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The Role of Social-Economical Support in Recovery from Trauma

Abstract: Traumatic events can profoundly disrupt an individual's psychological and physiological equilibrium. While the experience of trauma is highly individual, the presence of social support is consistently recognized as a crucial mitigating factor in the development of trauma-related disorders, such as Post-Traumatic Stress Disorder (PTSD), and a key facilitator of post-traumatic growth (PTG). This paper examines the multi-faceted role of social support encompassing emotional, instrumental, informational, and appraisal support in the process of recovery from psychological trauma. It explores the mechanisms by which supportive relationships buffer stress, promote emotional regulation, aid in the cognitive processing of the event, and restore a sense of safety and meaning. The findings underscore that high-quality, perceived, and utilized social support is not merely a comfort but an essential therapeutic agent that significantly influences long-term recovery trajectories and mental health outcomes.

Keywords : Trauma, Social Support, PTSD (Post-Traumatic Stress Disorder), Recovery, Post-Traumatic Growth (PTG), Stress-Buffering Hypothesis, Emotional Regulation, Meaning-Making.

Introduction: Psychological trauma, defined by Judith Herman (1992) as an event that overwhelms an individual's capacity to cope and leaves them feeling helpless and disconnected, results from exposure to

perceived or actual life-threatening events, serious injury, or sexual violence (DSM-5, 2013). The experience profoundly disrupts an individual's psychological and physiological equilibrium, often leading to a range of severe and persistent sequelae. The most studied of these is Post-Traumatic Stress Disorder (PTSD), characterized by intrusive memories, hyperarousal, avoidance behaviors, and negative alterations in cognition and mood (Kessler et al., 2017). Beyond clinical disorders, trauma can shatter the survivor's assumptive world fundamental beliefs about personal safety, justice, and the predictability of life (Janoff-Bulman, 1992).

While the severity and type of trauma exposure are primary risk factors, the subsequent course of recovery is heavily modulated by external protective factors. Among these, the presence of social support is consistently identified as one of the most significant resources available to survivors (Brewin et al., 2008). Social support is broadly defined as the physical and emotional comfort, aid, and assistance received from others. It is not merely a source of comfort; it represents an active therapeutic intervention that affects psychological, emotional, and neurobiological outcomes.

The theoretical underpinning for support's protective role is often framed by the stress-buffering hypothesis (Cohen & Wills, 1985), which posits that supportive relationships mitigate the adverse effects of stressful life events. In the context of trauma, support acts as a shield, dampening the physiological and psychological impact of the traumatic stressor and preventing chronic stress activation.

This paper aims to comprehensively examine the multi-faceted role of social support in the process of recovery from psychological trauma. Specifically, it will explore the different modalities of support (emotional, instrumental, informational), the psychological mechanisms (e.g., emotional regulation, cognitive processing) by which support operates, and its empirical correlation with long-term outcomes, including reduced PTSD symptomology and the facilitation of post-traumatic growth (PTG).

THE STRESS-BUFFERING HYPOTHESIS Social Support as a Shield in Trauma Recovery



The diagram visually represents the Stress-Buffering Hypothesis, arguing that social

support does not eliminate a stressor but mitigates its negative impact on the individual's well-being.

1. **Traumatic Stressor:** This is the initiating event (e.g., accident, disaster, assault) that threatens the individual's physical or psychological integrity. It acts as the primary risk factor.
2. **Social Support (The Buffer):** Represented as a protective, connected circle, this element encompasses resources from friends, family, community, or therapy. It is positioned between the stressor and the outcome.
3. **Dampening and Mitigation Arrows:** The curved arrows around the social support circle illustrate the active process of dampening the physiological stress response (e.g., reducing cortisol levels) and mitigating the emotional and cognitive distress caused by the trauma.
4. **Negative Outcomes:** This outcome box (e.g., PTSD Symptoms, Depression) receives a reduced impact because the initial traumatic force has been buffered.

