

Impact of Perceived Social Support on Psychological Well-being of Teenagers

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Abstract- Present study intends to investigate the impact of perceived social support on psychological well-being among teenagers. It was also aimed to compare levels of perceived social support and psychological well-being among teenagers with one parent alive and with both parents alive. Urdu translated versions of Multidimensional Scale of Perceived Social Support (MSPSS) and Warwick-Edinburgh Mental Well-being Scale (WEMWBS) were used in the study. The sample of the study consisted of (N = 212) teenagers of age range of 13 to 19 years (M = 16.42, SD = 1.76) with equal number of teenagers with both parents alive (n = 106) and teenagers with one parent alive (n = 106). Sample was collected from different cities of Pakistan. The study concluded that perceived social support is a significant predictor of psychological well-being among teenagers. Results have also revealed that teenagers with one parent alive have lower levels of perceived social support and psychological well-being than teenagers with both parents alive. This study will have significant implications in teenage and family counseling. It will open new horizons for the researchers interested to study diverse familial issues.

Keywords: Perceived social support, psychological well-being, teenagers, parental death

Introduction

Childhood and is the period of dependency on parents and this dependency can last up till adolescence and adulthood. But it has been observed that due to multiple commitments in social life adolescents and adults never realize the difficulties to be faced after the death of a parent. Generally, adults expect their parents to precede them in death, yet still the loss is jolting. In adulthood, this loss is simply bearable especially in case when they have their own children to stay busy with. On the other hands, friends, colleagues, and even relatives often minimize the degree of loss experienced by adults following a parent's death. It has been assumed that psychologically healthy adults who lose a parent do not suffer lasting psychological consequences and are more resilient. Friends and significant others expect us to speedily recover, resume our usual social roles. Some people think that adults who are emotionally undone by a parent's death must have had emotional problems (Umberson, 2003).

Like adults, children and teenagers are also grieved by the loss of their parents. However, unlike adults children and teenagers often do not feel the loss in much intensity simply because they could not instantly understand the inevitability of death. Sometimes this feeling prevents them from going through the grieving process which is essential to cope up with the loss (Brodzinsky, Gormly & Ambron, 1986). Perceived social support positively correlates with psychological well-being. It means that low perceived social support brings less psychological well-being, poor adjustment, and increased vulnerability of mental dysfunctioning (Warr, 1987).

Perceived Social Support

Perceived social support refers to the extent to which individuals believe that requirements of social relationships are available to them. These provisions are usually fulfilled by family members, friends and significant others (Armstrong, Brinie-Lefcowich, & Ungar, 2005; Hale, Hannum & Espelage, 2005). Parental support for children provides much needed social support (Brehaut, et al., 2004). For teenagers, family support is the most important element in their lives. Parental guidance, support and encouragement are essential part of their growth experience. This support system is broken when one of the parent is deceased (Stice, Ragan, & Randall, 2004).

Parents, especially single parents, need to be tied and accessible to all the assistance that's available. The strongest as well as the most fragile family requires a vital system of social support to deal with the stresses that are above the capacity of what any one parent can handle (Barnes, 2010). Although, family disruptions and parental loss negatively affect psychological well being of children (Weitof, Hjern, Haglund, & Rosen, 2003) but strong familial relationships and high social support make them happier and increase their subjective well being (Diener & Tay, 2010).

Parental support for children provides much needed social support. Social support is essential for maintaining physical and psychological health. Many researches have shown that

social support was negatively related to symptoms of poor psychological health among victimized or maltreated youths from different cultural backgrounds (Bradley, Schwartz & Kaslow, 2005; Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey, & Weiss, 2003; Pine & Cohen, 2002; Wu, Chen, Weng, & Wu, 2009). On the other hand, support from friends makes significant contributions to the well-being of teens (Rodriguez, Mira, Myers, Morris, & Cardoza, 2003).

Social support also does wonders with the resilience tendency of individuals. The concept of resilience includes the presence of serious threats to child development. Risk factors include those conditions which boost up the chances of problematic behaviors and negative consequences. Theorists believe that these risk factors can be found in grieved children, their families, social structures and surroundings (Cicchetti & Toth, 1997; Masten et al., 1990; Rutter, 1990).

