced social strategies are the expectation of success, management and seeking social support. Respondents show low levels of depression, anxiety and stress. The results of the regression analysis show that social resources such as attachment, social interaction and affirmation of self-worth reduce the possibility of depressive and anxiety symptoms and stress, and reduced management and care for others the occurrence of stress. The application of avoidant and passive social strategies, as well as the absence of social support, will lead to depression, anxiety and stress. It can be concluded that social resources and social strategies play a significant role in protecting mental health during the coronavirus pandemic.

Key words: Social resources, strategies, depression, anxiety, stress.

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СОЦИЈАЛНЕ ЗАЛИХЕ И СОЦИЈАЛНЕ СТРАТЕГИЈЕ КАО ПРЕДИКТОРИ ДЕПРЕСИВНОСТИ, АНКСИОЗНОСТИ И СТРЕСА ТОКОМ ПАНДЕМИЈЕ КОРОНАВИРУСА

Апстракт

Циљ истраживања је био да се утврди предиктивна моћ социјалних залиха и социјалних стратегија у предвиђању депресивности, анксиозности и стреса. Узорак је чинило 255 испитаника (105 мушких и 150 женских) од 18 до 46 година, просечне старости АС=28.91, СД=6.54. Инструменти коришћени у истраживању су: Скала социјалних залиха, Скала социјалних стратегија и Скала депресивности, анксиозности и стреса. Резултати дескриптивне анализе показују да су најизраженије социјалне залихе - вођење и поуздани ослонац, а најизраженије социјалне стратегије - очекивање успеха, господарење и тражење социјалне подршке. Испитаници показују низак ниво депресивности, анксиозности и стреса. Резултати регресионе анализе показују да социјалне залихе као што су привржености, социјална интеракција и потврда сопствене вредности смањују могућност појаве депресивних и анксиозних симптома и стреса, а смањено вођење и брига за друге појаву стреса. Примена избегавајућих и пасивних социјалних стратегија као и одсуства социјалне подршке, довешће до појаве депресивности, анксиозности и стреса. Може се закључити да социјалне залихе и социјалне стратегије имају значајну улогу у заштити менталног здравља током пандемије коронавируса.

Кључне речи: Социјалне залихе, стратегије, депресивност, анксиозност, стрес.

INTRODUCTION

In early 2020, the world faced the new corona virus (SARS-CoV-19) which spread uncontrollably. A period of serious changes and consequences was coming, which would leave a deep mark on people's lives. Awareness of the danger of this virus in some people has caused general confusion, anxiety and fear, both for their own lives and for the lives of other people. A review of previous findings on the pandemic spread of COVID-19 over the past year has shown a global threat by the virus, both to the global economy and to physical and mental health (Zivkovic, Stanojevic, & Radovic, 2021). The effectiveness of an individual's response to the current situation of a pandemic, successfully facing various challenges and problems, coping with depression, anxiety and stress caused by the pandemic, depends on the characteristics of the person, but also on the social resources at their disposal and the social strategies used. That is why it is important to examine the role of social resources and social strategies in dealing with stressful situations.

Social resources

Weiss (Weiss, 1974) was the first to point out the role of social resources in explaining loneliness. According to this author, loneliness can be defined as a response to the absence of a certain type of relationship or

as a response to the absence of certain social resources that a relationship allows us. Weiss believes that social integration and attachment are basic social resources, and in addition to them, he lists four other important resources: leadership, caring for others, confirmation of one's own value and reliable support. These resources a person gains in relationships with others and are necessary for them to feel adequately supported, regardless of the fact that they are more or less important in different stages of life or in different situations. Commitment, or emotional attachment, allows a person a sense of security, and social integration a feeling of belonging to a group in which similar interests are shared with other members. According to Weiss, attachment can be obtained from a love partner, but also from friends and family members, while in most cases, social integration is a stock of friendly relations. Social integration provides security, satisfaction, and a sense of identity (Weiss, 1974). Guidance and reliable support are resources that are important when a person needs to solve a problem, because it includes the ability to obtain information or advice, or the certainty that they can rely on others when help is needed. Guidance can be obtained from teachers, mentors, parents, and reliable support can be provided by family members. Confirmation of one's own value refers to the recognition of one's own competencies, skills that are also valued by others. Caring for others refers to the feeling that a person is needed by others and contributes to the well-being of other people. Commitment and care for others is higher among those who were more satisfied with their love partner, those who are more satisfied with friendly relations were more socially integrated, and a reliable support is the strategy to which satisfaction with family and friends contributed the most. In a study by Cutrona and Russell (Cutrona & Russell, 1987) on several samples, the results indicate good discriminant validity of the social resources scale when the overall score was used as a general perception of social support in relation to some relevant constructs such as depression, neuroticism and introversion/extraversion.