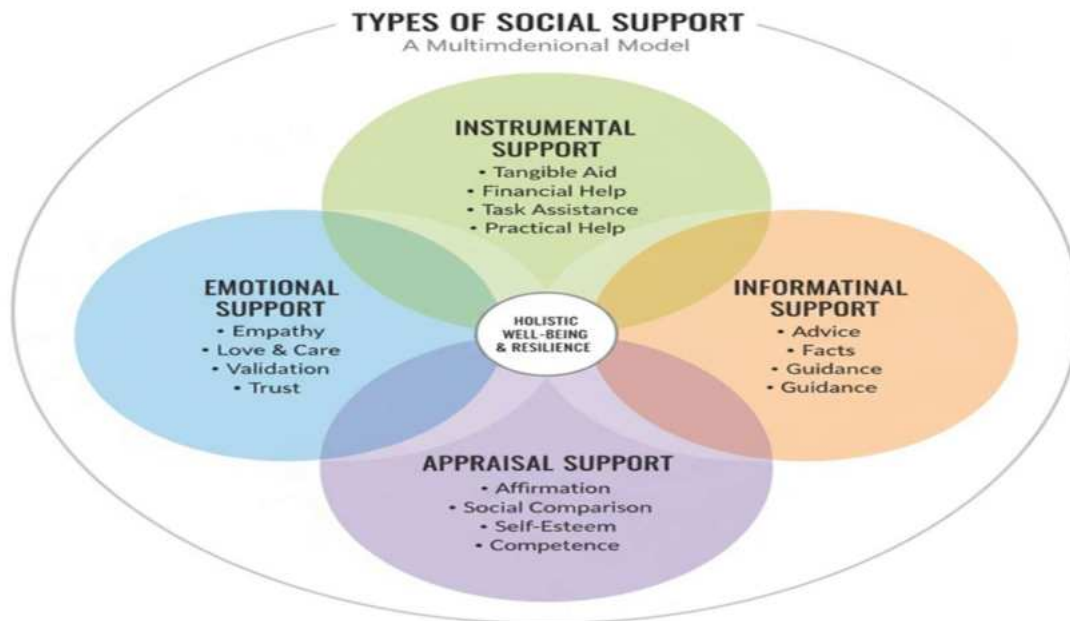
In essence, the image illustrates social support acting as a psychosocial shield, lessening the severity of the connection between a catastrophic event and the resultant psychological disorder.

Conceptualizing Social Support in the Context of Trauma: Social support is not a monolithic construct; rather, it is a complex, multidimensional resource that can be classified according to its functional properties (Cutrona & Russell, 1990). In the context of trauma recovery, it is crucial to understand these distinct types, as their effectiveness often depends on the survivor's immediate needs and stage of recovery (House, 1981).

• **Functional Types of Support:** Researchers typically categorize social support into the following functional domains:

1. **Emotional Support:** This is arguably the most critical form of support in trauma recovery. It involves the provision of empathy, reassurance, trust, and care. For survivors, emotional support validates their overwhelming feelings, reduces the feelings of isolation, and helps mitigate the self-blame and shame often associated with the traumatic event (Taylor, 2011). It provides a secure base for emotional expression without fear of judgment.
2. **Instrumental/Tangible Support:** This category includes concrete aid and practical assistance, such as financial help, transportation, assistance with household chores, or navigating bureaucratic systems. Immediately following trauma, survivors may be highly disorganized and unable to perform basic functions. Instrumental support helps stabilize the survivor's external environment, allowing them to conserve limited cognitive and emotional resources for the demanding work of internal processing (Cohen, 2004).

