

**ROLE OF SOCIAL SUPPORT AND PSYCHOLOGICAL CAPITAL
IN RELATION TO SUBJECTIVE WELL-BEING AND
PERCEIVED STRESS AMONG WIDOWS**

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ABSTRACT

Current research investigated the role of psychological capital and perceived social support in relation to subjective well-being and perceived stress among widows. A sample of 100 widows ($M_{age} = 39.83$, $SD=7.92$) was drawn through purposive and snow ball sampling techniques. Multidimensional Scale of Perceived Social Support (Zimet et al., 1988), Psychological Capital Questionnaire (Luthans et al., 2007), Subjective Happiness Scale (Lyubomirsky & Lepper, 1999), Satisfaction with Life Scale (Diener et al., 1985) and Perceived Stress Scale (Cohen et al., 1983) were used as research measures. Results of Pearson Correlation show that perceived social support is positively associated with subjective well-being. Psychological capital is positively associated with subjective well-being whereas negatively associated with perceived stress. Multiple Regression Analyses reveal that Psychological Capital of self-efficacy, resilience, and hope significantly predicted subjective happiness, life-satisfaction, and perceived stress respectively. Further, perceived social support from significant others predicted subjective well-being. The findings emphasized the importance of perceived social support and psychological capital in reducing perceived stress and improving subjective well-being among widows.

Keywords: *PsyCap, Social Support, Stress, Subjective Well-being*

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INTRODUCTION

Various life events that occur in an individual's life could be a cause of stress. The demise of a partner or spouse is considered the second utmost traumatic life event followed by the death of a child (Bennett et al., 2005). According to Asai et al. (2010) and Wilcox et al. (2003), widowhood is often linked to adverse psychological health outcomes such as greater sadness, depression (Brown et al., 2006) and poor quality of life (Conde-Sala et al., 2017).

Many facets of the surviving spouse's life are affected by the death of their spouse, including physical fitness and well-being, interpersonal connections, how they employ their time, and their sense individuality. The experience of trauma after the decease of spouse or partner is distinctive, affected through variety of circumstances such as pre-bereavement health, availability of assistance, qualities of the marital association, and the surviving spouse's traits (Soulsby & Bennett, 2017). Widowhood is frequently associated with mental suffering, medical ailments, deteriorated health behaviors, relocations, and financial pressures (Bharati et al., 2015). According to numerous studies, widowed showed higher prevalence of psychological disorders than married ones (Abdallah & Ogbeide, 2002; Amoran et al., 2005). Disorganization and psychological repercussions of trauma, such as grieving, depressive and anxious symptoms after the demise of a spouse appeared to be high in widows as compared to widowers (Chen et al., 1999; Fazoranti & Aruna, 2007) while few studies showed opposite findings concerning gender (Kristiansen et al., 2019; Lim et al., 2018).

When a life partner dies, there are inadequacies in areas such as instrumental assistance, social interaction and emotional support, to name a few (Stroebe & Stroebe, 1987). Social support provided by family and friends can help to compensate for some of these shortfalls. Perceived social support is one of the most extensively studied environmental factors in relation to well-being (Siedlecki et al., 2014). Literature discovered that it can help people to cope with unfavorable life experiences (Bisconti, et al., 2006) and reduces anxiety by acting as a "buffer," shielding people from unfavorable situations (Cohen & Wills, 1985). The potential buffering action of social support may function by assisting people in viewing stressful events from a more optimistic perspective (Uchino, 2006) or by instilling confidence in people to deal with difficult situations (Gottlieb & Bergen, 2010). According to Stroebe et al. (2007), several elements, for example, religious preferences, large family size, socioeconomic status and support from kids, friends and their family help women to manage mourning in effective ways. Social support

Pakistan Journal of Psychology

develops positive constraints such as resilience, optimism, confidence, and self-efficacy among people and people can cope with trauma more constructively.