Social strategies

In adolescence, when one of the important developmental tasks is the realization of successful social relations, cognitive and behavioral strategies play a significant role in social situations. The way we think and react in relationships with other people represents social strategies (Nekic, 2008a). Strategies are most commonly defined as latent mental structures in memory that are formed over time and that are activated in responsive situations (Zukauskiene & Sondate, 2004). When it comes to strategies, Nurmi et al. (Nurmi, Toivonen, Salmela-Aro, & Eronen, 1996) believe that there are two stages that are responsible for implementing individual intentions, goals and beliefs in effective action. These two stages determine, first the development of behavioral, and then cognitive strate-

gies. The first article is characterized by cognitive schemes that were previously formed and built in social interactions with other people. Schemes are based on different assumptions about possible successful or unsuccessful outcomes of certain social situations. Cognitive patterns are reflected not only through expectations of what will happen in a social situation, but also through individual optimism or pessimism regarding the way of facing new challenges (Nekic, 2008a). The second stage refers to the already constructed meanings about the ways of dealing with new situations, i.e. social strategies in this stage include planning, self-observation of one's own behavior, investing efforts in new social challenges. Nurmi and co-workers (Nurmi, Salmela-Aro, & Haavisto, 1995) suggested six strategies: expectation of success, behavior irrelevant to the task, avoidance, management, pessimism and seeking social support. *Expectation of success* is a cognitive strategy that refers to the degree to which one expects success, that is to what extent he is anxious about a possible failure in the domain of social relations. *Behavior irrelevant to the task* is a behavioral strategy that determines the extent to which a person strives to be (or not) involved in social relationships with other people. This strategy involves behavior whose goal is an excuse for possible failure, that is self-handicapping in social situations, finding excuses to avoid a certain social situation. *Avoidance* as a strategy refers to the tendency to withdraw and avoid social situations due to anxiety and inconvenience. *Management* refers to the belief in personal control, and not in external factors when it comes to the degree of success of social interactions. *Pessimism* is a cognitive strategy that involves a constant preoccupation with possible failure in social interactions. *Seeking social support* is a behavioral strategy that requires the degree to which a person seeks support from other people when he or she needs it. Some of these strategies enable the initiation, inclusion and maintenance of social interactions, while others increase the possibility of failure.

Some research has shown that children who have poorly developed social strategies have fewer friends, a worse self-image and a lower level of self-esteem. These are children who lived in dysfunctional or incomplete families and who did not receive enough attention and support from their parents, and all these circumstances are associated with depression and anxiety (Franz, 2003; Dumont & Provost, 1999). Also, previous research has shown that the lack of social skills plays an extremely important role in the development and maintenance of depression, while the practice of these skills significantly contributes to the reduction of depressive symptoms (Vulic-Prtoric, 2004).

Depression, anxiety and stress

Depression is defined as an emotional state characterized by sadness, feelings of worthlessness and guilt, insomnia, loss of appetite and

sexual desire, withdrawal from others, loss of interest in some daily activities, and lack of satisfaction associated with performing those same activities (Hammen, 2005). One of the main features of depression is rumination, which refers to the thoughts and behaviors by which a person directs his attention to depressive symptoms, as well as to the potential causes of those symptoms (Putnam et at., 2015).