Psychological Well-being

Psychological well-being is a multi-dimensional concept which includes playfulness, cheerfulness, resilience optimism and self-control among individuals across cultures (Sinha & Verma, 1992). McCulloch (1991) demonstrated that social support, self-esteem, positive emotions and satisfaction comprise psychological well-being among all age groups.

The concept of wellbeing is defined and explained in a variety of ways in literature. It has been primarily viewed from an intra-personal perspective, something that happens within an individual. Ryff and Singer (1998) used the term "human flourishing" and Felce & Perry (1995) call it a comprising of objective descriptors and subjective evaluations of physical, material, social and emotional well-being. Ryan and Deci (2000, 2001) illustrated three basic psychological needs among humans; autonomy, competence and relatedness. Fulfillment of these needs lead to both psychological and subjective well-being.

Keyes (1998) showed that well-being includes psychological as well as social facets of the self. In his view there are five social dimensions of wellbeing; i. Social Acceptance (i.e. feeling positive about others and accepting them as they are), ii. Social actualization (being comfortable with the society and believing in its potential positive growth), iii. Social contribution, (feeling like one has a contribution to make to society and that this contribution is valued by others), iv. Social coherence (being interested in the social world and viewing it as comprehensible and predictable), and v. Social integration, (believing that one belongs, is supported, and shares common interests with others in the community and feeling as part of the community). Thus, according to this approach, well-being while being primarily intra-personal, influences and is influenced by social factors. From this perspective, well being is based on personal growth, development, self-actualization, self-expression, and acting in accordance to one's values.

Parental Death

Illness or death of one or both parents influences the development of an adolescent child in every aspect. A study

estimated that about 4% of children lose a parent by age of 15years (Goodman, n.d.), and parents of about 5-15% of children suffer from severe illness at that age (Worsham & Crawford, 2005).

Normal adolescent development can be divided into two stages: early adolescence ages 12-14years, and late adolescence ages 15-17years (Rizzo & Kirkland, 2005). Adolescence is the most critical period of life. In early adolescence, children show emotional independence and get separate from family members in order to achieve autonomy. This emotional development gets mature with age and in late adolescence, children become capable to understand their emotional needs and start showing empathy, they strive to develop warm relationships with others outside family and get separate from the family by balancing its needs with their own. This independence also affects their emotional bondage with their parents (Rizzo & Kirkland, 2005).

Parental death and illness brings both controllable and uncontrollable stressors for adolescents. Controllable stressors are those that can be managed such as the number of chores a child is required to perform in a routine life. Uncontrollable stressors are those no one can control such as the ill parent's prognosis (Worsham & Crawford, 2005). There may be certain causes of stresses in adolescents with ill or dying parents. The emotional condition of the ill and healthy parents has a significant effect on adolescents' emotionality (Saldinger, et. al., 2005). If ill mother shows depressive symptoms than the daughter is more likely to follow the same patterns of emotionality (Rizzo & Kirkland, 2005).

Literature Review

The primary developmental tasks of adolescence include: 1) to emotionally separate from parents (Christ et al., 2003; Freudenberger & Gallagher, 1995; I. C. Noppe, & Noppe, 2004), 2) to form a positive self image, 3) foster a sense of self worth and belonging, 4) develop a sense of mastery and control, and 5) conceptualize fairness (I. C. Noppe, & Noppe, 2004). This development is comprehensive and involves physical, mental, emotional, and social advancements that are highly contingent upon parental and peer supports (Christ et al., 2003; Lenhardt & McCourt, 2000; I. C. Noppe, & Noppe, 2004; Rotheram-Borus et al., 2001; Sandler et al., 2003; Tremblay & Israel, 1998).

