

**SOCIAL SUPPORT AS THE PREDICTOR OF PSYCHOLOGICAL
WELLBEING AMONG CONFLICT AND DEVELOPMENTAL INDUCED
INTERNALLY DISPLACED PERSONS: THE MODERATING EFFECT OF
RESILIENCE**



By
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DECLARATION

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CERTIFICATE

It is certified that MS (2 year) research report entitled "Social support as the predictor of psychological wellbeing among conflict and developmental induced IDPs: The moderating effect of resilience" prepared by Muhammad Nadeem is approved for submission to Department of Psychology, International Islamic university Islamabad.

Supervisor


Mr. Mazhar Iqbal Bhatti

Dedicated to

My lovely Parents

Khushi Muhammad and Amina Bibi

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ABSTRACT

The study carried out to examine the effect of the social support on the wellbeing, among conflict induced and developmental induced internally displacement. The study also examined the moderating effect of resilience in the relationship between perceived social support and wellbeing among conflict induced and developmental induced internally displaced persons. Mean different on social support, wellbeing, and resilience also computed to compare the conflict induced and developmental induced internally displaced persons. Perceived Social support scale, Resilience scale for adult and Short Warwick Edinburg Mental Well-being Questionnaire were use for data collection. Sample of the present study comprised of internally displaced persons (N=200) including conflict induced internally displaced persons (N=100) and developmental induced internally displaced persons (N=100). Simple leaner regression analysis, hierarchical regression analysis, and independent sample t-test were compute to test hypothesis. Social support has significant positive effect on wellbeing, among conflict induced and developmental induced internally displaced persons $p < .05$. Resilience positively predicts psychological wellbeing among internally displaced persons $p < .05$. Resilience moderated the relationship between perceived social support and wellbeing among conflict induced and developmental induced internally displaced persons $p < .05$. Developmental induced IDPs significant score higher on resilience, social support, and wellbeing as compared to conflict displaced IDPs. The present study has worthy implication in social, heath, IDPs management, and clinical psychology.

KEYWORDS: Social Support, well-being, Resilience,

INTRODUCTION

INTRODUCTION

The present review concentrates on the Internally Displaced Persons. Internally Displaced Persons (IDPs) can be defined as groups or individual constrained, forced or obliged to escape their homes, usually resulting from natural disasters, violation of rights large scale violence and armed struggle and who stay inside their national territory. (Najam-ud-Din, 2010; United Nations Guiding Principles on Internal Displacement, 2016). The researchers are very much interested in the study of internal displacement and its aftermaths. (Terminski, 2013).

The present study focalizes on the effect of social support on psychological wellbeing and the moderating effect of resilience in the relationship between social support and psychological wellbeing in development and conflict induced IDPs. .

Social Support

Social support means the experience being esteemed, regarded, supported, and cared by other people who exist in one's life (Gurung, 2006). It might originate from various sources, for example, family, companions, peers, group, teachers, or any social community to which one belongs. Social support may come as substantial help given by others when required which incorporates analysis of various circumstances, workable strategies and the emotional support. Social support is a factor that can help people to reduce stress experienced and help individuals to cope with stressful and unpleasant situation. Many researches demonstrated that social support negatively correlates with psychological disorders and symptoms like depression, stress, and others psychological disorders and correlates positively physical as well as mental health. A study conducted by Nahid and Sarkis (1994) for instance established that social support secures individuals in crises, for example, grieving, ailment, and other

key stress elements and alleviates the impact of stressors effecting psychological wellbeing.

Social support defined as support available to a person through social bonds with different people, groups, and the bigger social community. The National Cancer Institute's Dictionary of Cancer Terms interprets social support as "a system of family, companions, neighbors, and group individuals that is accessible when help is really needed to give mental, physical, and money related help. The two important dimension of theatrical models related to social support are (1) a structure dimension incorporating frequency of social interrelation and network size. (2) a functional dimension having basic components such as instrumental (a practical help in the shape of monetary assistance or help in child care) and emotional (like empathy and love. Most researches show that functional dimension based on quality of relations is a far better indicator of sound health than structural dimension based on quantity of relations though both are essential. It ought to be notice that quality of social support and its source may rely on upon the formative phase of the individual who is accepting the support. For instance, parental support is by all accounts more profitable in early teens than it is in late youthfulness. It has been demonstrate that the impression of social support related with the level of social collaboration in the older people and relatively with instrumental support in in young people (Nahid and Sarkis (1994)

In addition, the kind of social support is vital in endowing resilience to stress. In a sample that consisted of survivors of childhood sexual abuse, the combination of two types of support namely self-esteem support (the individual sees that he or she is esteemed by others) and appraisal support (the individual sees that he or she is

equipped for getting guidance when adapting to challenges) was most helpful in countering growth of Post Traumatic Stress Disorder (Weisaeth; 1989).

The Impact of Social Support on Health Outcomes

Social detachment and low levels of social support have attributed to evolved morbidity and perpetuity in an amalgam of maladies. In the acknowledged Alameda County Studies, women and men having no intimate relationships were 1.9 to 3 time probably more prone die of cardiac rest, cancer, and cerebral vascular and other ailments in nine years span. In contrast to people with a lot more social support. Social support also increases life expectancy and is its strong determinant like life factors; obesity, smoking, hypertension, drinking and physical activity (Weisaeth; 1989).

On the contrary, adequate social support deters mental and physical ailments. The relationship between sound physical and mental health and reasonable social support has noticed in different populations ranging from new-mothers, the students, the widows, and the parents of the children suffering from acute medical conditions.

Psychological Wellbeing

Psychological comfortibility is a diverse concept. Resilience, Optimism, cheerfulness, playfulness, and self-control are its core dimensions found in individuals across diverse cultures. (Sinha and Verma, 1992) The McCulloch (1991) has demonstrated that morals satisfaction and social support make up psychological welfare irrespective of age group.

The idea of psychological welfare is characterize as positive mental working and experience (Ryff, 1995; Ryan & Deci, 2001) in this sense mental prosperity might

be comprehensive as positive emotional well-being. Nonetheless, it is debatable what is positive of functioning and what makes life good. In any case, researchers have applied multiple approaches to probe psychological wellbeing.

In 1950 many conceptual framework applied on positive mental health. They incorporate a number of emphases like subjectivity of wellbeing, cultural dimension of mental health and capability to cope and be resilient in the presence of stressor. (World wellbeing Organization, 2004) In the pre-adult health field, these components have enlarged the concept of health from the one limited to examination of negative attitude to inclusion of positive development and functioning of youth. (Bernat & Resnick, 2006; White, 2009).

