



# Interpersonal Relationship and Psychological Morbidity Among Collectivistic and Individualistic Societies during COVID-19

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**ABSTRACT:** COVID-19 has brought sudden and extreme changes in everyone's life leading to isolation and a reduction in social contact, due to which, interpersonal relationships have become increasingly important for one's well-being during this period. The study aims to assess if determinants of Interpersonal relations have any relationship with Psychological Morbidity across collectivistic and individualistic cultures. The sample includes 127 and 83 people from individualistic and collectivistic respectively, belonging to the age group 19-40 years from across the globe. Two scales, namely Interpersonal Relationships Questionnaire (2014) and General Health Questionnaire (1972) were administered to assess Interpersonal relationships and Psychological Morbidity. Data was analyzed using normality tests, tests for mean difference, and correlation. An Independent t-Test was used for Social Dysfunction, a sub-domain of the General health questionnaire. While Mann-Whitney U-Test was used for Interpersonal relationships and General health questionnaire along with Spearman's Rank Correlation. The results indicate significant differences between Individualistic and Collectivistic societies with respect to Interpersonal relationships and Psychological Morbidity. A moderate correlation was found between Emotional Experience and Expression and other variables- Conflict; Disclosure and Interpersonal closeness; and Psychological Morbidity ( $p < 0.01$ ) in individualistic societies. Findings helped us to understand the relationship between each variable and its importance in different societies during the pandemic.

**KEYWORDS:** Interpersonal relationships; Psychological Morbidity; Collectivistic society; Individualistic Society; COVID-19

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## I. INTRODUCTION

Interpersonal relationships are the connections we form with others through interactions and through common grounds. They can range from personal relationships, like family, to formal work relationships and can be short-lived or long-lasting. As humans are known to be social beings, these relationships play a major role in an individual's well-being. Many factors are responsible for its quality, some of them being conflicts, disclosure and interpersonal closeness, Emotional experience, and expression of an individual.

The sudden onset of COVID-19 has had an impact on everyone's lives owing to being restricted to their homes to stop the spread of the disease. The unexpected nature of the pandemic has led to uncertainty and unpreparedness among people. As people spend time at home, communication with family and close ones has increased, which has either improved or strained one's relationship with others during the pandemic. Major stressors for families also include lack of economic stability, increased conflicts, frustration, etc which can further create problems between family members. Research suggests that there has been a substantial increase in household work, which is mainly performed by women (Power, 2020), which is likely to affect women's well-being and in turn interpersonal relationships with their family members, which might also differ across cultures. There are cultural differences in communication and interpersonal relationships. During the crucial time of the pandemic, the kind of interpersonal relationships people have affected their well-being and hence, our study takes into consideration the cultural differences present in interpersonal relationships and its effect on psychological morbidity especially during the pandemic. Research suggests that emotional expressiveness is necessary to maintain quality interpersonal relationships in individualistic cultures while in collectivistic

societies, emotional differentiation is found to be more important for the same (Kang et al., 2003) which might affect the interpersonal relationships and well-being of people across different cultures.

## **II. REVIEW OF LITERATURE**

Research suggests that there has been a significant decrease in daily interpersonal communication during the initial phases of the lockdown, however, when the rules regarding distancing were relaxed, the communication levels increased again (Feehan & Mahmud, 2020), which might affect interpersonal relationships. Many researchers and individuals have recognized the role of positive social interactions during the lockdown and quarantine period; they have initiated online virtual events to facilitate interpersonal interactions to enhance well-being (Yamaguchi et al., 2020).

A Japanese study showed a significant increase in psychological distress and rates of depression during the lockdown, the risk factors for the same included substandard interpersonal relationships, increased loneliness, reduction in household income, and difficulty in academics or work (Yamamoto et al., 2020).