Parents help adolescents successfully master the developmental tasks of adolescence by providing security, warmth, feedback, and by defining expectations and setting limits. I. C. Noppe, and Noppe (2004) addressed the importance of parental contributions in deterring risk-taking behaviors in children and how the absence of a parent negatively influences the adolescent's ability to successfully master the transition to adulthood. These researchers add that adolescents are similar to adults developmentally, but are limited in experiences necessary to adequately process and integrate death experiences. Adolescents lacking the guidance afforded by a parent are also lacking necessary support to navigate the transition into adulthood.

Adolescent grief differs from that of children in that adolescents are capable of future considerations and abstract

and realistic assessments, rather than dichotomous thinking that limits speculations about death consequences (Tremblay & Israel, 1998). Children are also less capable of identifying emotions and expressing abstract concerns about death, whereas adolescents typically are able to understand and express personal relevance of parental loss. Even though it has been found that adolescents experience death anxiety similar to that of adults (I. C. Noppe & Noppe, 2004), adolescent grief differs from adult grief in that adolescents lack problem solving and interpretive skills that adults often provide. Adolescents are self aware and are able to identify reactions, but are often unsure of how to cope with grief reactions. Both children and adolescents need permission from adults to grieve (Cohen, 1999), which supports the idea that adolescents continue to rely upon adult direction.

Method

Objectives

Following specific objectives were planned to be achieved by the study:

1. To examine the effect of perceived social support on psychological well-being of teenagers
2. To investigate mean differences in psychological well-being and perceived social support among teenagers with one parent alive and teenagers with both parents alive.

Hypotheses

In order to achieve the objectives of the study, following hypotheses were formulated:

1. Perceived social support would be a significant predictor of psychological well-being among teenagers with one parent alive and with both parents alive.
2. Level of perceived social support and psychological well-being would be low in teenagers with one parent alive as compared to teenagers with both parents alive.

Sample

Sample of main study consisted of teenagers ($N = 212$) of age ranging from 13 to 19 years ($M = 16.42$, $SD = 1.76$). The sample was further divided into equal number of single parent teenagers ($n = 106$, 50%) and teenagers with both parents alive ($n = 106$, 50%). The overall sample was collected from different cities of Pakistan. Sample consisted of high school and college students with grade levels ranging from 9th grade to 13th grade. Teenagers with both parents alive were covering about 99% of school and college population of teenagers. On the other hand, teenagers having single parent alive were consisted of about only 1% of total target population.

Research Tools

According to the nature of research a booklet of scales was compiled. Following scales were used for commencement of the study.

Multidimensional Scale of Perceived Social Support (MSPSS). In present study, Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farelly, 1988) was used to measure social support. It is 12-item scale with three subscales of Family (Fam), Friends (Fri) and Significant Others (SO) with equal number of items. Item no. 3, 4, 8 and 11 are related to subscale of Family, items 6, 7, 9 and 12 is for Friends and items 1, 2, 5 and 10 for Significant Others. The response format is 7 point Likert scale ranging from 1 strongly disagree to 7 strongly agree and one neutral with score of 4. Maximum score is 84. Studies have shown that MSPSS has good internal test-retest reliability as well as adequate construct validity with different samples (Zimet, Powell, Parley, Werkman & Berkoff, 1990).

Warwick-Edinburg Mental Well-being Scale (WEMWBS). To measure psychological well being Warwick-Edinburg Mental Well-Being Scale (Tannant et al., 2007) was used. This scale is consisted of 14 items. Individuals completing the scale are required to tick the box that best describes their experience of each statement over the past two weeks using a 5-point Likert scale (1 = none of the time, 2 = rarely, 3 = some of the time, 4 = often, all of the time). The minimum score is 14 and maximum score of scale is 70. All items are scored positively. The overall score for the WEMWBS is calculated by summing the scores for each item, with equal weights. A higher WEMWBS score therefore indicates a higher level of mental well-being. Tannant et al. (2007) found that cronbach's alpha coefficients for WEMWBS range from .89 to .91. While test retest reliability was .85.