Six Domains of Psychological Well-being

As theorist of the discourse believes, wellbeing and happiness are intricate constructs. One thing that they staunchly believe is an area which has been much speculated by the theorists is the contrast and liaison between being happy and optimal psychological functioning. Such as it would be beneficent to flourish ryff's "Six" that is the useful model for deeming about optimal psychological functioning. Her work is framed blow in the shape of an assessment in order to extend a better approach of applying her' "Six" to readers and assessing in which areas they are performance better than other (Ruff; 1989).

1: Self-acceptance

It denotes to the extent of positive attitude one feels about oneself, past behavior and the preferences that one has made. Those who have a strong propensity

towards self-acceptance create a good comfort level with those who have diverse aspects of themselves including both bad and good. On the contrary, people having low self-acceptance are mostly self-critical, muddled regarding their personality and yearn to be different in many ways (Ruff; 1989).

2. Relation with others,

With positive relationship, an individual feels, associated, esteemed and well-loved. It enables them to share their personal experiences, intimacy, and mostly think themselves protected in their relations. On the other hand, individual having poor relationships mostly thinks unacknowledged, humbled, unloved, aloof, isolated, hostile, or misunderstood. Hence, they develop a sense of insecurity and sometimes aloofness from others (Ruff; 1989).

3. Sense of Autonomy

Those who have high level of autonomy are cocky, independent, and assertive, do not care to follow the conventions, and do not care much about what other people speculate about them. On the contrary, people having low autonomy think themselves reliant on others, and are persistently anxious about the views of others, always seek others suggestions and feel enormous pressure to yield to other wishes (Ruff; 1989).

4. Sense of mastery over the environment

At which level you feel complacent to meet the requirements of your situation. People having high social mastery believe they have the means and ability to cope, , adjust and conform to the problems, and stress cannot overwhelm them. Individuals with low level of environmental mastery may think themselves too weak to change the certain conditions of their immediate environment with which they are displeased,

think they lack the means to fight, and are persistently stressed or overmastered (Ruff; 1989).

5. Personal growth

People having high level of personal growth feel themselves in terms of progressing in a right direction, moving towards their real ability, getting more mature, enriching their self-knowledge, and mastering novel skills. People having low personal growth think no essential sense of change, usually feel bored in life and are devoid of sense of improvement with the passage of time (Ruff; 1989).

6. Life Purpose

Individuals having a sense of purpose, deem their lives meaningful, they strive to make a difference, and often think well-linked to ideas or social currents. Therefore, they have a concrete view about their life. Whereas, individuals passing a purposeless life often challenge whether there is any larger purpose. They do not believe life makes any sense or has any higher meaning, except mere fulfilling a series of different tasks (Ruff; 1989).

Resilience

Resilience is a condition that enables one to sustain normal state of being, or even survive in adverse happenstances (Ryff et al, 1999). The first phase of development of resilience in childhood towards adolescence phrased as the fact of enabling children to develop into a successful adult who well adjusted in adverse circumstances (Wolff, 1995). The notion of resilience helps in understanding the condition of children why they perform good in hostile conditions (Baldwin, et al, 1993) Resilience is featured as a theory describing children growing up under

uncongenial happenstances without exhibiting unfavorable results (Masten, 1989). It denotes the ability of successful conformity, positive working, competence instead of high risk, inveterate stress (Egeland et al, 1993).

Model of Resilience

1. Compensatory model
2. Challenge model
3. Protective factor, or immunity- verses vulnerability model

Compensatory Model

A compensatory factor is variable that neutralizes exposure to risk (Marten, 1988) this implies that it does not interact with a risk factor; rather it has a direct and independent influence on the outcome of interest. Both the risk and compensatory factors contribute additively in the prediction of the outcome (Marten, 1988; Pelligrini, 1990).

Challenge model

Rutter (2000) explains that a stressor or risk factor is a potential enhancer of successful adaptation, if it is not excessive. In this model, little stress is not challenging enough, and very high levels render the individual helpless, which may result in maladaptive behavior. Moderate levels of stress; however provide the individual with a challenge that, when overcome, strengthens competence. If challenge is successfully met, this helps prepare the individual for the next difficulties.

Protective Factor Model

A protective factor is a process that interacts with a risk factor in reducing the probability of a negative outcome. It works by moderating the effect of exposure to risk, and acts as a catalyst by modifying the response to a risk factor (Brook, Nomuca, & Cohen, 1989; Cowen & work, 1988; Garmezy, Masten & Tellegan; 1984; Pelligrini, 1990). A protective factor may have a direct effect on an outcome but its effect is stronger in the presence of the stressor.

Garmezy (1984) refers to the protective factor model as immunity-versus vulnerability model. This model appears to be the most widely studied of resiliency models. Brook, Brook and Whiteman (1990) propose two mechanisms for how protective effects may function, risk/protective or protective/protective. A risk/protective variable functions to mitigate the negative effects of a risk factor. A protective/protective mechanism works by enhancing the protective effects of variable found to decrease the probability of negative outcomes.

As models of resilience have shifted in focus from solely individuals to the interactions between individuals and their environments (Theokas, 2005), it has become clear that resilience is not static trait. While individual characteristics (e.g., hardiness) play a role in resilience, they are not the only factors to consider. Fergus and Zimmerman (2005) state that resilience is defined by the context, the population, the risk, the protective factor, and the outcome (p.404). Research showed that having positive relationships later in life can promote healthy outcomes despite the presence of risk factors in childhood (Conger, Rueter, & Elder, 1999; Laub & Sampson, 2003; Vaillant & Davis, 2000).

As resilience is not a static personality trait, but rather is part of dynamic process that includes individual's interactions with their surrounding environments. Resilience can be situation specific and therefore, it is unlikely that an individual will demonstrate resilience across all situations (Luthar, 2006).

Research in resilience was initially rooted in medical or deficits model that sought of identify, reduce, and prevent factors associated with unhealthy development. Much approaches proved limiting, however, and recent research as focused on strengths-based models that emphasize identifying and building upon already existing strengths of promote healthy developmental outcomes (Benson, Mannes, Pittman & Ferber, 2004).

Resilience conceptualized differently depending on the population being examined. In children, resilience is most often looked at from developmental perspective and seeks to identify variables most likely to produce positive outcomes (e.g., healthy development and adjustment) in the face of adversity. In contrast, resilience in adults is conceptualized as factors that allow an individual to successfully cope with traumatic event, while maintaining a healthy level of functioning (Bonanno, 2004). Finally, resilience in adolescents appears to combine these two approaches. Available research suggests that resilience in youth is determined not only by their environment, but also by individual differences. Developmental systems theory recognizes the individual and the context is being dynamically interactive in youth are seen is active participants in shaping the environment which in turn increase their own individual competencies (Theokas, 2005). Therefore, research in this area usually focuses on assets and resources. Assets are conceptualized as intrinsic factors that promote resilience i.e., coping skills and self-efficacy while resources are those

factors external of the adolescent that also promote resilience i.e., supportive parents and communities (Fergus & Zimmerman, 2005).