Positive psychology showed respect for the traditional pathology-oriented approach to understanding human challenges while proposing a strengths-based strategy, psychological capital, to improve well-being, happiness and life satisfaction. The psychological capital (PsyCap) refers to the internal resources that each of us has at our disposal to assist us deal with challenging circumstances (Luthans et al., 2006) and they are known as: hope, self-efficacy, resilience and optimism. Psychological capital has been demonstrated to buffer stressors and enhance good consequences (Liu et al., 2012; Riolli et al., 2012). Self-efficacy, optimism, hope, and resilience were recognized by Lazarus (2003) as important pathways for learning more about how people cope with stress. Personal resources such as positivity and resilience, according to studies, may buffer the effects of a traumatic life event on one's well-being. For instance, optimism is posited to be associated with emotional well-being in older widows (Fry, 2001). Resilience is seen to provide aid to widowed well-being (Bennett, 2010; Bonanno, 2004; Moore & Stratton, 2003). Self-efficacy is a significant determinant of life satisfaction for individuals with spousal loss (widowers, widows) (Fry, 2001).

Nonetheless, social connections are also seen to enhance a person's life satisfaction after experiencing traumatic life events such as the demise of a spouse (Hooymann & Kiyak, 2015). Previous studies (Pihlblad & Adams, 1972) revealed that widows/widowers who have a large number of friends actively took part in daily life activities and can cope with spousal loss more effectively as compared to those whose social support and social participation is low. In the same lane, Soulsby and Bennett (2017) conducted a research that shows that the death of a partner and spouse has a significant impact on mental and physical health, and social life as well. One method through which widows can improve their life satisfaction is to take part in social events. In addition to focusing on family support during widowhood, experts may want to consider creating appropriate social activities to engage older persons, with a special focus on those who have been experiencing widowhood for a long time (Li et al., 2016). Furthermore, greater contact with family members after widowhood meets the economic, practical, or emotional necessities of the alive partner; these types of relationships could be challenging and serves as a need rather than an option (Benkel et al., 2009). Maintaining communication with family, friends, and neighbors, according to Blieszner (2006), is highly linked to happiness and effective coping.

Khawar, Chaudhary & Hussain

Increased sadness, as well as depression, is the most often examined consequences resulting from the losing of a spouse or partner. Social support provided by friends may act as a significant negative determinant of one's level of grief and depressive symptoms (Stroebe et al., 2008). Pinquart (2003) discovered that ties with family and friends bring advantages (such as decreased loneliness and improved gratification) in old age, which could help widows to feel more fulfilled. After being bereaved (widowed), a sense of integration and subjective well-being or quality of life are predicted by family and friends (Garcia et al., 2005). Abolgashemi and Varaniyab (2010) conducted a study to look at the association among perceived stress, resiliency, and satisfaction with life. They found that perceived stress has an inverse connection with life satisfaction; while resilience and life satisfaction are positively associated to one another.

To put it briefly, it can be seen that spousal loss changes a person's life in drastic ways. The review of existing literature signifies that with the help of social support and positive psychological resources individuals can overcome the stress and in this way their subjective well-being is enhanced. However, most of these evidences come from Western studies and there is scarcity of such studies in Pakistani cultural context. Hence, keeping in view the gap in existing literature, the present study is an effort in this regard and has following objectives:

1. To investigate the patterns of association between study variables i.e. perceived social supports, psychological capital, perceived stress, and subjective well-being among widows.
2. To investigate the influence of perceived social support on subjective well-being (subjective happiness and life satisfaction) among widows.
3. To investigate the influence of psychological capital (hope, self-efficacy, resilience and optimism) on subjective well-being (subjective happiness and life satisfaction) among widows.
4. To investigate the influence of psychological capital (hope, self-efficacy, resilience and optimism) on perceived stress among widows

METHOD

Participants

The current study included 100 widows age ranged 25 to 50 ($M_{age} = 39.83$, $SD = 7.92$). Although it's a small sample size but due to topic sensitivity it's a representative sample for this population. Sample was collected from different areas

Pakistan Journal of Psychology

of Faisalabad. Face to face interviews were conducted to collect the data. Participants (widows) were approached using purposive sampling and snowball sampling strategies. Furthermore, present research only comprised of those participants who had been widowed for more than a year and had at least one kid.

Measures

Socio-demographic Information Sheet

This includes the socio-demographics of the participants such as their age, education, number of children, monthly family income, duration of marriage, duration of widowhood, etc. All the participants were asked to complete these demographic sheets at the beginning of the study.