Procedure

Data was collected from both public and private sector schools and colleges of the respective cities. Dual informed consent was obtained i.e. from concerned authorities in the targeted institutions and the immediate participants. Participants of the study were approached after institutional approval. Teachers and institutional administrators were used to screen out single parent teenagers. Afterwards, all the participants were informed about the nature and purpose of the study. Informed consent was taken in written and instructions were given to the participants. They were requested to give their original responses and were assured about the confidentiality of the data. Participants were thanked for their cooperation..

Results

Table 1

Linear Regression Analysis of Multidimensional Scale of Perceived Social Support for the Resilience Scale and Warwick-Edinburg Mental Well-Being Scale (N= 212)

Variables	Resilience			Psychological Well-being		
	β	ΔR^2	F	β	ΔR^2	F
Perceived Social support	.51*	0.26	73.69*	.53***	0.28	81.67***

* $p < .05$, *** $p < .001$

In table 1, linear regression analysis is computed with perceived social support as predictor variable and resilience and psychological well-being as outcome variables. The ΔR^2 value of .26 indicates that 2.6% variance in the resilience as dependent variable that can be accounted for, by the predictor with $F = 73.69 (1,211)$, $p < .05$. The findings indicate that perceived social support ($\beta = .51$, $p < .05$) has significant

positive effect on resilience. Similarly, the ΔR^2 value of .28 indicates that 2.8% variance in the psychological well-being as dependent variable which can be accounted for, by the predictor with $F (1,211) = 81.67$, $p < .001$. These findings indicate that perceived social support ($\beta = .53$, $p < .001$) has also a significant positive effect on psychological well-being.

Table 2

Means, standard deviations and t-values for teenagers with both parents alive and with single parent alive on MSPSS, RS and WEMWBS (N = 212).

Variables	Both parents alive (n = 106)		Single parent alive (n = 106)		t(210)	p	Cohen's d		
	M	SD	M	SD			UL	LL	
Social support	64.38	11.83	59.01	12.14	3.25	0.001	2.11	8.62	0.45
Resilience	135.05	21.49	128.52	24.57	2.05	0.04	0.25	12.8	0.28
Well being	53.97	7.55	50.66	9.05	2.88	0.004	1.04	5.58	0.4

Note: CI=Confidence interval, UL= Upper limit, LL= Lower limit,

Table 2 indicates that there are significant differences in perceived social support, resilience and psychological well-being. Level of perceived social support is greater in teenagers with their both parents alive ($M = 64.38$, $S.D = 11.83$) as compared to those with single parent alive ($M = 59.01$, $S.D = 12.14$). Independent sample t -test has also revealed that level of resilience and psychological well-being is greater in teenagers with both parents alive ($M = 135.05$, $S.D = 21.49$, 7.55) as compare to those who have single parent alive ($M = 128.52$, $S.D = 24.57$, 9.05).

Discussion

The main objective of the present study was to examine the role of perceived social support in the prediction of resilience and psychological well-being among teenagers. The study also aimed to investigate gender differences in all the variables mentioned above. It was also designed to study the differences in perceived social support, resilience and psychological well-being among mother only and father only teenagers. Most of the hypotheses are supported in the current study.

First hypothesis of the study "perceived social support has significant positive effect on resilience and psychological well-being of teenagers" was supported by the findings of the present study. The results showed that perceived social support is significant predictor of resilience and psychological well-being of teenagers (see Tables 11, 12 & 13). In a study, the findings demonstrated the importance of distinguishing between available and activated social support. Study concluded that social support works significantly in maintaining psychological

well-being in different social networks of life (Garzouzie, 2011; Jasinkaja-Lahti, Liebkind, Jaakkola, & Reuter, 2006).

Similarly, a study conducted by Marks, Jun, and Song (2007) indicated significant findings regarding the role of family support in well-being of adults. These researchers worked on impact of familial bereavement on adult well-being. Parent death affects an individual's well-being in many ways. Bereavement results in decline in social support and ultimately affects psychological well-being of family members especially when other sources of support are unavailable. In another study, statistically significant positive correlations were found between perceived social support and general well-being (Yarcheski, Scoloveno, & Mahon, 1994). It was also reported that self-efficacy and perceived social support are also predictors of well-being. On the other hand, optimism, hopefulness and self-esteem mediate the relationship between social support and well-being (Karademas, 2006; Horton, & Wallander, 2001; Yarcheski, Mahon, & Yarcheski, 2001).