Early studies focused on identifying the sources of invulnerability but this notion proved too simplistic and was replaced by the construct of resilience. Current models of resilience emphasize three elements in researchers suggest that characteristics of the person i.e., biological, cognitive, social attributes and support from the family, and support from larger contexts, such as neighborhoods, organization, communities, and societies are very important. (Condly, 2006 ; Luthar, 2006).

People who display resilience following adversity tend to share two common characteristics. First, they tend to have good cognitive ability, which makes it possible or them to recognize, understand, assess, learn from, and react to their experiences (Condly, 2006; Luthar, 2006). Second, they tend to have temperaments that facilitate good social relationships by, making it easier for them to maintain supportive relationships and successfully seek comfort or assistance from others. Research on resilience in adults has proceeded along a somewhat different course than research in children and adolescents. Research in adults has focused more on personal characteristics. As well as resilience in adults has been observed mostly in response to traumatic events or disasters, while resilience in children and adolescents has been understood largely in relation to chronic stressors such as parental illness or neglect, impoverishment, or community violence (Bonanno, 2005).

Study by Walsh (2007) found out that adults have been studied most often as parents whose behavior affects the resilience of children or adolescents, although more recent studies have focused on adults as individuals. Research on parents has

shown that children are more likely to display resilience when their parents exhibit positive attitude, flexibility, taking initiative, and effective coping skills. Research on adults as individual has focused heavily on hardiness which is a personality trait predicts resilience in difficult situations. Hardiness comprises three elements which are sense of purpose in life, sense of personal control over situations, and welcoming attitude toward change (Kobasa, Maddi, & Kahn, 1982). Other studies have shown findings similar to studies of adolescents that relevant personal characteristics of adults include cognitive ability, flexibility, optimism, effective social skills, and the ability to complete tasks.

Several studies have focused on hardiness in military members as factor predicting responses of combat trauma. Bartone (1999) found that stressful life events and exposure to combat trauma strongly predicted later psychological symptoms but researcher found out that hardiness was also significant predictor. Research indicated that hardiness not only predicted symptoms by itself but it weakened the power of life events and combat exposure to produce later psychological symptoms. Resilience focuses on responses to adverse events there is considerable overlap between the study of resilience in adults and the study of coping. It was found that it is very common for studies of coping that help to find that active coping strategies that focus in solving the problem are more effective than strategies that focus on managing emotions, some studies have unexpectedly found that individuals displaying resilience resist expressing negative emotions in favor of more positive ones. While this behavior of resilience would sometimes be labeled denial and considered problematic, in the aftermath of adverse events it may be adaptive by reducing personal trauma and isolation from others (Bonanno, 2005).

It has been suggested that resilient individuals are less likely consolidate emotional memories and have a greater ability to extinguish traumatic memories (Charney, 2004). Research showed that in stress full and threatening situations, sympathetic nervous system becomes activated and adrenaline and noradrenalin are released. Unrestrained activation of the sympathetic nervous system, leading to hyper-vigilance, anxiety and intrusive memories (Southwick 2005) and resilient individuals are able to restrict sympathetic activation only dangerous or stressful situations (Morgan 2000). Polk (1997) has synthesized four patterns of resilience from the individual resilience

Internally Displace Persons (IDPs)

According to the prevalent notion of the term, conflict-caused displacement refereeing people forced to evacuate their native place of residence as a direct result of internal violence. At micro level this notion incorporates the wholesome meaning of the term “internally displaced people.”(IDPs) hence, it is found in numerous international instruments. The internal violence victims displaced forcefully are also associated with same term. On the other hand, escalations caused by the internal violence by no means are the sound basis of the in internal displacement. According to an assessment, the war-induced displacements consist of more than twenty million people. The growth in the people force to leave their indigenous places amounts only to a few million people. International Displacement Monitoring Centre observes a displaced comprising over 3.5 million people in recent times due to internal conflicts. And Pakistan leads the list (Terminski, 2013)

Another chief reason of displacement is of development projects. Countries having authoritative form of government, the interest of the people of the project's

instant vicinity are hardly considered while taking such decisions. It is because of their limited political involvement, lack of social censure before starting the project, and legal atrocities (Terminski, 2013). A recent study made in India shows that over sixty million people were displaced due to development programmes during 1950-2005, whereas, according to World Bank's estimate up to two hundred million people were displaced worldwide due to the development projects during 1980-2000. Now the growth rate is increasing as fifteen million people are observed being displaced annually. This development phenomenon became the core reason of displacement is a vital and integral part of the enormous and surrounding world (Cernea, 2015).

In Pakistan, the crisis owing to the displacement on the larger level has been observed recently. These displacements were consequential of escalation of the people due to contention between rival groups of hardcore militants and sectarian groups in the tribal regions, military operation against hardcore militants of FATA and rebellious elements in Baluchistan, and other natural human-caused calamities like earth quack in Kashmir and KPK, the yearly disaster caused by flood, and displacement caused by development projects like the enhancement of Mangla dam water storage capacity. The internal displacement will be a chief issue in Pakistan as all indicators propose (Najam-ud-Din, 2010).

The internal displacement of humans is a most tenacious humanistic issue among the political ones faced by the world community (Cohen, 1998). The term delineates the people who do not cross any international border but they are forced to leave their indigenous places to escape the war-effects or human caused havoc. UNHCR (United Nations High Commission for Refugees, 2004) thinks those people internally displaced ones who are forced to evacuate their home-places but none of them wants to cross any international border.

The significant portion of internal displacement is that it is not voluntary, abrupt or sudden (Bascarino, 1995) it was observed that 51 million individuals were displaced internally in 2007, and 26 million individuals were displaced ensuing wars and 25 million because of the natural havocs. On the other hand, says Internal Displacement Monitoring Centre, till the end of 2007 worldwide internally displaced people were numbered 26 million.

Pakistan has lately been undergone many catastrophes. Flood in Sindh displaced 7 million people in 2010 and it made the maximum IDPs in the country's history effecting almost 10% of the total population. 11 million people in displaced Pakistan by floods out of 38 million displaced worldwide. (International Displacement Monitoring Centre, 2011; National Disaster Management Authority, 2010). Moreover, people were also drastically affected by man-caused calamities such as terrorism resulting in military operation in FATA. 10 % IDPs are encamped at different places while rest is accommodated by host communities in Khyber Pakhtunkhwa: United Nation High Commissioner for Refugees, 2012). In early 2011, more than hundred thousand people were displaced internally in FATA region. (United States Agency for International Displacement, 2012).