3. Informational Support: This involves providing advice, suggestions, or factual information relevant to the trauma and its aftermath. Examples include guidance on accessing specialized mental health care, understanding legal rights, or managing acute crisis symptoms. The clarity provided by informational support reduces uncertainty, which is a significant source of distress post-trauma.
4. Appraisal Support: Also known as affirmation, this type of support involves communicating positive self-evaluations and fostering competence. Trauma often results in a profound loss of self-efficacy and self-worth. Appraisal support aids the individual in restoring self-esteem, normalizing reactions, and viewing themselves as a competent survivor rather than a helpless victim (Thoits, 1995).



This diagram breaks down the complex concept of social support into its four distinct functional components, which is essential for understanding how and why support is effective in trauma recovery.

Key Components:

1. Emotional Support: Involves providing empathy, validation, love, and comfort ("You're not alone, and your feelings are valid").
2. Instrumental Support: Refers to tangible, practical aid, such as helping with chores, providing transportation, or offering financial assistance ("I'll watch the kids while you go to therapy").
3. Informational Support: Includes offering advice, facts, or guidance relevant to the trauma or recovery process (e.g., "Here is a list of trauma specialists").
4. Appraisal Support: Involves affirmation and feedback that helps the survivor restore their self-esteem and sense of competence ("You handled that incredibly difficult situation with strength").

By illustrating these categories, the chart emphasizes that effective support requires more than just presence; it requires matching the specific need of the trauma survivor with the appropriate type of supportive action.

- **Perceived vs. Received Support:** A key distinction in the social support literature is between received support (the actual, objective aid provided) and perceived support (the subjective belief that support is available if needed). Empirical evidence consistently demonstrates that perceived support is a more robust predictor of positive mental health outcomes and resilience than the sheer amount of received support (Wills & Shinar, 2000). The mere belief that one is embedded in a reliable and caring network is theorized to act as a potent cognitive resource, buffering the initial appraisal of a stressor and reinforcing an individual's sense of control and self-efficacy (Gore et al., 2004). This suggests that the quality and reliability of the social network are more important than the quantity of transactions.

Mechanisms of Action: The beneficial impact of social support on trauma recovery is mediated through distinct biological and psychological pathways that work to restore homeostasis, process the event, and reintegrate the individual into their community.

- **Biological and Stress Regulation:** Traumatic stress is characterized by a persistent state of hyperarousal and physiological dysregulation, primarily involving the Hypothalamic-Pituitary-Adrenal (HPA) axis and the sympathetic nervous system. High-quality, reliable social support acts as a powerful buffer against this chronic stress response.

1. **HPA Axis Modulation:** Studies have demonstrated that the presence of a trusted support figure can significantly reduce the circulating levels of cortisol, the primary stress hormone, in response to acute stressors (Kirschbaum et al., 1995; Heinrichs et al., 2003). This immediate physiological calming effect is crucial, as chronic, dysregulated cortisol patterns are strongly linked to the development and persistence of PTSD symptoms (Yehuda, 2002).

2. **Oxytocin Release:** Close social contact, such as physical touch or empathetic interaction, stimulates the release of oxytocin. This neuropeptide is associated with bonding, trust, and reduction of anxiety, effectively counteracting the stress-inducing effects of cortisol and adrenaline. Oxytocin promotion by social interaction has been proposed as a key mechanism for reducing threat vigilance and enhancing parasympathetic activity (Feldman, 2017).

- **Emotional Regulation and Validation:** Trauma survivors often struggle with intense, labile emotions and feelings of isolation. Social support provides an external scaffolding for emotional regulation that the survivor temporarily lacks.