A research study states that there is a positive relation between social isolation during COVID and mental health like loneliness, well-being, and quality of social interactions; mental health issues caused due to social isolation can be reduced by maintaining adequate interpersonal relationships (Goncalves et al., 2020). An Indian online survey revealed that 38.2% of the respondents had anxiety, 10.3% had depressive symptoms, 74.1% suffered from stress and 71.7% had diminished well-being during the lockdown period (Grover et al., 2020). COVID-19 has had a severe impact on an individual's well-being and interpersonal relationships, study shows that there is a direct relationship between psychological inflexibility and suicide risks and depression along with increased interpersonal risk factors during covid (crasta et al., 2020).

Research shows that higher social connectedness led to decreased perceived stress, both general and COVID-related tension; a negative correlation was found between being tired and social connectedness, and people with significantly smaller social circles showed high distress during the quarantine period (Nitschke et al., 2020). A research study showed that after the onset of COVID, 34% of the respondents had conflicts with their partners due to restrictions imposed by the virus and the virus itself (Luetke et al., 2020). A research study shows that positive interpersonal relationship between parents and children during the pandemic was dependent upon social support along with self-efficacy (Gambin et al., 2020).

### **Community and interpersonal relationships**

Forgiveness was found to be positively related to collectivism (Watkins et al., 2011), which also has an impact on interpersonal relationships and mental health. Several other factors impact interpersonal relations. There are differences in communication patterns, indirect communication is observed between residents of Japan while direct communication is seen in the United States (Gudykunst et al., 1996). There were weaker associations found among collectivistic cultures between forgiveness and relationship closeness towards offenders in comparison to individualistic cultures, this might be due to rigid cultural norms to harbor harmony which reduces the role of relationship closeness during forgiveness (Karremans et al., 2011).

Collectivism and individualism explained emotional closeness and some interpersonal relationship patterns in a study (Fjnneman et al., 1996). Research showed that European Americans are more likely to feel perceived responsiveness from others in comparison to East Asians, the perception of partner responsiveness by East Asians was due to inconsistent behaviors displayed across social situations (Choi & Oishi, 2022). Another study found increased tendencies to see meaning in stressful experiences among Chinese participants in comparison to Euro-Canadians, they were also more likely to have positive reframing coping styles, adopt acceptance easily and be more positive during the pandemic (Ji et al., 2022). Self-compassion was directly related to increased life satisfaction among individualistic societies in comparison to collectivistic (Wang & Lou, 2022). In another study, collectivism was negatively related to the perceived presence of external social support, however, the study also indicated that there was a protective effect on mental health due to collectivism (Bartucz, Matu & David, 2022).

An analysis of the dark triad traits and social positions in a cross-cultural study revealed that there are cultural differences among individuals (Aluja et al., 2022), and these traits affect social interactions and individual's relationships with those around them. There are also cultural differences in relationship experiences and affect. Among Belgium, individualism, and Japan, collectivism, it was found that positive affect was an outcome of experiencing positive emotions in the relationship for the former while for the latter, it was avoidance of any negative effect (Kirchner-Häusler et al., 2022).

Research also shows that there are differences within the community as well regarding individualism and collectivism; a study reveals that mothers who have attained higher levels of education and children who are from families with high income display individualistic behaviors and tendencies (Gudykunst et al., 1996).

There have been associations and differences across cultures and interpersonal relationships indicated by an ample number of research studies. It is also essential to get an overview of how cultural differences foster

the mental health and well-being of an individual in times where it is extremely necessary. The current study aims to determine the role interpersonal relationships and different methods of communication have played in the lives of individuals across the two major forms of a societal structure during the pandemic.

### III. METHOD

#### Objective

To compare the level of conflict between collectivistic and individualistic society.

To compare the level of disclosure and interpersonal closeness between collectivistic and individualistic society.

To compare the level of emotional experience and expression between collectivistic and individualistic society.

To compare the correlation of conflict, disclosure, interpersonal closeness, emotional experience and expression, and psychological morbidity among collectivistic society.

To compare the correlation of conflict, disclosure, interpersonal closeness, emotional experience and expression, and psychological morbidity among individualistic society.

#### Hypothesis

H<sub>01</sub> – There is no difference between a collectivistic and individualistic society with respect to Interpersonal relationships (conflict, disclosure and interpersonal closeness, and emotional experience and expression).