Cost-Benefit Model of Internal Displacement:

Cost-Benefit Model is designed to explore the reasons of internal displacement (Moore & Shellman, 2002). This model says that people stay at their homes until their living at homes is beneficial to them in terms of any expenditure they are spending on their living and will leave their homes otherwise. The other costs may be understood in terms of social, physical, emotional, and environmental associations in addition to financial ones. An individual leaves when his association is threatened or questioned

deems to flee to the areas when better conditions are promised. The fear of persecution is the reason that instigates a person to abandon his home. The influence of dissenting and government is evident on forced migration. Forced migration flow is a direct result of the oppressive behavior of the both government and dissidents. Moreover, the size of the forced migration is also a subject to income and institutional democracy, somehow, this impact is smaller to an extent. Therefore, push factors steer the displacement process unlike pull factors (Moore, 2003).

Psychological Impact of Internal Displacement due to Armed Conflict

Posttraumatic stress disorder, depression, and somatization are the common psychological problems that merge in Refugees and internally displaced persons (Turner, 1990). Depression, anxiety, stress, and post-traumatic stress disorder associate factors with internally displaced person. (Robert, et al, 2009). Conducted research on displaced people in northern Uganda revealing that almost 54% research populations had post-traumatic stress disorder of which 60% were females while 67% research populations showed symptoms of depression of which 78% were mainly females. Marital status gender individual traumatic experience and distance of displacement covered are some factors that closely correlated with post-traumatic stress disorder and depression. Women exhibited post-traumatic stress disorder symptoms double than their male counter parts while unmarried research population were more prone to posttraumatic stress disorder. Distance of displacement (5 or more miles from home also created depression). The individual trauma with post-traumatic stress disorder was sexual abuse, deteriorating health with no medical facilities and unavailability of basic life amenities and biological need individual trauma exposure showing clear signs of depression was unnatural are untimely death of relative or a friend.

Displacement triggered by WWII experienced by survivors now aged 60 or plus was studied for its impact by (Kuwert et al, 2009) with 1513 participants of which 239 were displaced in WWII. The results manifested that displacement experienced almost six decades ago was directly linked with stressed lower resilience and dissatisfaction with life (Kuwert et al, 2009).

Kosovar civilians were interviewed to find out Post Traumatic Stress Disorder, disorders of extreme stress not otherwise specified, stress, and traumatic events in wake of war (Morina & Ford, 2008). The results showed rare occurrence of full disorders of extreme stress not otherwise specified, with 2% research population actually suffering from it but extreme DESNOS (Disorder of Extreme Stress Not Otherwise Specified) symptoms of somatization effected relations and understanding with 24-42% populations suffering from it. These symptoms also indicated Post Traumatic Stress Disorder, poor psychological functionality, self-assessment, dissatisfaction with life and social support (Morina & Ford, 2008).

Literature Review

Researches have shown that social supports have a vital role to predict the psychological wellbeing. Social support positivity correlates with the psychological wellbeing (Ritter et al). Different studies indicate that social support consistent increase the psychological wellbeing.

It is well establish that attributes and nature of social support are fundamental to an individual's modification and adjustment. The quality rather than quantity of social support has a more positive influence on mental health as per finding of a lot of researchers. (E.g. Nahid & Sarkis, 1994; Holahan et al. 1995). To comprehend the part played by received and perceived social support in connection with mental health, we need to investigate the researches on the anxiety buffering impact, which concentrate on both sorts of social support. The perceived social support alludes to the conviction that aid is accessible if necessary while the received alludes to the genuine aid got. Both are thought to minimize stress by reducing or diminishing situations considered a threat to prosperity and strengthening the conviction that vital and required are accessible. Examination of mechanisms of anxiety buffering impact of social support concentrates on find out how social support impacts stress related evaluations and adapting (Lakey & Cohen, 2000).

Many epidemiological researches have demonstrated that inadequate social support triggers depression and its relapse of depression dysthymia, mood disorder embedded in in multiple disease like cancer, multiple sclerosis.

At first, research on resilience was specific to medical field and deficit model that focused on identification, reduction, and prevention and elimination of factors linked with unhealthy development. Most approaches were limited, forever the recent

researches use strength based models to emphasis the identification and build up process of already existing strength for healthy developmental results (Benson et al, 2004).

Resilience is a multi-dimensional concept dependent on the variance of population. In childhood, resilience observed from developmental perspective for identification of variables likely to engender positive traits like adjustment and proper development in adversity. Contrarily resilience in adulthood regarded as factors making and individual successful in stressful circumstances and maintains healthy level of functionality (Banonno, 2004). Lastly, resilience in adolescence combines both the approaches. Available the researches demonstrate the determination of resilience in the youth by their individual peculiarities and their environment. Developmental systems theory values the individual and the context of dynamic interactive youth and their role of catalyst in energetic participants shaping their immediate environment and its role in enhancing individual capabilities in term (Theokas, 2005). Therefore, research in this regard mostly focalizes resources and assets. Assets are intrinsic elements promoting resilience i.e. self –sufficiency and coping skills whereas resources are external elements which instigate resilience in adolescence i.e. supportive family and community (Fergus & Zimmerman, 2005).

Primary studies emphasis identification of elements resulting invulnerability but later on this simple notion gave way to the new construct of resilience. New resilience model study three-core elements primarily social biological and cognitive characteristic and support from larger communities' organizations societies' neighborhood extended and nuclear family (Condly, 2006; Luthar, 2006)

Research on resilience in childhood and adolescence differs considerably from research on resilience found in adults. In adults, it deals invariably with personal traits but in adults, it is studied as a response to some catastrophic events. Moreover, resilience in adolescence and childhood is usually linked with chronic stressors like community violence, poverty, negligence by terminally ill patients. Walsh, 2007 claimed that adults usually consider a patient whose attitude shapes resilience in adolescence and childhood of their progeny while latest researches study adults as individuals. Researches conducted on parents display higher resilience in children if parents are flexible showing effective coping techniques and with positive attitude. Researches on adults as individuals focus greatly on hardiness- a personality trait which shows exhibits resilience in adverse circumstances. Hardiness incorporates three basic elements namely; an attitude, welcoming change, a sense of purposefulness in life and sense of controlled-self in hostile situations. (Bananno, 2005)

Researches on adolescence show similar results that personal traits in adulthood comprise positivism, flexibility, persuasive social traits, cognitive ability, and craft to accomplish tasks. Hardiness in army-men has been studied to assess a response to trauma. Barton 1999 propounded that stressful and catastrophic events and exposure to traumatic happenstances led to psychological disorders later on but hardiness is a vital predictor as well.

The study of responses to unfavorable events shows enough resemblances between resilience in adulthood and coping. It was found during the coping study that active coping techniques utilizing problem salvation strategy were found more successful than stressing on managing emotions. Whereas, some studies have explored that individuals having resilience circumvent expression of negative emotions

rather than negative ones. Although resilience attitude is sometimes considered to be a denial and problematic in adversity, it may be nurtured by diminishing social isolation and personal traumatic experiences (Kobasa et al, 1982)

It has expounded that resilient individuals are less inclined to have solidified emotional fragments of memory and can eliminate traumatic memories easily. Unrepressed stimulation of the sympathetic nerves system leads to hyper-consciousness, stress, indiscreet memories and the sympathetic activation is restricted in resilient individuals that are only mostly destructive in hostile or stressful situations. Synthesis of four major patterns of resilience derived from individual resilience achieved by (Polk, 1997.)