1. **Co-Regulation:** In early recovery, supportive relationships facilitate co-regulation, where the calm presence of another person helps the survivor manage emotional

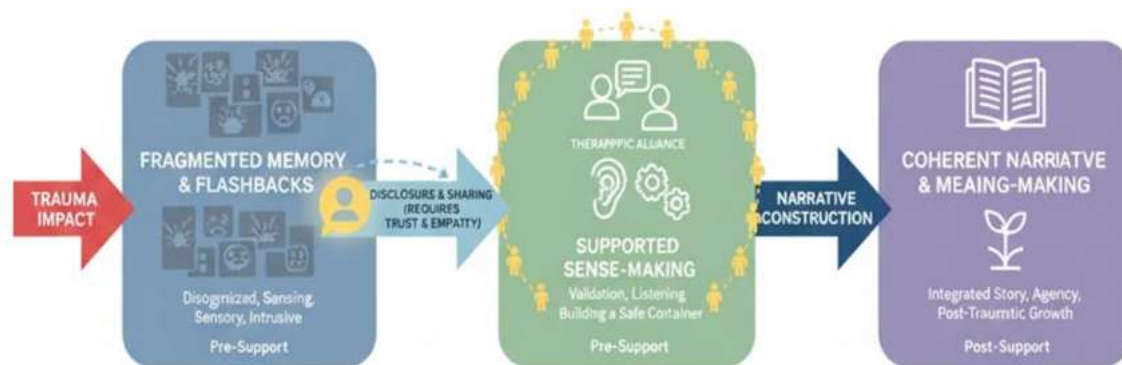
distress and process overwhelming feelings (Porges, 2011). This validation the recognition that their feelings are understandable responses to an abnormal event is essential for moving beyond emotional numbing or explosive reactivity (Herman, 1992).

2. **Reduced Shame and Guilt:** Many trauma survivors internalize feelings of shame or guilt. Empathetic support challenges these cognitive distortions by placing the responsibility where it belongs on the perpetrator or the event itself thereby preventing social isolation and facilitating emotional repair (Rothschild, 2000).

- **Cognitive Processing and Meaning-Making:** Social support plays an indispensable role in helping survivors cognitively process the traumatic experience and integrate it into their life narrative.

1. **Safe Disclosure and Narrative Coherence:** Talking about the trauma with a responsive listener allows the survivor to organize fragmented memories and emotional experiences into a coherent narrative (Pennebaker & Seagal, 1999). This process of safe disclosure moves the memory from a purely sensory, disorganized state (characteristic of flashbacks) to a narrative, contextualized memory, which is a hallmark of successful trauma integration.
2. **Restoration of Worldviews:** Trauma severely damages an individual's fundamental beliefs about the world, creating cognitive dissonance. Through shared dialogue and affirmation, social networks help the survivor challenge maladaptive beliefs, revise their shattered assumptions, and construct a new, albeit more complex, worldview that incorporates the reality of the trauma while restoring a sense of safety and meaning (Janoff-Bulman, 1992).

THE TRAUMA-TO-NARRATIVE JOURNEY: The Role of Support in Meaning-Making



This diagram visually captures the essential cognitive process of trauma integration, emphasizing the crucial role of external validation provided by social support.

Key Stages:

1. **Fragmented Memory & Flashbacks (Pre-Support):** The process begins with the raw, disorganized state of the trauma memory, often experienced as sensory overload, emotional dysregulation, and intrusive flashbacks. In this state, the event lacks a clear, verbal narrative, locking the survivor in the past.
2. **Disclosure (Facilitated by Social Support):** This is the bridge. The safe and non-judgmental container provided by trusted support figures allows the survivor to verbally share the story. This externalization is necessary to move the memory from the limbic system (emotion/survival) to the neocortex (language/reason).
3. **Narrative Coherence:** Through the iterative process of telling the story and receiving validation, the survivor can organize the chaotic fragments, understand the sequence of events, and attach words and context to the raw emotional experiences. The memory becomes a coherent "story" rather than a disruptive "feeling."
4. **Meaning-Making (Post-Support Integration):** The final stage, often leading to Post-Traumatic Growth (PTG), involves integrating the trauma into a revised worldview (Janoff-Bulman, 1992). This is where the survivor moves from asking "Why me?" to understanding "How can I use this experience?" a process heavily supported by affirmative appraisal support.