H<sub>02</sub> – There is no difference between a collectivistic and individualistic society with respect to psychological morbidity (somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression).

H<sub>03</sub> – There is no correlation between collectivistic and individualistic society with respect to Interpersonal relationships and psychological morbidity.

#### Variable

**Quasi-independent variable-** Societal orientation (Individualistic and Collectivistic).

**Dependent variable-** Interpersonal relationships (Conflict disclosure and interpersonal closeness, and emotional expression and experience) and Psychological morbidity (Somatic symptoms, Anxiety and Insomnia, Social dysfunction, Severe depression).

#### Research Design

A Quasi - experimental between groups research design was used to assess the difference between an individualistic and collectivistic society with respect to conflict disclosure and interpersonal closeness, emotional expression and experience, and psychological morbidity. A correlational research design is also used to analyze the relationship among the dependent variables.

#### Sample

The sample consisted of 180 and 101 people from individualistic and collectivistic respectively; The sample belongs to the age group of 19-40 years. Considered young adults according to Erik Erikson's stages of psychosocial development; belonging to the urban region and proficient in English. The participants represent the diverse population of the world. A convenient sampling technique was used.

#### Measures

1. Interpersonal Relationship Questionnaire developed by (Callaghan, 2014) was used to assess interpersonal relationships. The subdomains of the scale Conflict, Disclosure and Interpersonal Closeness, and Emotional Experience and Expression were used.

- Conflict (CF) refers to having a dispute or having disagreeable communication with another person.

- Disclosure and Interpersonal Closeness (DI) refers to how an individual decides to disclose personal information or details and their feelings of closeness with another person.

- Emotional Experience and Expression (EE) refers to identifying and expressing one's emotions. It includes expressing all kinds of emotions and feelings.

2. The General Health Questionnaire (GHQ) developed by (Goldberg and Hillier, 1972) was used to assess psychological morbidity. The scale has various sub-domains such as Somatic Symptoms (SS), Anxiety and Insomnia (AI), Social Dysfunction (SD), and Severe Depression (DEP).

### IV. RESULTS

The analysis was carried out using the Statistical Package for Social Sciences (SPSS) Software, Version 20. A test of normality was executed, and appropriate tests of mean difference were used. The results are as follows.

Table 1: Descriptive Statistics for Interpersonal Relationships and General Health		
Variable	Collectivistic	Individualistic

	Mean	SD	Mean	SD
Conflict (CF)	69.05	13.609	60.50	11.834
Disclosure and interpersonal closeness (DI)	70.01	20.266	65.49	16.507
Emotional Expression and Experience (EE)	73.48	17.247	66.01	16.185
Somatic symptoms (SS)	16.35	4.110	15.24	4.502
Anxiety and Insomnia (AI)	16.57	5.823	15.84	5.716
Social Dysfunction (SD) Depression (DEP) General Health (GHQ)	17.75 15.05 65.71	4.896 6.555 18.054	17.79 12.24 61.12	4.575 5.514 16.236

Table 1 shows the mean scores and standard deviations of collectivistic and individualistic societies in the Interpersonal Relationship and General Health Questionnaire along with its subdomains.

According to the normality tests, DI, EE, and GHQ did not follow normal data distribution and hence, non-parametric tests were used while CF and SD, a subdomain of GHQ followed normal data distribution, for which, parametric tests were used.

**Table 2: Mann-Whitney U-test for Interpersonal Relationship**

Variable	DI		EE	
	1	2	1	2
Group				
Mean Ranks	167.60	126.08	166.12	126.90
U	6.404E3		6.552E3	
Sig.	.000**		.000**	

Table 2 shows Mean scores and U-values for DI and EE in individualistic and collectivistic societies. From the above table, it can be concluded that DI(U=6.404E3)  $p < 0.01$ ; and EE(U=6.552E3)  $p < 0.01$  are statistically significant. It can be observed that collectivistic societies have scored higher in these two domains when compared to individualistic societies.