The recent studies demonstrate that psychological impact of displacement is more traumatic than the displacement itself. Displacement caused by these havocs redefines identities social structures and relations vividly (Mertus, 2003). Psychological issues like posttraumatic stress disorder reduction in life satisfaction level and impairment of psychological functionality are some severe consequences of displacement (Morina & Ford, 2008). Disasters also infest thoughts, perception, and beliefs of the affecters. Natural calamities devastate human life and property and man-made disasters too affect severely (Creamer, et al, 2001; Norris, 2003). As both the disasters, man-made and natural, have their implications but earlier ones are more effecting (Arata et al, 2000). Havocs happen almost daily in the world (Norris et al, 2002). Somehow, in south Asian countries specifically and generally in the under developed countries are undergoing lasting implications of such calamities. Asian continent tops the list of catastrophic casualties (Quarantelli, 1998). As the earlier studies made on the negative consequence of the internal displacement the recent study has reckoned resilience in terms of counter trauma technique to accommodate

IDPs in order to overcome hostile impact of displacement, which affects adversely psychological outcomes. Resilience thought to be a capability to sustain comparatively smooth, healthy level of physiological and psychological working (Riaz et al., 2014, 2015; Mujeeb & Zubai, 2012) further, as the ability for producing experience and healthy emotions (Cowen et al, 1996). Moreover, this research insists on multidimensional nature of resilience, which not addressed in the previous studies.

Rationale of the study

The psychological and economic consequences of internal displacement are important topics in the current research trends in Pakistan. This study to the knowledge of the researcher is the first comparative study in Pakistan to address the development induced & Conflict-induced IDPs in a single coherent investigation. There are more researches in the world that explore the conflict induced internally displaced persons but current study also explore developmental induced internally displaced person, study also examine the differences between the conflict induced and developmental induced internally displaced persons on study variables.

The study is unique in the sense that a number of researches have been done on refugees all over the world but very little work is done on khyber Pakhtunkhwa Pakistan refugees. khyber Pakhtunkhwa refugees have their own rich history, culture, and geography so they need to be dealt differently. The research is an effort to assess the relationship of social support, wellbeing, and resilience of khyber Pakhtunkhwa refugees.

The large-scale displacement crises in 2009 and 2010 were only the latest human exodus in Pakistan. They had been preceded by dislocation of population following clashes between rival militant and sectarian groups in the tribal areas;

military operations against extremist militants in parts of FATA and against insurgents/dissidents in Balochistan; generalized violence and violations of human rights; and other natural and human-caused disasters, including 6 induced by development projects such as enhancement of water storage capacity at Mangla Dam, construction of Mirani Dam and sale of two Islands off Karachi to an international real estate developer.

All indicators suggest that internal displacement will remain a key issue of concern in Pakistan at least in the medium term.

Recent displacement crises in Pakistan have been reviewed to draw on key lessons and ensure that they inform responses in similar crises in the future, not only with respect to protection and humanitarian assistance during displacement, but also to advocate a comprehensive approach to preventing and avoiding conditions that might lead to involuntary displacement in the first place.

Conceptual Framework

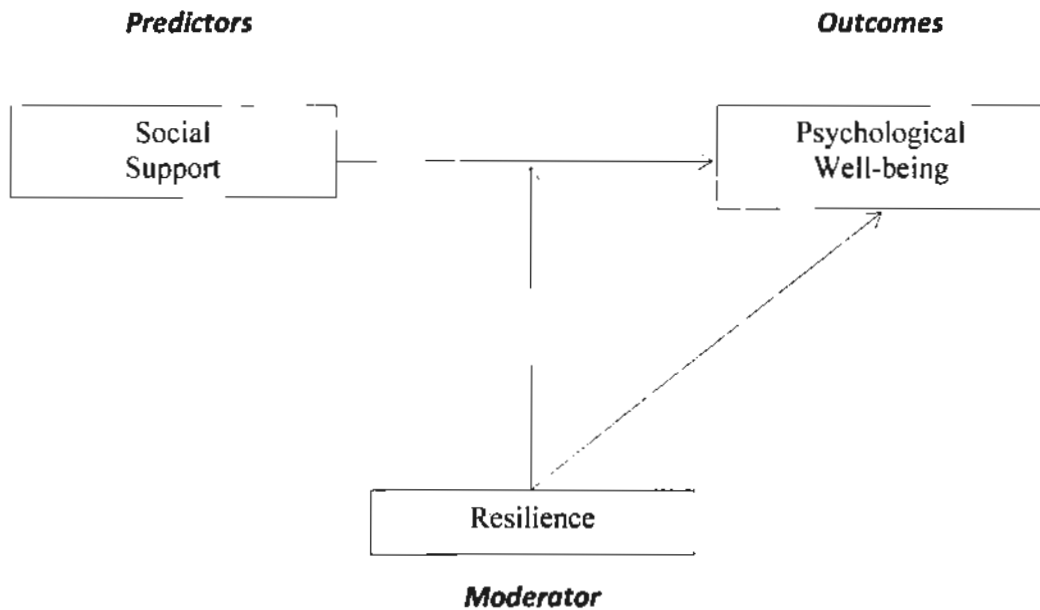


Figure 1. Schematic representation of the moderating role of resilience between social support and Psychological well-being

Objectives

1. To examine the effect of social support on psychological well-being among internally displaced persons.
2. To investigate the effect of resilience on psychological well-being among internally displaced persons.
3. To examine the moderating effect of resilience in the relationship between social support and psychological well-being among internally displaced persons.
4. To investigate means differences on social support, wellbeing, and resilience between conflict and developmental induced internally displaced person.

Hypotheses

1. Social support positively predicts psychological well-being among internally displaced persons.
2. Resilience positively predicts psychological well-being among internally displaced persons.
3. Resilience moderates the relationship between Social support and psychological well-being among internally displaced persons.
4. Development induced IDPs significantly score higher on resilience, social support, and well-being as compared to conflict induced IDPs.

METHOD

METHOD

Sample

The present study was based on the cross-sectional competitive research group. A purposive convenient sample of IDPs ($n=200$) was included in the present study. Both the conflict-induced IDPs ($n=100$, 50%) and developmental-induced IDPs ($n=100$, 50%) were included in the study. Both male and female were included in the study. Conflict-induced IDPs in the families of Bannu (Khyber Pakhtunkhwa) and developmental-induced internally displaced persons from extension of Terbil Dam (Khyber Pakhtunkhwa) were selected as participants of research.