This flow chart underscores that the act of safe disclosure, enabled by social support, is the critical leverage point for converting pathological symptomology into integrated psychological resilience.

Social Support and Outcome Measures: The relationship between social support and recovery from trauma is one of the most robust and consistently documented findings in traumatology. Empirical evidence highlights support as a critical moderator, significantly influencing both negative psychological sequelae and positive psychological growth.

- **Reduced PTSD Symptomatology:** A central finding across decades of research is the inverse relationship between the quality and availability of social support and the severity and persistence of Post-Traumatic Stress Disorder (PTSD) symptoms.

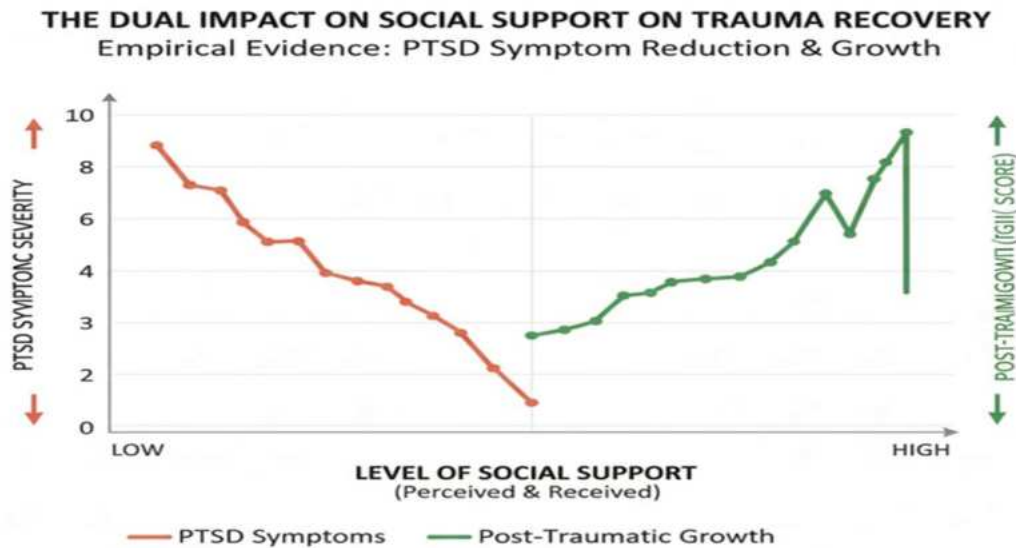
1. **Support as a Protective Factor:** Longitudinal studies have repeatedly identified low levels of perceived social support as a major, non-modifiable risk factor for chronic PTSD following diverse traumatic events, including combat exposure, natural disasters, and interpersonal violence (King et al., 1998; Ozer et al., 2003). Conversely, high levels of support are associated with greater likelihood of remission or milder symptom trajectories. For example, a meta-analysis by Brewin et al. (2008) indicated that lack of support was a strong predictor of PTSD onset, demonstrating an effect size comparable to the severity of the trauma exposure itself.

2. **Specificity of Support Modalities:** The efficacy of support appears to be highest when the type of support provided matches the survivor's needs (Cutrona & Russell, 1990).

