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## Examining the Moderating Role of Social Support Between Negative Life Events and Psychological Distress: A Comparative Analysis of Institutionalized and Non-Institutionalized Orphans

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### Abstract

The objective of this study was to explore the moderating influence of social support on the relationship between negative life events and psychological distress, comparing institutionalized and non-institutionalized orphans. Additionally, gender variations in all examined factors were examined. A sample of N=200 (comprising 100 males and 100 females) was drawn from various governmental and non-governmental organizations or foundations. To achieve this, several scales measuring social support, negative life events, and psychological distress were employed for data collection, accompanied by a demographic information sheet. Subsequently, data analysis involved utilizing Pearson Product Moment correlation, Multiple Regression Analysis, moderation analysis, and t-tests. The findings of the study revealed a significant positive association between negative life events and psychological distress. Simultaneously, psychological distress showed a significant negative correlation with perceived social support. Additionally, the study revealed that perceived social support serves as a moderating factor between negative life events and psychological distress. Furthermore, gender differences are significant in the context of negative life events, psychological distress, and perceived social support.

**Keywords:** Social Support, Negative Life Events, Psychological Distress, Institutionalized, Non-

### Introduction

Negative life events such as social and financial crises, divorce and death of loved ones are the unpleasant and stressful experiences considered to be risk factors for psychological distress. Exposure to negative life events may cause adverse physical and psychological outcomes in general populations, particular in orphans. Moreover, these negative events may affect an individual's psychological health as they act as a powerful trigger that leads to stress and deteriorate one's mental health. Along with, these events may also have profound impact on one's physical and social health, however, it may also prove to be a great source of psychological distress. On other side, psychological distress

(PD) is often a frequently found mental illness among communities. PD is an emotional state of an individual that are linked with stressors and demands, and individual are unable to cope with daily life activities. It may reduce the life satisfaction and pleasure of children. Childhood experiences determine the future social, emotional and psychological dynamics and functioning of individuals in their adulthood life.

Research reveals that adverse and painful childhood experiences may negatively impact on the psychosocial well-being of a child (Ogina, 2012). In addition, Killian and Durrheim (2008) propose that psychosocial well-being of a child has a strong association with ability, productivity, social functionality, and intelligence. The childhood experiences are considered great indicator of forthcoming psychological and emotional health as well as social dynamics and functioning in later life of adult. Likewise, negative life events may have also detrimental effects on physical and psychological well-being of general populations, particularly orphans. A recent report of, United Nations International Children's Emergency Fund (UNICEF), provides with an estimate of about 140 million children all across the world, who have lost at least one or both parents (Watkins, 2016). The children and adolescent who had deprived from one or both parents before the age of 18 were considered orphan (Belsey & Sherr, 2011). Furthermore, this loss does not have any specific cause. The term orphan has to be distinguished from social orphan. Social orphan is the one whose parent (s) perhaps are alive but are not fulfilling their parental duties anymore that are their responsibility (Dillon & Rev., 2007). Orphanages or children home, on the other hand, are the institutes established by government or other non-governmental organizations. These institutes provide support, care, and protection to orphan children (Sherr et al., 2017). Parental deprivation children, lived with the lack of care and support, additionally the experiences of depression, grief, sorrow, and anxiety. This trauma of loss may abdicate the feelings of inferiority, self-doubt, distrust, guilt, discomfort, humiliation, and offensive behavior on children (Naqshb et al., 2012). The effects of parental loss seep through every aspect of one's life and a child begin to witness drastic changes in his/her life. They are vulnerable to not only mental illnesses but with adjustment difficulties that might include emotional problems (Govender et al., 2014), anxiety (Rotheram et al., 2005), behavioral difficulties (Doku, 2009), low self-esteem (Kirkpatrick et al., 2012), Posttraumatic Stress Disorder, suicidal ideations, conduct problems (Cluver et al., 2007), educational and sexual risk (Cluver et al., 2013), delinquency problems (Nyamukapa et al., 2008), and living in a less supportive environment (Doku et al., 2015).