Internally displaced Persons

IDPs are individual or group of people who have been forced to leave their house or their residence in order to avoid the war conflict, or development, situation of people rights or avoid natural disaster. IDPs have not crossed an internationally recognized government border (Terminski, 2013).

Conflict Induced IDPs

In common language the term, conflict-induced displacement refers to individuals who were forced to leave their typical home because of current boom of internal violence (Terminski, 2013).

Developmental Induced IDPs

Individuals, which displaced in other area of their country cause by development project known as developmental induced internally displaced person. Due to lack of social support narrow political participation, and legal discrimination (Terminski, 2013).

Inclusion Criteria

Conflict induced internally displaced persons were included in the present study from the campus living in the Bannu (khyber Pakhtunkhwa) and developmental induced internally displaced persons from the extension of Terbila Dam in (khyber Pakhtunkhwa) were included in the present study.

Research Design

The present study was based on crass sectional competitive research group in which data was collected from the conflict induced internally displaced persons and developmental internally displaced persons by using purposive convenient sampling technique.

Operational Definitions

Resilience

Resilience is the ability to cope with the stress after any stressful condition. Resilience works with the feeling and also effect the anxiety, stress, and problematic occasion (American Psychiatry Association, 2007). In other words, we can say that resilience is the process to adopting or facing the traumatic and problematic events. In the present, study the resilience scale measured resilience for adult. Resilience scale

developed by Wagnild & Youngs (1993). High score of the scale indicate high level of resilience and low score show the low level of the resilience.

Wellbeing

Wellbeing is an idea that includes social, subjective, and psychological domain as well as medical health. Carol Ryff (1989). Wellbeing defines with the number of components: self-acknowledgement, personal development in life, ecological mastery, independence, and helpful relationship with the others. Present study measured the psychological wellbeing by using the Warwick Ebinghas wellbeing scale developed by Tennant et al, (2006). Having the high score on the scale indicates high level of resilience and low scores indicate low level of resilience.

Social Support

Social support means the experience being esteemed, regarded, supported, and cared by other people who exist in one's life (Gurung, 2006). It might originate from various sources, for example, family, companions, peers, group, teachers, or any social community to which one belongs.

Instruments

Resilience Scale for Adult (RSA)

Resilience Scale for Adult (RSA) settled by Wagnild & Youngs (1993) was use to measure the resilience among disaster victims. The scale comprised of 14 items. All the items positively scored. The response format of scale is base on 5-point Liker-type pattern. The response classifications ranges from 1= strongly disagree to 5= strongly agree. High scores on the scale indicate high level of resilience and low score indicate low level of resilience. Past researches in Pakistan confirmed the

reliability and validity of this scale (Asghar (2014). Present study indicates 0.60 reliability of resilience scale.

Perceived Social Support Scale

Zimmet et al developed the perceived social support questionnaire in (1985). Scale measures the social support among conflict and developmental induced IDPs. Perceive social support scale consist of 12 items with positively scored. The response format of scale was 5-point Likert type. Scores interpreted in terms of low and high scores instead of cut off scores. The possible score range is 12 as minimum and 60 as maximum score. Past researches in Pakistan confirmed the reliability and validity of this scale (Nosheen, 2013). Present study indicates 0.67 reliability of social support scale.

Short Warwick Edinburg Mental Well-being Questionnaire

Warwick Edinburg Mental Well-being Questionnaire was developed Tennant et al.(2011)used to measure the well-being in the different types of the psychological research. It is a 7 items measure in which all items are positively scored. In this scale, responses rated on 5-point Likert-type rating scale. Scores interpreted in terms of low and high scores instead of cut off scores. The possible score range is 7 as minimum and 35 as maximum score. Past researches in Pakistan confirmed the reliability and validity of this scale (Rashid, 2014). Present study indicates 0.70 reliability of wellbeing scale.

Demographic Form

Demographic form was consisting of gender, age and educational.

Procedure

In order to collect the data, the subject were contacted through key information in the affected areas and they were briefed about the objective of the study by taking inform consent. Personal information was taken through demographic sheet. Scales were given to take responses of subject. The subjects were ensured about their privacy & confidentiality before the collection of data. The participants of the study were apprised for the cooperation and support in the study.

TH:18284

RESULTS

RESULTS

The present study was sought to examine the role of social support in the prediction of psychological wellbeing, of conflict and developmental induced internally displaced person. The study also aimed at examining the moderating effect of resilience in the relationship between social support and psychological wellbeing among conflict and developmental induced internally displaced persons. Description statistic, Pearson correlation, reliability, linear regression analysis hierarchical regression analysis, and independent sample *t*-test were applied to test the hypothesis.

Table 1

Frequency and percentage of participants (N=200)

Demographic variables	<i>f</i>	%
Gender		
1: Male	100	50
2: Female	100	50
Internally Displaced Persons		
1: Conflict Induced IDPs	100	50
2: Developmental Induced IDPs	100	50

Table 1 shows frequency percentage of participants with respect to their gender and IDPs. Results indicated that male and female participant were equal in number ($f = 100, 50\%$). IDPs belonging to conflict and development were also equal ($f = 100, 50\%$).

Table 2

Psychometric properties of the study variables (N=200)

Variables	<i>n</i>	<i>M</i>	<i>SD</i>	<i>α</i>	Range		Skewness	Kurtosis
					Potential	Actual		
Social Support	200	46.75	4.27	.67	12-84	36-55	-.30	-.37
Resilience	200	55.82	4.34	.60	14-70	41-65	-.87	.91
Wellbeing	200	28.33	3.11	.70	7-35	21-35	-.17	-.02

Table 2 shows psychometric properties of the study variables. The reliability analysis indicate the reliability coefficient of social support, resilience, and wellbeing scale is .67, .60, and .70 respectively which indicates satisfactory internal consistency of the Skewness and kurtosis of social support, resilience, and wellbeing scale that univariate normality is not problematic.

Tables 3

Pearson correlation among study variables (N=200)

Variables	1	2	3
1. Social Support	-	.20*	.26**
2. Resilience		-	.30**
3. Wellbeing			-

* $p > .01$ ** $p > .001$

Table 3 shows Pearson correlation among study variables, the finding indicate that social support has significant positive correlation with resilience ($r = .20$, $p < .01$) and wellbeing ($r = .26$, $p < .001$). Resilience has significant positive correlation with wellbeing ($r = .30$, $p < .001$).