- Early Phase (Acute Stress): Immediately following the event, instrumental support (e.g., securing temporary housing, dealing with authorities) is crucial for reducing external stress and allowing for stabilization.
- Later Phase (Processing): As the survivor moves into the later phases of recovery, emotional support becomes paramount, aiding in exposure, emotional processing, and cognitive restructuring necessary for successful psychological integration (Herman, 1992). This suggests that ineffective support often stems from a mismatch between the survivor's current needs and the support offered (e.g., offering advice when empathy is needed).
- **Mitigation of Comorbidity:** Trauma frequently leads to secondary mental health issues, or comorbidity, which can further complicate recovery. Social support exhibits a significant protective effect against these commonly co-occurring conditions (Taylor, 2011).
 1. Depression and Anxiety: Lack of support is a recognized risk factor for major depressive disorder (MDD) and generalized anxiety disorder (GAD) in trauma survivors (Dohrenwend et al., 1980). The social network provides external validation that counteracts the internal negativity and hopelessness characteristic of depression, while also offering distraction and positive experiences that challenge anxious avoidance behaviors.
 2. Substance Use Disorders (SUD): When survivors feel isolated and unsupported, they are more likely to engage in maladaptive coping mechanisms, including alcohol and substance abuse, as a form of self-medication to manage hyperarousal and intrusive thoughts (Cohen, 2004). Supportive social environments promote healthier coping strategies and increase engagement with formal treatment.
- **Facilitation of Post-Traumatic Growth (PTG):** Beyond mere symptom reduction, social support is a powerful predictor of Post-Traumatic Growth (PTG), the positive psychological changes experienced as a result of struggling with highly challenging life circumstances (Tedeschi & Calhoun, 1996). PTG often manifests across five domains:
 1. Enhanced appreciation for life.
 2. Closer, more intimate relationships.
 3. A greater sense of personal strength.
 4. Identification of new possibilities or life paths.
 5. Spiritual or existential change.
- Support as a Catalyst: The process of growth requires intensive cognitive effort, rumination, re-evaluation, and meaning-making (Tedeschi & Calhoun, 2004). Social support acts as the catalyst and container for this process. By creating a safe space for verbal disclosure and emotional exploration, supportive others help the survivor externalize their internal struggle. Furthermore, appraisal support is crucial, as friends and family can reflect

back the survivor's newly found strength and resilience, solidifying their cognitive shift from 'victim' to 'thrivers' (Thoits, 1995).

- Empirical Link: Research consistently shows that the opportunity to share one's story and receive validating, affirmative feedback is strongly correlated with higher levels of reported PTG across various trauma samples (Linley & Joseph, 2004).



This chart visually represents the strong, dual-pronged correlation between Social Support and trauma outcomes, using Social Support Score as the independent variable (X-axis).

1. Inverse Relationship (PTSD Symptoms): The downward-sloping line (representing PTSD Symptoms) demonstrates a negative correlation. As the score for social support increases (moving right along the X-axis), the measured severity of PTSD symptoms dramatically decreases. This visually confirms the stress-buffering role of support, showing it reduces pathology.
2. Positive Relationship (Post-Traumatic Growth - PTG): The upward-sloping line (representing PTG Scores) demonstrates a positive correlation. As social support increases, the individual's score on measures of PTG (like self-perceived strength, new possibilities, and relational depth) also increases. This confirms the role of support as a catalyst for positive psychological change and resilience beyond mere symptom reduction.

In summary, the chart illustrates the empirical evidence that social support is critical for both reducing pathology (the negative outcome) and fostering growth (the positive outcome) following trauma.

Challenges and Considerations: While social support is a critical component of trauma recovery, its effects are not universally positive. The utility of social support is mediated by several factors, including the quality of the support provided, the recipient's perception of that support, and the potential for negative social reactions.

- **The Deleterious Impact of Negative Social Reactions:** Perhaps the most significant challenge is the potential for **negative social reactions**, which are often more detrimental to a survivor's mental health than the complete absence of support (Coyne et al., 1990). Negative reactions include behaviors such as:

1. Minimization: Downplaying the severity of the trauma ("It could have been worse").
2. Blame: Implicitly or explicitly assigning fault to the victim for the event ("Why did you go there alone?").
3. Encouraging Premature Closure: Pressure to "move on" or "get over it" before the survivor is ready, which invalidates their emotional timeline.
4. Avoidance: Support figures withdrawing due to their own discomfort with the survivor's distress or the graphic nature of the trauma (Uchino, 2004).

These reactions erode trust, foster shame, and lead to secondary trauma, intensifying feelings of isolation and potentially hindering the survivor's willingness to engage in therapeutic disclosure (Benight & Bandura, 2004).