### **Negative Life Events**

Death of a family member is one of major incident in the list of negative life events. Death of a parent might be the most devastating experiences for a child (Arnold, 1990). Killian (2004) reported that orphaned children express emotional and psychological problems after the loss of a parent and these reactions are quite similar to those encountered by grieving adults (Worden, 1996). Anxiety and depression are among frequently recorded psychosocial consequences of loss (Newcomb, Bentler, & Huba, 1981). Furthermore, stress is significantly associated with emotional maladjustment and physical health status (Johnson & McCutcheon, 1980). Coddington (1972) proposes that readjustment is required after both the positive and negative events, therefore, both generate significant stress. These findings were heavily criticized in recent years as it was found that negative life events or undesirable experiences account for significant impact on one's mental health (Zautra & Reich, 1983). On other side, insignificant relationship was found between psychological distress and positive life events across various studies. The positive events are found to have a moderating effect between negative life events and psychological distress. This indicates that relationship between negative life events and psychological distress tends to become weaker as the amount of positive events increases (Cohen & Hoberman, 1983). Positive events might serve as a buffer as it generates some positive feelings that aid in facilitating the adaptation to stress. It also reinforces one's coping mechanism and restore the exhausted psychological resources (Lazarus, Folkman, & Kanner, 1980).

### **Psychological Distress**

Human beings struggle with life's problems on a daily basis and these stressful events at times induce psychological distress. Psychological distress is a deviation from a healthy state of existence which is often measured objectively. It exhibits maladaptive patterns to cope with difficult situations. It is categorized as a mild psychopathology and found commonly in a community. Psychological distress is constituent of negative feelings manifested in the form of depression, restlessness, loneliness, anxiety, isolation, problematic interpersonal relations, and isolation (Ballas & Dorling, 2007). The relationship between negative life events and psychological problems is often explored in two ways. First group examines the relationship between a single aspect of negative life events with various psychological problems (Karademas et al., 2017). Second group, instead, takes a comprehensive approach and rely on composite measures of negative life events as they exhibit that these events overlay each other and can be framed into one

construct, conceptually (Jensen et al., 2015). Another indicator of psychological distress is inadequate care. Inadequate care is when basic needs are not being provided with, as a result show a positive association between psychological distress and poverty (Nyamukapa et al., 2008).

Perceived Social support implies the type of assistance, support, or help one receives from others. This support is categorized into emotional, informational, and instrumental support (Eddy, 2009). Parental support consisting emotional, informational and instrumental assistance that might have a comforting and soothing effect on their children. Parental love and support enhance one's sense of achievement and fosters social well-being such as taking initiative, connection, adjustment, and aspiration (Barber et al., 2005). Parental involvement is considered to be a significant predictor of children's social well-being particularly through the transition from childhood to teenage, and then to adulthood. Whereas social development and growth is thwarted by parental loss, separation, divorce, or abandonment (Crenshaw & Garbarino, 2007). Furthermore, certain elements may have also demonstrated to act as protective factors, like individual attributions including intelligence, resilience, self-efficacy, and perceived social support from peers, family, and significant others. These factors promote a child's ability to cope with and develop through difficult circumstances (Bandura, 2002). Moreover, social support has showed to be positive significance for the well-being of children placed in orphanages across various studies (Adu, 2011).

### **Institutionalized and Non-Institutionalized Orphans**

Non-institutionalized children are often living with their relatives. They face many problems such as performing chores at home, which deters and daunts their motivation to learn, hence, leading to absenteeism (Rondó et al., 2003). Another example would be coming to educational institutes on empty stomach, leading to poor concentration. They often lack the resources that could provide them with their basic needs, healthcare, and education. These problems have a negative impact on their performance and school attendance which is the only place for them to make social networks (Cluver, Seedat, & Fincham, 2009). Studies conducted on children from both the institutionalized and non-institutionalized groups have both reported emotional, physical, and sexual abuse by their caregivers, guardians (relatives), and school teachers. Other children avoid making friends with orphan children and ostracize them and by doing so they negatively impact their self-image and perception (Gottman & Katz, 1989). Society often stigmatizes orphans, and they have to often live a different lifestyle. Some orphans are adopted into the institutes like orphanages that are usually unknown to them, or are adopted by their relatives, and in some cases, they keep on living in their own houses that is headed by the oldest sibling (Chirwa, 2002). The current study aimed to examine the relationship between negative life events, psychological distress and social support among orphans. The study further investigate how social support moderates the relationship between negative life events and psychological distress in orphaned individuals.