Furthermore, a study found significant differences in impact of high and low perceived social support on psychological well-being. High level of perceived social support was significantly related to psychological well-being while low level of perceived social support was linked with low psychological well-being. The ways in which social support is understood and perceived is important to explore the role it may play in an individual's psychological well-being. Individual's understandings and perception of social support is also linked with past experiences and current social and familial conditions (Sood & Bakhshi 2012).

Second hypothesis of the study was "level of perceived social support, psychological well-being and resilience will be lower in teenagers with one parent alive as compared to teenagers with both parents alive". The result of the present study supports the hypothesis (see Table 14). Research evidence supports the notion that parental loss negatively effects psychological well-being and resilience of children (Weitoft, et al., 2003).

Parental loss significantly jolts emotional, personal, and social lives of most adolescents. Although, early teenagers do not express grief for longer periods of time and have lack of understanding about the finality of death. Yet the after effects of parental loss are long lasting. It is an experience that begins a phase of significant change and redirection in the way they understand themselves, their relationships to others, and their place in the world. This change brings significant variations in their perception of world, their coping ability and the mental and physical health. It has also been observed that teenagers who lose the parent with whom they are more attached are more vulnerable to the risk of low psychological well-being and in turn more depression. This feeling of bereavement can make them to detach from social network and resultantly they may perceive less social support (Umberson, 2003).

Moreover, many studies concluded that family researchers and practitioners should not underestimate the impact of filial bereavement on adults' well-being as well as on adolescents' and children's well-being (Brodzinsky, et al., 1986; Marks, et al., 2007). Similarly, Rizzo and Kirkland (2005) found that death of a parent brings much distress for adolescents and increases the risk for low well-being and coping ability. In addition to it, a study revealed that family problems such as lack of family support are the highest risk factors for developing psychological disturbances in children. It concludes that low psychological well-being and resilience are the resulting effects of parental loss which children, adolescents and adults have to face after loss of their parent (Rae-Grant, et al., 1989).