Anxiety is a negative emotional state that, like depression, can be physiological, transient and common, or pathological. Anxiety is a condition in which the object is unknown and the danger and threat come from the person himself (Taylor, Koch, & Crockett, 1991). Normal (physiological) anxiety occurs when making decisions, on trips, at work, in exam situations, in anticipation of different situations, etc. Such anxiety has an adaptive function, because it makes a person more careful, enables avoidance or opposition to danger. On the other hand, pathological anxiety occurs independently of the danger, lasts long after stress, disrupts a person's functioning and requires psychological treatment (Rosen & Schulkin, 1998).

The relationship between affective states such as depression and anxiety has aroused significant interest, both in theoretical and clinical terms. Conceptually, these two concepts can be viewed as very different, however in clinical practice there has been an overlap and a reduction in the distinction between them (Zelkowitz & Milet, 1996). According to some explanations of comorbidity, anxiety and depression are located on a continuum where the state of anxiety precedes the state of depression (Vulic-Prtoric, 2004: 211). In addition to depression and anxiety, stress is also a significant concept that has emerged in the study of these two affective states (Albright, 1993).

A mental state characterized by "stress" or "psychological stress" is interpreted as the belief that an individual cannot cope with a stressor that is personally important for him personally important, a stressor that, under certain circumstances, can lead to disease (Ehlers & Clark, 2000). Stress viewed in the context of stress adaptation can have a positive effect, and in this case is called eustress, when it has a beneficial and constructive impact on health, motivation, performance and emotional well-being and leads to good adaptation (Le Fevre, Matheny &, Kolt, 2003). On the other hand, the negative, destructive effect of stress or distress is a pathological form of stress which, not only does not lead to adaptation, but is a serious, non-specific condition caused most often by a traumatic event, followed by negative feelings and somatic difficulties (Le Fevre, et al., 2003). The stress reaction is very complex and represents the interaction of many factors, biological, psychological and social, between the individual and the environment and necessarily includes subjective perception and assessment of stressors (Lucanin, 2014). In other words, whether a stressor will cause distress or eustress depends, not only on the stressor itself, but also on the subjective perception and interpretation of the situation by the individual. Lovibond and Lovibond report that depression, anxiety, and stress in the clinical and general populations differ

only in the degree of presence (Lovibond & Lovibond, 1995). It is quite certain that the new circumstances caused by the coronavirus pandemic will have effects on the psychological functioning of people. This pandemic impairs the mental health of people, causes tension and anxiety, so the presence of social stocks and developed social strategies would make it easier for an individual to cope with stressful events.

METHODS

Aim of research

The aim of the research was to examine the predictive power of social resources (leadership, attachment, social integration, caring for others, affirmation of self-worth and reliable support) and social strategies (expectation of success, behavior irrelevant to task, avoidance, management, pessimism and seeking social support) in predicting depression, anxiety and pandemic stress. More precisely, we are interested in whether the possession of certain social resources and the application of certain social strategies prevents the occurrence of depression, anxiety and stress.

Instruments

Questionnaire of sociodemographic data on gender (1 - male; 2 - female) and age of respondents (number of completed years at the time of the survey).

The social resources scale (Cutrona & Russell, 1987) has a total of 24 items that are evenly distributed in six subscales: Leadership, Self-Affirmation, Social Integration, Commitment, Caring for Others, and Reliable Support. The original version of the scale is adapted and prepared in Croatian by Nekić (2008b), and this research required the translation of certain terms into Serbian. The scale is of the Likert type with four degrees where 1 means - I completely disagree, and 4 - I completely agree. The total score is shaped as a linear combination of estimates on each subscale individually, with a higher score indicating the perception of larger social supplies. The theoretical range of results for each subscale ranges from 4 to 16. The reliability coefficients by subscales in the sample of this study range from $\alpha = .72$ to $\alpha = .82$.