Table 4

Multiple Regression Analysis showing the Effect of Social Support and Resilience on the Prediction of wellbeing (N = 200)

Variables	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>P</i>
Constant	11.32	3.21		3.52	.001
Social Support	.150	.050	.206	3.03	.003
Resilience	.180	.050	.249	3.67	.000
R^2	.125				
ΔR^2	.116				

Note: *SE=Standard error*

Table 4 shows Regression analysis is computed with social support and resilience as the predictor variables and wellbeing as an outcome variable. The ΔR^2 value of .116 indicate that 11.6% variance in dependent variable can be accounted for, by prediction with $F(2,197) = 14.07, p < .001$. The finding indicate that social support has significant positive effect on wellbeing ($\beta = .216, p < .01$) and resilience has also positive effect on wellbeing ($\beta = .249, p < .001$)

Table 5

Hierarchical Regression Analysis Showing Moderating Effect of Resilience in Relationship between Social Support and Wellbeing in Internally Displaced Persons (N = 200)

Models		Wellbeing		
		β	ΔR^2	ΔF
Model 1	Social Support	.255***	.060	13.81***
Model 2	Social Support	.206*		14.07***
	Resilience	.249**	.116	
Model 3	Social Support x Resilience	.271**	.143	12.10**
Total R^2		.350		

* $p < .05$ ** $p < .01$ *** $p < .001$

Table 5 results of hierarchical regression analysis showing the moderating effect of resilience in the relationship between social support and psychological wellbeing. The R^2 value of .350 indicate 35.0% variance in psychological wellbeing with [$F(3, 196) = 14.14, p < .001$]. The finding indicate the social support x resilience has significant effect on wellbeing ($\beta = .271, p < .01$).

Table 6

Mean, standard deviation and t-values for Conflict induced IDPs and Developmental induced IDPs on social support, resilience and wellbeing (N = 200)

Variable	Conflict Induced IDPs (n = 100)		Development Induced IDPs (n = 100)		t(148)	p	95%CI		Cohen's d
	M	SD	M	SD			LL	UL	
	Social Support	44.60	4.24	48.90			3.15	8.22	
Resilience	53.70	4.72	58.00	2.51	8.02	.000	5.35	3.23	.49
Wellbeing	27.50	3.44	29.20	2.50	4.08	.000	2.57	.89	.45

Table 6 shows mean standard deviation and *t*-values for conflict and developmental induced IDPs on social support, resilience, and wellbeing. Results indicates significant mean difference on social support with $t(198) = 8.22, p > .001$. The finding show that developmental induced IDPs significant score high on social support ($M = 48.90, p < .001$) as compare to conflict induced IDPs ($M = 44.60, p < .001$). Result indicate significant mean differences on resilience with $t(198) = 8.02, p > .001$. The finding show that developmental induced IDPs significant score high on resilience ($M = 58.00, p < .001$) as compare to conflict induced IDPs ($M = 53.70, p < .001$). Result indicate significant mean differences on wellbeing with $t(198) = 4.08, p > .001$. The finding show that developmental induced IDPs significant score high on wellbeing ($M = 29.20, p < .001$) as compare to conflict induced IDPs ($M = 27.50, p < .001$).

Figure II. Mean score on the study variables indicating the mean differences among conflict and developmental induced internally displaced persons.

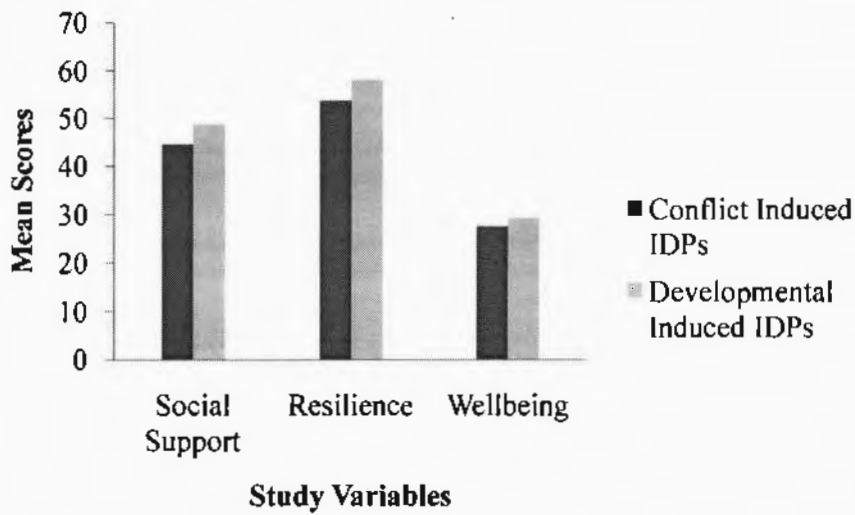


Figure II shows mean scores on the study variables indicating the differences among conflict and developmental induced internally displaced person. Results indicate significant mean difference on social support, resilience and wellbeing. The finding show that developmental induced IDPs significant score high on social support ($M = 48.90, p < .001$) as compare to conflict induced IDPs ($M = 44.60, p < .001$). The finding show that developmental induced IDPs significant score high on resilience ($M = 58.00, p < .001$) as compare to conflict induced IDPs ($M = 53.70, p < .001$). The finding show that developmental induced IDPs significant score high on wellbeing ($M = 29.20, p < .001$) as compare to conflict induced IDPs ($M = 27.50, p < .001$).

Summary of the Finding

Overall results suggest that social support was positively correlate to wellbeing among conflict and developmental induced internally displaced persons. Resilience also positively correlated with wellbeing among conflict and developmental induced internally displaced persons. Moreover, resilience moderated the relationship between social support and wellbeing among conflict and developmental induced internally displaced persons. Result also indicates that the significant mean differences on social support, resilience, and wellbeing among conflict and developmental induced internally displaced persons. Developmental induced IDPs significantly scored high on social support, resilience and wellbeing as compare to conflict induced internally displaced persons.

DISCUSSION

DISCUSSION

The present study aimed at finding out the role of social support in the prediction of psychological wellbeing among conflict and developmental induced internally displaced persons. The study also aimed at examining the moderating effect of the resilience in the relationship between social support and psychological wellbeing among conflict and developmental induced internally displaced persons. Conflict and developmental IDPs differences in social support psychological wellbeing & resilience was investigated. For the present study a sample of ($N=200$) was drained. Conflict induced IDPs from Bannu (khyber Pakhtunkhwa) and developmental induced IDPs from extension of Terbella Dam in (khyber Pakhtunkhwa) Pakistan were selected as the research participants.