Multidimensional Scale of Perceived Social Support

Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) comprises of 12 statements that assesses the perception of social assistance from Significant Others, Family, and Friends. The scores are evaluated on 7 options ranging from "*very strongly disagree*" (1) to "*very strongly agree*" (7). The scale's internal consistency is excellent with an alpha level of .89 (Rizwan & Aftab, 2009).

Psychological Capital Questionnaire

The Psychological Capital Questionnaire (PCQ; Luthans et al., 2007) is a 24 itemed self-administered psychological questionnaire that measures a positive psychological state of growth. The PCQ has four subscales namely Resilience, Efficacy, Hope, and Optimism. Each of the four components of PsyCap are measured with six questions responded using using 6-point Likert scale, with 1 specifying "*strongly disagree*" and 6 specifying "*strongly agree*". Higher level of psychological capital is designated by high scores. Cronbach's alphas of .88, .89, .89, and .89 were found in four researches undertaken by Luthans et al. (2007) to examine the overall Psychological Capital construct while all subscales also showed good alpha level ranging from .71 to .85.

Subjective Happiness Scale

The Subjective Happiness Scale (SHS; Lyubomirsky & Lepper, 1999) is a brief 4-item questionnaire used to assess general happiness. Respondents use a 7-

Khawar, Chaudhary & Hussain

point Likert Scale, with "1" demonstrating someone very unhappy and "7" demonstrating a very happy person. This scale has a reliability of .77 (Quezada et al., 2016).

Satisfaction with Life Scale

The Satisfaction with Life Scale (SWLS; Diener et al., 1985) consist of five questions and used to evaluate one's overall life satisfaction. The SWLS is a 7 point measure with '1' designating for strong disagreement while '7' designating for strong agreement. With .90 Cronbach's alpha level, this scale is a good choice to measure life satisfaction (Barki et al., 2020).

The Perceived Stress Scale

A 10-item survey questionnaire called the Perceived Stress Scale (PSS; Cohen et al., 1988) is used to determine how seriously people take stressful events in their lives. The PSS examines the feelings and ideas from the prior month. In each scenario, participants are asked how often they experience a particular emotion.

Procedure

First of all, after the conceptualization of present research, approval from the Departmental Ethical Review Committee of Government College University Faisalabad was sought. After this, permissions were sought from original authors of the instruments to use them in our study. Participants were approached through purposive and snowball sampling techniques from different areas in Faisalabad. Brief instructions were given to the participants about questionnaires and it was made sure that their personal details (name, age, contact details etc.) would be kept confidential and solely utilized for study purpose. Followed by administration of research measures, participants were thanked for their valuable time and cooperation.

Statistical Analysis

The questionnaires were scored following respective scoring procedure. Pearson Product Moment Coefficient of Correlation and Multiple Regression Analysis were used for statistical analysis of the data.

RESULTS

Table 1
Socio-demographic Information of the Participants (N = 100)

Variables	<i>f</i>	%
Age (in years)		
21-30	15	15
31-40	41	41
41-50	44	44
Education		
Illiterate	10	10
Primary – Middle	22	22
Secondary - Higher	34	34
Secondary		
Graduation	30	30
Post-graduation	4	4
No. of children		
1-4	70	70
5-8	30	30
Residence		
Parent's home	20	20
In laws home	32	32
Own house	48	48
Monthly income		
10000-30000	52	52
31000-60000	48	48
Duration of Marriage		
2-8 years	18	18
9-15 years	27	27
16-22 years	20	20
23-29 years	28	28
30-35 years	7	7
Duration of widowhood (in years)		
1 - 5	56	56
6 - 10	25	25
11 - 15	11	11
16 - 20	5	5
21 - 25	3	3

Khawar, Chaudhary & Hussain

Table 2
Inter Correlation among Perceived Social Support, Psychological Capital, Perceived Stress, and Subjective Well-being (Life Satisfaction & Subjective Happiness) (N = 100)