The scale of social strategies (Nekic, 2008b) contains 36 items arranged in frequent subscales that examine different types of cognitive and behavioral strategies in the domain of social interactions: Expectation of success, Behavior irrelevant to the task, Avoidance, Management, Pessimism and Searching for social resources. Since the original version of the scale is in Croatian, it was necessary to translate certain terms into Serbian. The answers are given by circling the appropriate number on a Likert-type scale of four degrees, where 1 means - I completely disagree, and 4 - I completely agree. The total score is formed as the sum of the scores

on each subscale individually, with a higher score indicating a higher use of a particular strategy. The reliability coefficients by subscales on the sample of this research range from α = .71 to α = .77.

The depression, anxiety, and stress scale (DASS) (Lovibond & Lovibond, 1995) consists of 42 items equally distributed in three subscales: Depression, Anxiety and Stress. The adapted version of the scale in Croatian was prepared by Reić Ercegovac (2012), and this research required the translation of certain terms into Serbian. Respondents answered by circling the appropriate number on the Likert-type scale with four degrees, from 0 - does not apply to me at all to 3 - refers to me completely. The total score is formed as a linear combination of estimates by individual subscales. The reliability coefficients by subscales on the sample of this research range from α = .88 to α = .95.

Sample and procedure of research

The sample consisted of adult respondents, a total of 255 (105 males and 150 females) aged 18 to 46, average age AS = 28.91, SD = 6.54. Respondents filled out an online questionnaire that contained a questionnaire of basic sociodemographic data, a scale of social resources, a scale of social strategies, and a composition of depression, anxiety, and stress that required 25 minutes. Participation in the research was voluntary and anonymous, and respondents were informed at the beginning of the questionnaire that the collected data would be used exclusively for scientific purposes.

RESULTS

Results of descriptive analysis

Table 1 shows the descriptive indicators for the social resources variable. Based on the obtained arithmetic means, it is noticed that the values of arithmetic means are shifted towards higher values, which is in accordance with the results of the authors of the scale (Cutrona & Russell, 1987). Respondents have more social resources at their disposal, and leadership and reliable support are somewhat more pronounced.

Table 1. Descriptive indicators for the social supplies variable

	N	Empirical range	AS	SD	Empirical range*	AS*	SD*
Guidance	255	6-16	14.58	2.03	5-16	13.65	2.16
Commitment	255	6-16	13.32	2.47	5-16	12.82	2.48
Social integration	255	16-6	13.62	2.05	8-16	13.33	2.03
Care for others	255	7-16	13.23	1.70	6-16	12.82	1.95
Confirmation of own value	255	6-16	13.22	2.24	5-16	12.82	2.05
Reliable support	255	8-16	14.45	1.85	7-16	14.43	2.19

**Descriptive parameters of the social resources scale according to the authors of the scale (Cutrona & Russell, 1987)*

Table 2 shows the results of the descriptive analysis for the social strategy variable. Based on the obtained arithmetic means, we see that the results on the subscales that measure adaptive strategies (Expectation of Success, Management and Seeking Social Support) are shifted towards higher values, while the distribution of results on subscales related to inadequate social strategies (Behavior irrelevant to the task, Avoidance and Pessimism) shifted towards lower values, which is in line with the findings of the author of the scale (Nekic, 2008b). Respondents expect success in the field of social relations, believe in self-control and seek social support when they need it.

Table 2. Descriptive indicators for the social strategies variable

	N	Empirical range	AS	SD	Empirical range*	AS*	SD*
Expectation of success	255	6-16	13.20	1.98	5-16	12.87	2.06
Behavior irrelevant to the task	255	7-28	15.21	3.40	7-25	14.15	3.30
Avoidance	255	6-24	12.39	3.77	6-21	12.03	3.37
Management	255	21-36	28.63	3.06	6-36	27.46	3.17
Pessimism	255	4-15	6.49	2.17	4-13	7.23	2.16
Seeking social support	255	9-24	19.35	2.87	11-24	19.14	2.77

**Descriptive parameters of the scale of social strategies according to the author of the scale (Nekić, 2008b)*

Table 3 shows descriptive indicators for the variables depression, anxiety and stress. The obtained results are slightly higher than the average results stated by the authors of the scale for subscale anxiety and stress, while they are slightly lower for the subscale depression (Lovibond & Lovibond, 1995). Distributions of results have shifted to lower values.