### **Conceptual Framework**

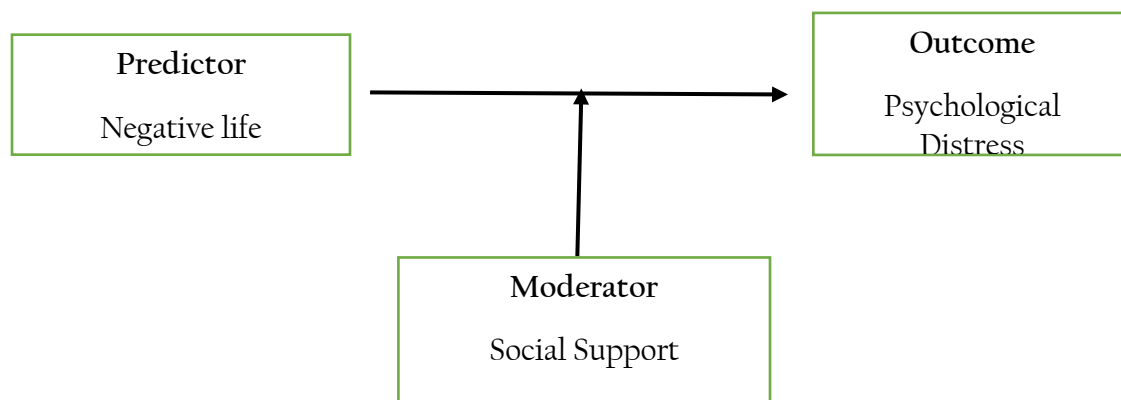


Figure 1: Moderation Model

### **Method**

#### **Research Design**

This study employed a cross-sectional framework, gathering data through a survey methodology.

#### **Sample**

The study used purposive sampling to collect data, with a sample size of two hundred (N=200) participants. This included one hundred (n=100) male orphans and one hundred (n=100) female orphans aged between 12 and 18 years.

The institutionalized participants were selected from orphanages like Eidhi Foundation and Child Protection and Welfare Bureau. The non-institutionalized sample was identified through collaboration with Non-Governmental Organizations operating in Islamabad and Rawalpindi, such as Smiling Angels and Al Husna Welfare Trust, which work with orphans

### **Instruments**

Demographic Information Form. Participants were requested to complete a form providing details such as gender, age, and education, which was subsequently utilized in the analysis.

#### **Impact of Events Scale.**

The IES, developed in 1979 by Mardi Horowitz, Nancy Wilner, and William Alvarez, gauges current subjective distress resulting from previous adverse life events. This 22-item self-report inventory assesses cognitive responses to traumatic events (e.g., natural disasters, loss of a loved one), avoidance behaviors (e.g., emotional numbness and efforts to erase the memory), intrusions (e.g., troubled dreams and recurring thoughts), and hyperarousal (e.g., difficulty concentrating and heightened startle response). Participants rate the frequency of each symptom on a scale from 0 (not at all) to 4 (extremely), with higher scores indicating greater dysfunction. Respondents were instructed to reflect on distress related to past negative life events for each difficulty presented in the questionnaire. In this study, the Urdu version of the scale, previously translated and validated by Malik and Khalid in 2010 at the University of Punjab, Pakistan, was employed

#### **Kessler Psychological Distress Scale.**

The K-10, devised by Kessler in 2003, evaluates psychological distress. Comprising 10 items, respondents rate each on a 5-point Likert scale, ranging from "none of the time" (1) to "all of the time" (5). The scores are summed to indicate the individual's level of psychological distress, with lower scores suggesting lower levels and higher scores indicating elevated psychological distress. The research utilized the Urdu version of the scale to gather data from the sample.