Reference

1. Armstrong, M. I., Birnie-Lefcovitch, S., & Ungar, M. T. (2005). Pathways between social support, family well being, quality of parenting, and child resilience: What we know? *Journal of Child and Family Studies*, 14(2). doi: 10.1007/s10826-005-5054-4
2. Barnes, W. (November, 2010). The single parent's need for a social support network and how to acquire one. Retrieved from <http://ezinearticles.com/?The-single-parens-need-for-a-social-support-network-and-how-to-acquire-one/>
3. Bradley, R., Schwartz, A.C., & Kaslow, N.J. (2005). Posttraumatic stress disorder symptoms among low-income African women with a history of intimate partner violence and suicidal behaviour: self-esteem, social support and religious coping. *Journal of Trauma Stress*, 18(6), 685-696.
4. Brehaut, J. C., Kohen, D. E., O'Donnell, M., Raina, P., Rosenbaum, P., Russell, D. J., Swinton, M., & Walter, S. D. (2004). The health of primary caregivers of children with cerebral palsy: How does it compare with that of other Canadian caregivers? *Pediatrics*, 114, 182-191.
5. Brewin, C. R.; Andrews, B. & Valentine, J. D. (2000). Meta-analysis of risk factors for post traumatic stress disorder in trauma exposed adults. *Journal of Consulting and Clinical Psychology*, 68, 748-766.
6. Brodzinsky, D.M. Gormly, A., & Ambron, S. (1986) .Lifespan human development (3rd ed.). New York: Holt, Rinehart, & Winston.
7. Christ, G. H., Seigel, K., & Christ, A. E. (2003). Adolescent grief: It never really hit me...Until it actually happened. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(4), 441-450.
8. Cicchetti, D., & Toth, S. L. (1997). Transactional ecological systems in developmental psychopathology. In J. R. Weisz (Ed.), *Developmental psychopathology: Perspectives on adjustment, risk, and disorder*, (pp. 317-349). Cambridge: Cambridge University Press.
9. Cohen, D. A. (1999). An empirical study of college students' grief responses: Death vs. non-death losses. *The Journal for the Professional Counselor*, 14(2), 79-94.
10. Diener, E., & Tay, L. (2010). Social and societal support and subjective well-being. Paper in revision.
11. Felce D. and Perry J. (1995), Quality of life: Its definition and measurement. *Research in Developmental Disabilities*, 16, 51-74.
12. Freudenberger, H. J., & Gallagher, K. M. (1995). Emotional consequences of loss for our adolescents. *Psychotherapy: Theory, Research, Practice, Training*, 32(1), 150-153.
13. Garzouzie, G. (2011). The psychological experiences of grieving for adolescents recently bereaved of a parent. Masters Dissertation. Retrieved from scholar.sun.ac.za/bitstream/.../garzouzie_psychological_2011.pdf?...2
14. Goodman, K. (n.d.). Adolescent bereavement after the death of a parent: A critical review of the literature. Retrieved from <http://ces.ca.uky.edu/cyfar/bereavement.doc>
15. Hale, C. J., Hannum, J. W., & Espelage, D. L. (2005). Social support and physical health: The importance of belonging. *Journal of American College Health*, 53, 276-284.
16. Horton, T.V. and Wallander, J.L. (2001). Hope and Social Support as Resilience Factors Against Psychological Distress of Mothers Who Care for Children With Chronic Physical Conditions. *Rehabilitation Psychology*, 46, 387.
17. Jasinkaja-Lahti, I., Liebkind, K., Jaakkola, M., & Reuter, A. (2006). Perceived discrimination, social support networks and psychological well-being among three immigrant groups. *Journal of Cross-Cultural Psychology*, 37(3), 293-311.
18. Karademas, E. C. (2006). Self-efficacy, social support and well-being: the mediating role of optimism. *Personality and Individual Differences*, 40, 1281-1290.
19. Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly*, 61, 121-140.