**Table 2.1: Mann-Whitney U-test for General Health**

Variable	SS		AI		DEP		GHQ	
	1	2	1	2	1	2	1	2
Mean Rank	153.07	134.23	143.93	139.36	163.30	128.49	151.50	135.11
U	7.871E3		8.794E3		6.838E3		8.030E3	
Sig.	.061		.651		.001**		.105	

Table 2.1 shows Mean scores and U-value for GHQ and its subdomains in individualistic and collectivistic societies. From the above table, it can be concluded that DEP(U=6.838E3)  $p < 0.01$  is statistically significant. The collectivistic societies have scored higher in DEP.

**Table 2.2: Independent t-test for CF**

Variable	Mean Difference	t-Statistic	Significance
CF	9.163	6.087	.213

Table 2.2 shows Mean Ranks and t-value for CF. From the above table, it can be inferred that CF is not statistically significant.

<b>Table 2.3: Independent t-test for Social Dysfunction</b>			
Variable	Mean Difference	t-Statistic	Significance
Social Dysfunction (SD)	-0.398	-0.744	.269

Table 2.2 shows Mean Ranks and t-value for SD, a subdomain of the General Health Questionnaire. From the above table, it can be inferred that SD is not statistically significant.

**Table 3: Spearman’s Rank Correlation between Interpersonal relationships and General Health Questionnaire among collectivistic society.**

		CF	DI	EE	SS	AI	SD	DEP	GHQ
<b>CF</b>	Correlation Coefficient	1.000	.475**	.347**	.327**	.428**	.297**	.392**	.479**
	Sig. (2-tailed)	.	.000	.000	.001	.000	.003	.000	.000
	N	101	101	101	101	101	101	101	101
<b>DI</b>	Correlation Coefficient	.475**	1.000	.399**	.404**	.287**	.150	.329**	.366**
	Sig. (2-tailed)	.000	.	.000	.000	.004	.136	.001	.000
	N	101	101	101	101	101	101	101	101
<b>EE</b>	Correlation Coefficient	.347**	.399**	1.000	.432**	.327**	.146	.429**	.458**
	Sig. (2-tailed)	.000	.000	.	.000	.001	.144	.000	.000
	N	101	101	101	101	101	101	101	101

Table 3 shows a correlation between CF, DI, EE, and subdomains of GHQ in collectivistic societies. It can be inferred that CF and DI( $r=0.475$ )  $p<0.01$ ; CF and EE( $r=0.347$ )  $p<0.01$ ; CF and SS( $r=0.327$ )  $p<0.01$ ; CF and AI( $r=0.428$ )  $p<0.01$ ; CF and SD( $r=0.297$ )  $p<0.01$ ; CF and DEP( $r=0.392$ )  $p<0.01$ ; CF and GHQ( $r=0.479$ )  $p<0.01$ ; DI and EE( $r=0.399$ )  $p<0.01$ ; DI and SS( $r=0.404$ )  $p<0.01$ ; DI and AI( $r=0.287$ )  $p<0.01$ ; DI and DEP( $r=0.329$ )  $p<0.01$ ; DI and GHQ( $r=0.366$ )  $p<0.01$ ; EE and SS( $r=0.432$ )  $p<0.01$ ; EE and AI( $r=0.327$ )  $p<0.01$ ; EE and DEP( $r=0.429$ )  $p<0.01$ ; and EE and GHQ( $r=0.458$ )  $p<0.01$  have low correlation.

**Table 3.1: Spearman’s Rank Correlation between Interpersonal relationships and General health questionnaire among individualistic society.**

		CF	DI	EE	SS	AI	SD	DEP	GHQ
<b>CF</b>	Correlation Coefficient	1.000	.409**	.590**	.306**	.311**	.164*	.339**	.386**
	Sig. (2-tailed)	.	.000	.000	.000	.000	.027	.000	.000
	N	180	180	180	180	180	180	180	180
<b>DI</b>	Correlation Coefficient	.409**	1.000	.618**	.325**	.272**	.266**	.421**	.436**
	Sig. (2-tailed)	.000	.	.000	.000	.000	.000	.000	.000
	N	180	180	180	180	180	180	180	180
<b>EE</b>	Correlation Coefficient	.590**	.618**	1.000	.397**	.347**	.320**	.489**	.532**
	Sig. (2-tailed)	.000	.000	.	.000	.000	.000	.000	.000
	N	180	180	180	180	180	180	180	180