Variables	1	2	3	4	5
1.Perceived Social Support	1				
2.Psychological Capital	.57***	1			
3.Perceived Stress	-.17	-.39***	1		
4.Life Satisfaction	.62***	.49***	-.33**	1	
5.Subjective Happiness	.29**	.26*	-.07	.36***	1

** $p < .01$, *** $p < .001$

Table 3
Perceived Social Support as Predictor of Subjective Well-Being (Subjective Happiness & Life Satisfaction) (N = 100)

Outcome Variables	Predictors	B	SE	β	t	Sig.
Subjective Happiness	Family	.16	.13	.14	1.26	.21
	Friends	.02	.14	.01	.13	.89
	Significant Others	.36	.12	.28	2.91	.00*
$R^2 = .08$						
$\Delta R^2 = .07$						
$F = 8.48$						
Life Satisfaction	Family	.10	.09	.09	1.05	.30
	Friends	.19	.10	.16	1.88	.06
	Significant Others	.73	.09	.64	8.20	.00*
$R^2 = .41$						
$\Delta R^2 = .40$						
$F = 67.30$						

* $p < .05$

Pakistan Journal of Psychology

Table 4
Components of Psychological Capital as Predictors of Subjective Well-Being (Subjective Happiness & Life Satisfaction) (N = 100)

Outcome Variables	Predictors	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>Sig.</i>
Subjective Happiness	Hope	-.06	.24	-.05	-.26	.80
	Self-Efficacy	.32	.13	.25	2.55	.01*
	Resilience	.20	.27	.11	.76	.45
	Optimism	.06	.18	.04	.36	.72
	$R^2 = .06$					
$\Delta R^2 = .05$						
$F = 6.49$						
Life Satisfaction	Hope	-.15	.19	-.13	-.78	.44
	Self-Efficacy	.29	.16	.25	1.77	.08
	Resilience	.83	.14	.52	5.97	.00*
	Optimism	.05	.15	.03	.33	.74
	$R^2 = .26$					
$\Delta R^2 = .25$						
$F = 35.59$						

* $p < .05$

Khawar, Chaudhary & Hussain

Table 5
Components of Psychological Capital as Predictors of Perceived Stress (N = 100)

Outcome Variables	Predictors	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>Sig.</i>
Perceived Stress	Hope	-.34	.08	-.37	-3.99	.00*
	Self-Efficacy	-.09	.14	-.10	-.71	.48
	Resilience	.26	.17	.21	1.48	.14
	Optimism	-.26	.12	-.23	-2.12	.07
		$R^2 = .14$				
		$\Delta R^2 = .13$				
		$F = 15.96$				

* $p < .05$

DISCUSSION

A woman's life is turned upside down when her husband dies. The adjustment from being a wife to becoming a widow is a difficult one. Since losing a spouse is an unbearable experience, the current study examined how perceived social support and psychological capital influence widows' perceptions of stress and subjective well-being.

Pertaining to the first objective of the study i.e. to investigate the patterns of association between study variables, the results (Table 2) demonstrated that perceived social support and psychological capital (PsyCap) has a substantial positive association with subjective well-being (life satisfaction and subjective happiness). Further, psychological capital and perceived stress are inversely related to each other whereas insignificant association is evident between perceived social support and perceived stress. The findings suggest that the person who use positive aspects of psychology such as resilience, self-efficacy, optimism (psychological capital) to cope with adversities of life (i.e. widowhood) experience more subjective well-being. Various researches have demonstrated that people with a higher level of psychological capital are more resilient, optimistic, hopeful can cope with stress

Pakistan Journal of Psychology

effectively (Hicks & Knies, 2015; Luthans et al., 2015; Tugade & Fredrickson, 2004) thereby their well-being is enhanced. Numerous experts believe that those who are high in psychological capital experience better psychological and subjective well-being (Avey et al., 2009; Luthans et al., 2007; Roche et al. 2014; Youssef & Luthans, 2007). Previous researches provide evidence that the supportive relationships from friends and family help widows to overcome the stress related to spousal loss and adjustment in their lives more effectively (Ha & Ingersoll-Dayton, 2011; Utz et al., 2002) so, the social support enhances the subjective well-being.