#### **The Multidimensional Scale of Perceived Social Support.**

MSPSS was originally developed by Dahlem, Zimet and Farley in 1998. It has been used to assess perception of social support on 7-point Likert scale, having response ranges of strongly disagree to strongly agree. The score on items 3, 4, 8 and 11 is cumulated and divided by four to have an average score on the subscale of family, the score on items 6, 7, 9 and 12 is added and divided by four to have the mean score on the subscale of friends while items 1, 2, 5 and 10 are summed and divided by four to measure perceived social support from significant other. Higher score on each subscale indicate higher perceived social support from that domain. Urdu version of the scale was used in this research that was previously translated and validated by Jibeen in 2010 at Toronto, Canada.

### **Ethical considerations**

Approval for the study was granted by the Head of Institutes and the Ethical Review Board of the Department of Psychology at IIUI. Participants were provided with a consent form before being asked to complete the research questionnaires.

### **Procedure**

The research sample was approached in their respective settings, whether orphanages or homes, with permission from their respective caregivers. Participants were briefed on the research's purpose and given the opportunity to provide consent. Subsequently, they were handed the questionnaires and requested to complete each item carefully. The entire process took approximately 10 minutes, after which participants were duly thanked for their participation. The collected data was entered into SPSS and analyzed accordingly.

### **Results**

Data of current research was analyzed through SPSS version 23. Firstly, demographic characteristics of the study sample were discovered. Then statistical properties of the study measures were probed including reliability, skewness and kurtosis. Correlation coefficient described the relationship between study variables. Moderation through regression by PROCESS MACRO was assessed, using Model 1 of Andrew Hayes. Gender differences as well as residential differences among participants were explored through independent sample t test. The results supporting the study hypotheses were highlighted and explained with the previous literature accordingly in the discussion section.

Table 1

*Demographic characteristics of the study sample (N=200).*

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Frequency      %

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Gender

Boys	100	50
Girls	100	50

Age

12 to 14 years old	69	34.5
15 to 17 years old	131	65.5

Residence

Non-institutionalized	92	46
Institutionalized	108	54

Table 2

Psychometric properties of the study measures (N=200).

Scales	a	M	SD	Actual	Potential	Skewness	Kurtosis
				Min-Max	Min-Max		
IES	.97	58.64	19.04	29-83	22-88	.07	-1.89
KPDS	.96	30.56	30.56	13-49	10-50	.13	-1.78
MSPSS	.80	57.90	57.90	28-57	12-84	.53	-.32

Note. IES= Impact of Events Scale, KPDS=Kessler Psychological Distress Scale, MSPSS= Multidimensional Scale for Perceived Social Support

Table 3

Correlation matrix of study variables (N=200).

Measure	1	2	3
IES	-	.93**	-.29**
KPDS	-	1	-.20**
MSPSS	-	-	1

Note. IES= Impact of Events Scale, KPDS=Kessler Psychological Distress Scale, MSPSS= Multidimensional Scale for Perceived Social Support (\*\* $\rho < .01$ )

Table 4

Moderating Effect of Perceived Social Support on Negative Life Events and Psychological Distress (N= 200)

Model 1

Antecedent	Coeff.	SE	p	LL	UL
X (Negative Life Events)	.52	.10	.00	.32	.72
W (Perceived Social Support)	-.07	.10	.00	-.27	.12

X\*W (Negative Life  
Events\*Perceived Support)

Social

.01

.01

.00

Constant

.36

5.91

.00

-11.29

12.01

R<sup>2</sup> = .86

F (3, 196) = 418.19, p < .001

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Table 5

*Difference between males (n= 100) and females (n= 100) across study variables (N=200).*

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<i>Gender</i>		
<i>Boys n= 100</i>	<i>Girls n= 100</i>	<i>95% CI</i>

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Variables	M	SD	M	SD	t	p	LL	UL	Cohen's d
IES	50.39	17.55	66.89	16.82	6.78	<.001	-21.29	-11.70	0.95
KPDS	25.23	10.63	35.88	11.00	6.95	<.001	-13.66	-7.63	0.98
MSPSS	59.70	6.95	56.09	11.30	2.71	.001	.99	6.22	0.38

Note. IES= *Impact of Events Scale*, KPDS=*Kessler Psychological Distress Scale*, MSPSS= **Multidimensional Scale for Perceived Social Support**

Parental loss during childhood profoundly affects a child, proving especially detrimental to their emotional and social development (Osterweis et al., 1984). This impact extends into both short and long-term consequences, rendering children vulnerable to psychopathology and social impairments that persist into adulthood (Siegel et al., 1996). The present study aims to explore the impact of negative life events on orphans residing in children's homes, examining the moderating influence of social support on the relationship between negative life events and psychological distress. The findings aim to inform adjustments to the social support structure in orphanages, enhancing the psychological well-being of children. This, in turn, can elevate overall life satisfaction and productivity, enabling orphans to contribute more contentedly to society. Given the scarcity of literature on orphan psychological distress in the context of negative life events in Pakistan, this study holds both practical and theoretical significance.