- **The Primacy of Perceived Support:** As discussed previously (Section 2.2), perceived support the belief that support is available if needed is a more robust predictor of positive outcomes than received support (actual aid provided) (Wills & Shinar, 2000). This distinction highlights a crucial challenge:

1. Ineffective Aid: The physical act of providing support (e.g., offering unsolicited advice) may not be helpful if it is not perceived by the survivor as validating or relevant to their current emotional state (Sarason et al., 1983). Support that is seen as controlling, burdensome, or obligatory can increase stress rather than buffer it.
2. Self-Efficacy and Control: Perceived support reinforces the survivor's sense of control and self-efficacy, which are often shattered by trauma. When support is unsolicited or controlling, it can inadvertently reinforce feelings of dependency and helplessness (Benight & Bandura, 2004).

- **Dynamics of the Support Network:** The source of support also presents unique dynamics and challenges.

1. Intimate Partner Support: While partner support is highly critical for recovery, it often carries high risk. Partners are frequently secondary victims of the trauma, experiencing their own stress (secondary traumatization), which can impair their ability to provide consistent emotional support (Figley, 1995).
2. Social Isolation: Many trauma survivors experience functional social isolation, not necessarily due to a lack of available people, but due to their own trauma-induced hypervigilance, mistrust, and difficulty forming intimate attachments (Herman, 1992). The challenge then shifts to clinical interventions that help survivors safely re-engage with existing or new supportive resources.

3. Cultural Context: The types of support considered appropriate and available vary significantly across cultural contexts. Interventions must be culturally sensitive, recognizing that relying on kin networks, community organizations, or faith-based groups may be more salient than relying solely on individual friends or partners (Marsella & Christopher, 2004).

Understanding these challenges is vital for developing targeted interventions, such as psychoeducation for support networks, aimed at maximizing the beneficial effects of social support while minimizing iatrogenic harm from negative interactions.

Conclusion: The present review affirms that social support is an indispensable and multifaceted element in the recovery trajectory of individuals exposed to psychological trauma. Far from being a mere comfort, supportive relationships constitute an active therapeutic resource that operates through powerful neurobiological, emotional, and cognitive mechanisms to mitigate the deleterious effects of trauma.

The analysis detailed the functional typology of support, emphasizing that while received support is important, the perception of available, reliable, and high-quality support is the stronger predictor of positive adjustment. Mechanistically, support achieves its resilience-building effects by dampening the hyperarousal characteristic of traumatic stress, specifically by modulating the HPA axis and fostering emotional co-regulation. Cognitively, support provides the safe environment necessary for survivors to engage in disclosure, organize fragmented memories into a coherent narrative, and ultimately rebuild a sense of meaning and trust in a world shattered by the event.

Empirically, high levels of support are consistently correlated with reduced symptom severity across the spectrum of trauma-related disorders, including PTSD and comorbid conditions such as depression and substance abuse. Moreover, social support acts as a critical catalyst for Post-Traumatic Growth (PTG), enabling survivors to find personal strength and relational depth in the aftermath of suffering.

However, the literature underscores that not all support is beneficial. The prevalence and damaging impact of negative social reactions highlight the need for tailored interventions that educate support networks to be empathetic, validating, and attuned to the survivor's pace of recovery.

Clinical and Research Implications: The findings mandate that clinicians view the survivor's social ecology as an integral part of treatment. Therapeutic interventions should focus not only on the individual but also on strengthening and optimizing their support system, addressing potential negative reactions, and teaching survivors how to identify and utilize effective support. Future research should prioritize longitudinal studies examining the optimal timing and delivery of specific support types across different phases of recovery and investigate how cultural factors influence the perception and utility of social resources (Marsella & Christopher, 2004). Ultimately, fostering supportive human

connection remains central to restoring integrity and hope following profound psychological injury.

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