Table 3.1 shows a correlation between CF, DI, EE, and subdomains of the General Health Questionnaire in individualistic societies. It can be inferred that CF and EE( $r=0.590$ )  $p<0.01$ ; DI and EE( $r=0.618$ )  $p<0.01$ ; and EE and GHQ( $r=0.532$ )  $p<0.01$  have moderate correlation; while CF and DI( $r=0.409$ )  $p<0.01$ ; CF and SS( $r=0.306$ )  $p<0.01$ ; CF and AI( $r=0.311$ )  $p<0.01$ ; CF and SD( $r=0.164$ )  $p<0.05$ ; CF and DEP( $r=0.339$ )  $p<0.01$ ; CF and GHQ( $r=0.386$ )  $p<0.01$ ; DI and SS( $r=0.325$ )  $p<0.01$ ; DI and AI( $r=0.272$ )  $p<0.01$ ; DI and SD( $r=0.266$ )  $p<0.01$ ; DI and DEP( $r=0.421$ )  $p<0.01$ ; DI and GHQ( $r=0.436$ )  $p<0.01$ ; EE and SS( $r=0.397$ )  $p<0.01$ ; EE and AI( $r=0.347$ )  $p<0.01$ ; EE and SD( $r=0.320$ )  $p<0.01$ ; EE and DEP( $r=0.489$ )  $p<0.01$  have low correlation.

## V. DISCUSSION

A significant difference was found between collectivistic and individualistic societies with respect to Interpersonal relationships (CF, DI, and EE). When mean scores were compared, it was found that collectivistic societies scored higher when compared to individualistic societies in all the domains. Hence, the hypothesis stating, “There is no difference between collectivistic and individualistic society with respect to Interpersonal relationships (conflict, disclosure and interpersonal closeness and emotional experience and expression).” is rejected.

A significant difference was found between collectivistic and individualistic societies with respect to Psychological morbidity. When mean scores were compared, it was found that collectivistic societies scored higher when compared to individualistic societies in all the domains. Hence, the hypothesis stating, “There is no difference between a collectivistic and individualistic society with respect to psychological morbidity (somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression)” was rejected.

Correlational analysis of the domains; showed that there was a positive low correlation between Collectivistic and Individualistic societies with regard to CF and DI; CF and GHQ; DI and GHQ; while DI and EE; CF and EE; EE and GHQ showed moderate positive correlation. Hence the hypothesis that “There is no correlation between a collectivistic and individualistic society with respect to Interpersonal relationships and Psychological morbidity” was rejected.

### Limitations And Future Directions

Keeping in mind the limitations of the study such as small sample size, gender differences, sampling method, and cultural differences within the individualistic and collectivistic societies, the study can be extended further to include more people from both societies to strengthen the generalizability and further analyze the variable along with its relationship in detail.

## VI. CONCLUSION

The study compared Conflict, Disclosure and Interpersonal Closeness, Emotional Expression and Experience, and Psychological Morbidity between individualistic and collectivistic societies. The study showed that collectivistic societies showed high mean scores in Conflict, Disclosure and Interpersonal Closeness, Emotional Expression and Experience, and Psychological Morbidity. Societal differences are evident across all the domains. Moreover, it was also found that in individualistic societies there was a correlation between Emotional Experience and Expression and other areas of mental health and interpersonal relationships. This shows that individualistic cultures place higher importance in personal emotional identification and expression which also affects their health and relationships even during the pandemic.

It can be concluded that Collectivistic cultures have experienced more disagreements in their interpersonal relationships, closeness, and connectedness with others, they have also faced higher positive and negative emotional experiences and have increased chances of psychological morbidity during the COVID-19 pandemic, which may be caused to the quality of interpersonal relationships and social engagement. The study helps in understanding the relationship of interpersonal relationships on psychological morbidity during the pandemic, thus, enabling us to gain insight into the role of interpersonal relations and communications on one’s social well-being during the situation.

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