The findings indicate a significant positive correlation between negative life events and psychological distress, accompanied by a noteworthy negative correlation with perceived social support. Additionally, psychological distress exhibits a significant negative correlation with perceived social support. These outcomes align with the initial hypothesis of the study, affirming a positive relationship between negative life events and psychological distress. The findings also indicated a significant ( $p < .001$ ) moderating impact of perceived social support on the relationship between negative life events and psychological distress among orphans. The regression coefficients, computed F hypothesis, and the direct and interaction effects of the study variables provide support for the second hypothesis of the current research, affirming the moderating role of perceived social support between negative life events and psychological distress. These results align with existing literature. Research consistently demonstrates that social support is a crucial protective factor in coping with life's stressors, and this understanding has gained momentum. Ongoing studies are exploring the role that friends and families play as significant elements in the subjective assessment of social support and networks, particularly among orphans and non-orphans. Notably, orphans tend to perceive stronger social support from their friends compared to non-orphans, aligning with similar outcomes observed in studies conducted by Kodero (2000) and Wanna (2010). Empirical evidence from orphanages also echoes these findings, as seen in the work of Adu (2011) in Ghana and Amond (2009) in Cambodia.

Within the microsystem, children engage with friends, groups, classmates, and close relatives, interacting bidirectionally and influencing each other in their environment (Minnet, 2005). These results highlight the potential for positive growth through interactions with both institutionalized and non-institutionalized individuals in their surroundings. Supportive and nurturing interactions contribute to the well-being and performance of these children. Caregivers in a foster home can play a crucial role in an orphan's life, necessitating adaptation and adjustment on their part (Montessori, 2012). In specialized



institutions, children experience difficulties as they struggle to form meaningful connections with those around them, as noted by Crain (2011). Bowlby (1951) highlights that the environment in these institutes hinders the development of intimate relationships. While the physical needs of institutionalized orphans are addressed, their psychological needs, such as a sense of affiliation, care, and someone to confide in, often go unmet (Crain, 2011). Such isolating environments contribute to stress and anxiety, representing physiological and psychological responses to environmental stressors (Santrock, 2009)

### **Conclusion**

The results of this study indicate a significant positive correlation between negative life events and psychological distress, accompanied by a noteworthy negative correlation with perceived social support. Furthermore, there is a significant negative correlation between psychological distress and perceived social support. The study also observes that perceived social support serves as a moderator in the relationship between negative life events and psychological distress. Additionally, gender differences play a significant role in the experience of negative life events, psychological distress, and perceived social support, while no variations were reported across residence in relation to the variables examined in the study

### **Implications**

The implications of these results suggest that interventions for individuals affected by negative life events should prioritize activities that are easily accessible and incorporate supportive companionship, as proposed by Luis et al. (2009). Moreover, the findings highlight the need to adjust the social support structure in orphanages, aiming to enhance the psychological well-being of children. This adjustment has the potential to increase overall life satisfaction and productivity among orphans, enabling them to fulfill their societal roles more contentedly. In the context of Pakistan, where literature on the psychological distress of orphans related to negative life events is limited, this study carries both practical and theoretical significance, contributing valuable insights to the existing body of knowledge.

### **Limitations**

This study was confined to the twin cities, namely Islamabad and Rawalpindi, potentially constraining the applicability of the findings to a broader geographical context. Data collection was restricted to a subset of institutes dedicated to orphans, necessitated by adherence to COVID-19 Standard Operating Procedures (SOPs). This selective sampling may impact the generalizability of the study. The research had to be completed within a specific timeframe, aligning with degree requirements and budget constraints. This temporal limitation may have influenced the depth and extent of data collection and analysis

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