Table 3. Descriptive indicators for depression, anxiety and stress variables

	N	Min.	Max.	AS	SD	Empirical range*	AS*	SD*
Depression	255	0	40	5.09	7.57	0-36	6.34	5.50
Anxiety	255	0	34	6.05	6.37	0-27	4.70	4.93
Stress	255	0	41	11.73	8.86	0-37	10.11	7.11

**Descriptive parameters of the scale of social resources according to the authors of the scale (Lovibond & Lovibond, 1995)*

Results of regression analysis

Social resources as predictors of depression, anxiety and stress

The results of the regression analysis show that social strategies explain 29.4% of the variance of depression, and from the group of predictor variables, attachment (β=-.301, $p<0.01$), social integration (β= -.184, $p<0.05$) and confirmation of eigenvalue (β=-.274, $p<0.01$), all with a negative sign of the β coefficient.

Table 4. Social resources as predictors of depression

	R	R^2	F	B	P
Social resources	.311	.294	18.642		
Guidance				-.033	.713
Commitment				-.301	.000**
Social integration				-.184	.020*
Care for others				.097	.130
Confirmation of own value				-.274	.000**
Reliable support				.116	.208

*$p<0.05$ **$p<0.01$

Social resources explain 21.7% of the variance of anxiety, while attachment (β=-.236, p<0.01), social integration (β=-.236,p<0.05) and confirmation of self-worth were also singled out as significant predictors. (β=.228, p <0.01), all with a negative sign of the β coefficient.

Table 5. Social resources as predictors of anxiety

	R	R^2	F	β	p
Social resources	.235	.217	12.711		
Guidance				.137	.150
Commitment				-.236	.003*
Social integration				-.236	.005*
Care for others				.103	.128
Confirmation of own value				-.228	.004*
Reliable support				-.022	.817

*$p<0.^{05}$ *$p<0.01$

Social resources also explain 21.3% of the variance of stress, and as significant predictors were leadership (β=.211, p<0.05), attachment with a negative sign of the β coefficient (β=-.167, p<0.05), social integration with a negative sign of the β coefficient (β =-.215, p<0.05), care for others (β .179, p<0.01) and confirmation of one's own value with a negative sign of the β coefficient (β =-.261, p<0.01).

Table 6. Social resources as predictors of stress

	R	R^2	F	β	p
Social resources	.231	.213	12.411		
Guidance				.211	.028*
Commitment				-.167	.034*
Social integration				-.215	.010*
Care for others				.179	.008*
Confirmation of own value				-.261	.001*
Reliable support				-.168	.084

*$p<0.05$ *$p<0.01$

Social strategies as predictors of depression, anxiety and stress

The results of the regression analysis show that social strategies explain 31.3% of the variance of depression, and significant predictors are avoidance (β=.250, p<0.01), pessimism (β =.237, p<0.01) and seeking social support with a negative prefix β coefficient (β =-.306, p<0.01).

Table 7. Social strategies as predictors of depression

	R	R^2	F	β	P
Social strategies	.329	.313	20.274		
Expectation of success				.036	.618
Behavior irrelevant to the task				-.002	.982
Avoidance				.250	.001*
Management				.107	.091
Pessimism				.237	.001*
Seeking social support				-.306	.000**

*p<0.05 *p<0.01

Social strategies explain 27.8% of the variance of anxiety, while avoidance (β =.281, p<0.01) and pessimism (β=.288, p<0.01) also stood out as significant predictors.

Table 8. Social strategies as predictors of anxiety

	R	R^2	F	β	P
Social strategies	.295	.278	17.309		
Expectation of success				-.030	,691
Behavior irrelevant to the task				-.025	.746
Avoidance				.281	.000**
Management				.082	.204
Pessimism				.288	.000**
Seeking social support				-.116	.107

*p<0.05 *p<0.01

Social strategies explain 25.3% of stress variance and avoidance was singled out as a significant predictor (β =.218, p<0.01).