20. Lenhardt, A. M. C., & McCourt, B. (2000). Adolescent unresolved grief in response to the death of a mother. *Professional School Counseling*, 3(3), 189-196.
21. Marks, N. F., Jun, H., & Song, J. (2007). Death of parents and adult psychological and physical health: A prospective U.S. national study. *Journal of Family Issues*, 28, 1611-1628.
22. Masten, A. S., Morison, P., Pellegrini, D., & Tellegen, A. (1990). Competence under stress: Risk and protective factors. In S. Weintraub (Ed.), *Risk and protective factors in the development of psychopathology* (pp. 236-256). Cambridge: Cambridge University Press.
23. McCulloch, B. J. (1991). Longitudinal investigation of the factor structure of objective wellbeing: The case of the Philadelphia Geriatric Centre Morale Scale. *Journal of Gerontology*, 46, 251-158.
24. Noppe, I. C., & Noppe, L. D. (2004). Adolescent experiences with death: Letting go of immortality. *Journal of Mental Health Counseling*, 26(2), 146-167.
25. Ozer, E. J., Best, S. R., Lipsey, T. L., & Weiss D. S. (2003). Predictors of posttraumatic stress disorder and symptoms in adult: A metaanalysis. *Psychological Bulletin*, 129, 52-73.
26. Pine, D.S & Cohen, J.A. (2002). Trauma in children and adolescents: Risk and treatment of psychiatric sequel. *Biological Psychiatry*, 51, 519-531.
27. Rae-Grant, N., Thomas, B. H., Offord, D. R., & Boyle, M. H. (1989). Risk, protective factors, and the prevalence of behavioral and emotional disorders in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 28, 262-268.
28. Rizzo, V.M. and Kirkland, K.A. (2005). Adolescent reactions to parental cancer: Strategies for providing support. *The Prevention Researcher*, 12(4), 10-12.
29. Rodriguez, N., Mira, C. B., Myers, H. F., Morris, J. K., & Cardoza, D. (2003). Family or Friends: Who plays a greater supportive role for Latino college students. *Cultural Diversity and Ethnic Minority Psychology*. 9(3), 236-250.
30. Rotheram-Borus, M. J., Stein, J. A., & Lin, Y. (2001). Impact of parental death and an intervention on the adjustment of adolescents whose parents have HIV/AIDS. *Journal of Consulting and Clinical Psychology*, 69, 763-773.
31. Rutter, M. (1990). Psychosocial resilience and protective mechanisms. In J. Rolf, A.S. Masten, D. Cicchetti, K. H. Nuechterlein, & S. Weintraub, S. (Eds.) *Risk and Protective factors in the development of psychopathology*. Cambridge: Cambridge University Press.
32. Ryan, R. M., & Deci, E. L. (2000), Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55, 68-78.
33. Ryan, R. M., & Deci, E. L. (2001), On happiness and human potential: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52, 141-166.
34. Ryff, C. D., & Singer, B. H. (1998). Psychological well-being: Meaning, measurement, and implications for psychotherapy research. *Psychotherapy and Psychosomatics*, 65, 14-23.
35. Saldinger, A., Cain, A.C., & Porterfield, K. (2005). Traumatic stress in adolescents anticipating parental death. *The Prevention Researcher*, 12(4), 17-20.
36. Sandler, I. N., Ayers, T. S., Wolchik, S. A., Tein, J.-Y., Kwok, O.M., Haine, R. A., et al. (2003). The family bereavement program: Efficacy evaluation of a theory-based prevention program for parentally-bereaved children and adolescents. *Journal of Consulting and Clinical Psychology*, 71, 587-600.
37. Sinha, J. N. P. & Verma, J. (1992). Social support as a moderator of the relationship between allocentrism and psychological well-being. *Social and Applied Issues*.
38. Sood, S. & Bakhshi. A. (2012). Relationship between physical well-being and psychological well-being in aged Kashmiri migrants. *International Journal of Multidisciplinary Research*, 2(3), 357-363.
39. Stice, E., Ragan, J., & Randall, P. (2004). Prospective relations between social support and depression: Differential direction of effects for parent and peer support? *Journal of Abnormal Psychology*, 113, 155-159.
40. Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., & Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, 5(63). doi: 10.1186/1477-7525-5-63
41. Tremblay, G. C., & Israel, A. C. (1998). Children's adjustment to parental death. *Clinical Psychology: Science and Practice*, 5, 424-438.
42. Umberson, D. (2003). *Death of a parent*. New York: Cambridge University Press.
43. Warr, P. (1987). *Work, unemployment, and mental health*. Oxford: Clarendon Press.
44. Weitoft, G. R., Hjern, A., Haglund, B. & Rosen, M. (2003). Mortality, severe morbidity, and injury in children living with single parents in Sweden: A population-based study, *Lancet*, 361(9354), 289-295.
45. Worsham, N.L. and Crawford, E.K. (2005). Parental illness and adolescent development. *The Prevention Researcher*, 12(4), 3-6.
46. Wu, C.H., Chen, S.H., Weng, L.J. & Wu, Y.C. (2009). Social relations and PTSD symptoms. A prospective study on earthquake-impacted adolescents in Taiwan. *Journal of Traumatic Stress*, 1-9.
47. Yarcheski, A., Mahon, N.E., & Yarcheski, T. J. (2001). Social support and well-being in early adolescents: The role of mediating variables. *Clinical Nursing Research*, 10, 163-181.
48. Yarcheski, A., Scoloveno, M. A. & Mahon, N.E. (1994). Social support and well-being in adolescents: the mediating role of hopefulness. *Nursing Research*. 43(5), 288-292.
49. Zimet, G.D., Powell, S.S., Parley, G.K. Werkman, S. & Berkoff, K.A. (1990). Psychometric characteristics of the multidimensional scale of perceived social support. *Journal of Personality Assessment*, 33(3), 610-617.
50. Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farelly, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52, 30-41.