With regard to second objective of the study, the results of multiple linear regression analysis (Table 3) revealed that perceived social support in the perspective of significant others significantly contributed to subjective well-being (subjective happiness and life-satisfaction) among widows. Results of present investigation are consistent with previous researches which demonstrates that social support acts as a faster mean to help people in handling with stressful life events, particularly in the bereavement period and enhance subjective and emotional well-being (Burke et al., 2010; Naik, 2019; Nolen-Hoeksema & Davis, 1999). Social support buffers the adverse effects of spousal loss (Stroebe et al., 1996) thereby enhances well-being of widows (Thuen et al., 1997). In Pakistani society apart from family and friends other figures such as neighbors also play a significant role in dealing with traumatic life events, so the widows who have more support from their surroundings can overcome the stress more effectively. It has been seen that bereaved individuals who have peer social support available reported experiencing increased well-being and personal growth and reduced grief symptoms (Bartone et al., 2019). As social support may offer the safety and resources required to control how the event is initially perceived, reducing or eliminating negative reactions to the stressor. Social interactions may eventually give someone the emotional support or the resources they need to handle the difficult situations (Anusic & Lucas, 2014).

Relating to the third objective of the study, the results of multiple linear regression analysis (Table 4) indicate that four components of PsyCap (hope, self-efficacy, resilience and optimism) accounted for 6% variance in the scores of subjective happiness. Of four components entered in the model, only self-efficacy predicted subjective happiness. Further, four components of PsyCap accounted for 26% variance in the scores of life-satisfaction. Of four components entered in the model, only resilience predicted life-satisfaction. These findings are in accord with previous literature that self-efficacy and resilience proved to be a significant contributor of life satisfaction among widowed women (Khan, 2017; Fry, 2001; O'Rourke, 2004). Everly and colleagues (2012) posited that resilient individuals

Khawar, Chaudhary & Hussain

experienced more happiness. Literature indicated that high resilience is linked with higher subjective well-being among individuals who have faced stressful life events (parent institutionalization, divorce/separation, and spouse, child, or parent's demise) in their lives (de Paula et al., 2011).

Pertaining to fourth objective, the results of multiple linear regression (Table 5) reveal that four components of PsyCap accounted for 14% variance in the scores of perceived stress. Of four components entered in the model, only hope predicted perceived stress. This implies that if there is hope then there is a decrease in stress. Hope served as a coping strategy against stress related to spousal loss; those who hope for the best experience elevated levels of stress and maintain subjective well-being effectively. Literature said that highly hopeful people perceive lower levels of stress (Sucan, 2019).

Conclusively we can say that present research offers very first perspective on the impacts of perceived social support and psychological capital on subjective well-being (subjective happiness and life satisfaction) as well as perceived stress among widows. The present research highlights the role of PsyCap of self-efficacy in relation to subjective happiness; PsyCap of resilience in relation to life-satisfaction; and PsyCap of hope in relation to perceived stress. Further, findings are also suggestive of positive contribution of perceived social support from significant others in relation to subjective well-being i.e. subjective happiness and life-satisfaction.

For the purpose of interpreting the results, certain limitations of the current investigation must be noted. The first and notable shortcoming is that the sample size was small and data was collected just from one city (Faisalabad) that's why the generalizability of findings is limited. Second, the participants were predominately only widows. The findings may vary with widowers and other demographic variables. Third widows who belonged to any institutions or shelter homes were not included in current study. Another limitation is a diverse sample size consisting of 1 to 25 years of duration of widowhood. Future researchers should consider these limitations. It would be great to conduct research on a large sample size and in multiple settings and include different cities. Further, future studies can examine the differences in widows who live in shelter homes and who live in their homes with families.

The findings are considered in terms of intervention programs to rehabilitate self-efficacy for psychologists and healthcare workers with bereaved spouses. The

Pakistan Journal of Psychology

current study is a valuable addition to the reservoir of knowledge on perceived social support and PsyCap in relation to subjective well-being and perceived stress in addition to finding from previous research. Counselors and psychotherapists who work with widows may seek guidance from the findings of this study. They can assist them in adjusting to life successfully by fostering PsyCap of self-efficacy, resilience and hope along with social support networks.

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