Table 9. Social strategies as predictors of stress

	R	R^2	F	β	p
Social strategies	.270	.253	15.310		
Expectation of success				-.106	.164
Behavior irrelevant to the task				.151	.053
Avoidance				.218	.007*
Management				.121	.067
Pessimism				.118	.108
Seeking social support				-.115	.116

*p<0.05 *p<0.01

DISCUSSION

The aim of the study was to determine the predictive power of social resources and social strategies in predicting depression, anxiety, and stress.

The results of the descriptive analysis show that the respondents have all the social resources at their disposal, and the most pronounced is the guidance and reliable support. According to Cutrona and Russell (1987), the same person can be the source of a large number of resources. When respondents encounter a problem, there is a possibility that through social resources guidance and reliable support they get the information or advice they need to solve the problem. These social resources provide a person with the security that they can count on other people when they need help (Nekic, 2008a). According to previous research (Cutrona & Russell, 1987), guidance is most often obtained from parents, teachers, and reliable support from family members. Regarding the developed social strategies, the respondents in this research are more pronounced adaptive strategies such as expectations of success, management and seeking social support, that is strategies whose application enables a person to protect self-esteem, develop self-control and optimal psychosocial functioning (Nekic, 2008b). People believe in a positive outcome of social interactions, believe in their own social skills and are ready to seek help from others if they need it. Also, the respondents in this study show a low level of depression, anxiety and stress. Such individuals are characterized by high self-esteem, positive emotions, belief in a positive outcome of activities, focus on achieving life goals important to them (Lovibond & Lovibond, 1995), high threshold of tolerance to frustration (Costello & Comrey, 1967), and developed coping strategies (Coyne & Downey, 1991).

The results of the regression analysis show that people who possess social resources such as attachment, social integration and affirmation of self-worth will not develop depressive and anxiety symptoms. People establish attached close relationships based on a sense of belonging, socializing due to similar activities or interests, believing in their own competencies, which provides a sense of security, belonging and value. The importance of social resources has been proven in research in which the results showed that a high level of support during pregnancy in women who are expecting a child for the first time reduces the risk of depression two months after the birth of a child (Russell, & Cutrona, 1991). Also, data were obtained that persons who have social resources of attachment, social integration and confirmation of their own value, and who lack resources of leading and caring for others, will be more resistant to stress. Established close emotional connections, the feeling of belonging to a certain group and the belief in one's own efficiency is predictive for more successful coping with stress (Nekic, 2008b). Weiss (1974) found

that the absence of certain social resources leads to feelings of loneliness. The loneliness that occurs due to the lack of a close attached relationship, and can only be resolved by integration into an emotionally attached relationship, is emotional loneliness. Social loneliness occurs due to non-inclusion in a social network. Numerous studies have shown that loneliness is associated with a range of mental and physical health problems and illnesses, such as depression (Adams, Sanders, & Auth, 2004; Cacioppo, Hughes, Waite et al. 2006; Heikkinen & Kauppinen, 2004; Ó Luanaigh & Lawlor, 2008), high blood pressure (Hawkley, Masi, Berry, & Cacioppo, 2006) and cardiovascular disease (Sorkin, Rook, & Lu, 2002). Catron and Russell (1987) consider that the confirmation of one's own value and care for other social resources are important both in times of stress and when it is not so pronounced. Slightly different results were obtained in this study. The increased need to get information and advice from other people, leaving decision-making to other people can lead to a higher degree of stress in respondents. Also, increased care for others can lead to more stress. A person who feels needed by others, that he should contribute to the well-being of other people, will show a higher degree of stress. The findings can be interpreted in the context of a pandemic, when people were preoccupied with taking care of their own health and did not have the opportunity to devote themselves to the care of close people due to numerous epidemiological measures. Looking at the components that make up social resources such as attachment, social integration and self-affirmation, it can be said that they play a protective role against experiencing stress.

The results of the regression analysis show that avoidance, pessimism and lack of social support lead to symptoms of depression. People who tend to withdraw and avoid social situations, who are preoccupied with possible failure in the social domain and avoid seeking support from others when they need it, will show symptoms of dysphoria, hopelessness, apathy, lack of interest, anxiety, impatience (Reic Ercegovac, 2012). By applying social strategies of avoidance and pessimism, respondents will show symptoms of anxiety and stress. These respondents are characterized by a negative assessment of the situation and a focus on irrelevant behaviors and avoidance (Nekic, 2008b). People who use self-handicapping expect failure, so they concentrate on inappropriate behavior in order to create a behavioral excuse or justification for failure. In case of failure, the behavior that was irrelevant for a certain situation has the function of attributional pronunciation, that is a resistor whose purpose is to maintain self-esteem after experiencing negative outcomes (Nekic, 2006). A longitudinal study (Nurmi & Salmela-Aro, 1997) found that the more pessimistic and avoidant social strategies are used, the lonelier each person will feel, and the lonelier people are, the less they will use strategies that allow them to control and management of the situation.

Given that social resources and social strategies explain 21% to 31% of the variance in depression, anxiety, and stress, other variables that may be significant for the occurrence of negative affectivity should be considered. Some earlier research (Eysenck & Eysenck, 1964; Watson & Clark, 1984) shows that common factors are the occurrence of depression, anxiety and stress, neuroticism as a personality trait, negative affectivity and environmental factors.

Finally, research limitations should be noted. As a first limitation, we can state that the instruments used to assess social resources and social strategies in this research were applied for the first time in Serbia, and the obtained data cannot be compared with previous research results. Another limitation concerns the representativeness of the sample. Namely, the online questionnaire was filled out by respondents who were users of social networks, members of different groups on social networks, users of different platforms, so the obtained results cannot be generalized.

Also, the practical implications of the obtained results should be emphasized in the form of stimulating the development of adaptive behavioral and cognitive strategies through counseling work, workshop work with the aim of strengthening the self-confidence and self-control of the respondents.

The main findings point to the importance of social resources and social strategies in mental health protection during the coronavirus, as well as the necessity of their development and strengthening in the conditions of optimal functioning of the person.

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СОЦИЈАЛНЕ ЗАЛИХЕ И СОЦИЈАЛНЕ СТРАТЕГИЈЕ КАО ПРЕДИКТОРИ ДЕПРЕСИВНОСТИ, АНКСИОЗНОСТИ И СТРЕСА ТОКОМ ПАНДЕМИЈЕ КОРОНАВИРУСА

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Резиме

Циљ истраживања је био да се утврди предиктивна моћ социјалних залиха (вођење, привржености, социјална интеграција, брига за друге, потврда сопствене вредности и поуздани ослонац) и социјалних стратегија (очекивање успеха, понашање ирелевантно за задатак, избегавање, господарење, песимизам и тражење социјане подршке) у предвиђању депресивности, анксиозности и стреса. Узорак је чинило 255 испитаника (105 мушких и 150 женских) од 18 до 46 година, просечне старости АС=28.91, СД=6.54. Инструменти коришћени у истраживању су: Скала социјалних залиха, Скала социјалних стратегија и Скала депресивности, анксиозности и стреса. Резултати дескриптивне анализе показу-

ју да су најизраженије социјалне залихе - вођење и поуздани ослонац, а најизраженије социјалне стратегије - очекивање успеха, господарење и тражење социјалне подршке. Испитаници показују низак ниво депресивности, анксиозности и стреса. Резултати регресионе анализе показују да социјалне залихе као што су привржености, социјална интеракција и потврда сопствене вредности смањују могућност појаве депресивних и анксиозних симптома и стреса, а смањено вођење и брига за друге појаву стреса. Примена избегавајућих и пасивних социјалних стратегија као и одсуства социјалне подршке, довешће до појаве депресивности, анксиозности и стреса. Гледано укупно, социјалне залихе и социјалне стратегије објашњавају од 21% до 31% варијансе депресивности, анксиозности и стреса. Може се закључити да социјалне залихе и социјалне стратегије имају значајну улогу у заштити менталног здравља током пандемије коронавируса.