Social support is a powerful forces that affecting the multiple facets of an individual's life. Social support helps people to make sense of behavior and events, and serves as an important function in the development of an individual's sense of wellbeing (Dalbert, 1999). The first hypothesis 'Perceived social support will positively predict psychological wellbeing among conflict & developmental induced IDPs was supported by the result of the present study (see Table 4) A research indicate social support is positively correlate with psychological wellbeing. (Correia, et al, 2009). Individual having strong social support reported more positive rating of psychological wellbeing on self-report measure. A study indicates that social support from family and friend was highly significant. (Steese, et al, 2006). Another research indicates that traumatic episode the families and their friends were equally shocked by the disaster and was not have ability to give adequate support to each other. The

Social support varied between ages and gender. Female respondents who received social support were less resilient as compare to male. Social support help to people to complete their daily life task like decision making, and suitable uses of individual ability by Kaniasty & Norris, (2009)

Second hypothesis was resilience would be positively correlated with psychological wellbeing among conflict and developmental induced internally displaced persons. Results showed that resilience is directly correlated to psychological wellbeing ($p < .001$) (see Table 4). Other researches also show the same result, which was, explored the relationship of resilience and psychological wellbeing. A research indicate the relationship between resilience and internalizing harms on New York area residence throughout the first six months after the 11, September, rebel attack in 2001 (Banano, 2006) also exposed an inverse correlation between resilience and psychological problems, and direct correlation between resilience and psychological wellbeing. (Aslam, 2007) indicate the correlation between psychological problems and resilience among earthquake affected individuals. Results indicated that resilience among earthquake individual was inversely related with stress, depression, and anxiety. Relationship of depression and resilience was explored in young people with innate heart disease. Significant negative relationship was found between depression and resilience ($p < .001$). Multiple Regression analysis showed that depression of young was explained by 54% of the resilience (Moon & Kang, 2006).

Third hypothesis of the research was Resilience will moderate the relationship between social support and psychological wellbeing among conflict and developmental induced internally displaced persons' was supported in the present study. (See table no: 5). Resilience help internally displaced person to adopt, recover,

and overcome the problematic situations (Masten, Best, & Germazy, 1990). Resilience developed the ability of adaptation and positive outcome among internally displaced person (Luthar, Chocchetti, & Becker, 2000) Researches indicate resilience not only provide the immediate recovery from problematic situation but also developed the ability to recover the long term effect of traumatic experiences (Bananno & Keltner, 1997; Fredrickson et al, 2003; Bananno et al, 2002).Robinson (2000) describe that resilience intervention can be more beneficial to recover the traumatic situation. Resilience also incorporated in the rehabilitation community program. People which do not receive social support show they have low level of resilience as compare who receive social support. Ungar et al. (2007) explain that positive social support build the confidence in the individual.

The fourth hypothesis of the present research was developmental induced internally displaced person having more score on study variables (social support, psychological wellbeing, and resilience) as compare to conflict induced internally displaced persons. The results indicate that hypothesis was supported in the present study. (See table no: 6). Researches indicate that Social support also involve developing and nurturing friendships; seeking resilient role models and learning from them (Johnson, & Ballenger-Browning 2010). Researches indicate conflict induced internally displaced persons having significant more score on social support as well as psychological wellbeing and resilience.

Strengths and Implications

- IDPs are one of the most critical social phenomenon's in the present condition of Pakistan which are targeted through the research.
- Research can help in outlining any kind of psychological counseling for IDPs.
- Research can also help while development for rehabilitation of IDPs.
- Resilience which is a positive trait has been addressed. Mostly researches have targeted just negative impacts of internal displacement.

Limitations

- Only adults are included in the research while the internally displaced community included a large number of children who are severely affected by the displacement.
- The crass-sectional survey research design of the present study prevent from making causal inferences. Similarly, it has low internal validity in spite of the fact that it has high external validity. Thus a mixed-method approach in the future research can be more beneficial in overcoming the inbuilt limitation of the design of the present study.
- Due to time limited and resources, only a minor number of a larger population has been targeted.
- The phenomenon of internal displacement and its effects can be better explored by open-ended interviews and other qualitative methods of data collection, which may reveal more aspects of their internalizing problems.
- Only a limited number of camps have been targeted.
- Developmental induced internally displaced persons, displaced before many year ago.

Conclusion

Study carried out to examine the effect of the social support on the psychological wellbeing among conflict and developmental induced internally displaced persons. The study also examines the moderating role of the resilience in the relationship between social support and psychological wellbeing among conflict and developmental induced internally displaced person. Means differences with respect to conflict and developmental induced internally displaced person on social support, psychological wellbeing, and resilience were computed. The finding indicates the social support and resilience have significant positive effect on the psychological wellbeing among conflict and developmental induced internally displaced person. Resilience moderates the relationship between social support and psychological wellbeing among the conflict and developmental induced internally displaced person. Developmental induced internally displaced persons significant score high on social support, psychological wellbeing, and resilience as compare to conflict induced internally displaced person.

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APPENDIXS

ہدایات:-

میں ڈیپارٹمنٹ آف سائیکالوجی۔ یونیورسٹی آف انٹرنیشنل اسلامک آباد میں ایم فل کا طالب علم ہوں۔ یہ ایک تعلیمی ادارہ ہے جہاں مختلف نفسیاتی و سماجی مسائل پر تحقیق کی جاتی ہے۔ موجودہ تحقیق بھی اسی سلسلے کی ایک کڑی ہے جس کا مقصد آپ کی زندگی میں رونما ہونے والے اہم واقعات اور ان کے آپ کی ذہنی صحت پر اثرات کا جائزہ لینا ہے۔ آپ سے

حاصل کی جانے والی تمام معلومات کو صرف تحقیقی مقاصد کے لیے استعمال کیا جائے گا

میں اس تحقیق کے متعلق مکمل معلومات رکھتا ہوں / رکھتی ہوں۔ اور اس میں اپنی مرضی سے شامل ہو کر تحقیقی مقاصد کے لیے معلومات کر رہا / رہی ہوں

جنس: مرد / عورت

عمر: _____

دستخط: _____

Perceived Social Support Scale

نوٹ: نیچے کچھ بیانات دیئے گئے ہیں۔ جن کے سامنے سات کالم بنائے گئے ہیں آپ ہر بیان کو غور سے پڑھیے اور اپنی رائے کے

مطابق درست پر نشان لگائیں۔ برائے مہربانی کوئی بھی سوال خالی نہ چھوڑیں

نمبر شمار	بیانات	بہت زیادہ غیر متفق	زیادہ غیر متفق	کسی حد تک غیر جانبدار	کسی حد تک متفق	غیر جانبدار	کسی حد تک متفق	زیادہ متفق	بہت زیادہ متفق
1	ایک خاص شخص ہے جو آس پاس ہوتا ہے جب مجھے ضرورت ہو۔	1	2	3	4	5	6	7	
2	ایک خاص شخص ہے جس سے میں اپنا دکھ سکھ بانٹ سکتا / سکتی ہوں۔	1	2	3	4	5	6	7	
3	میرا خاندان حقیقتاً میری مدد کی کوشش ہے	1	2	3	4	5	6	7	
4	مجھے وہ جذباتی مدد اور سہارا مل جاتا ہے جس کی مجھے خاندان سے ضرورت ہو۔	1	2	3	4	5	6	7	
5	مجھے ایسے شخص کا قرب میرے جو میرے لیے سکون کا حقیقی ذریعہ ہے۔	1	2	3	4	5	6	7	
6	میرے دوست حقیقتاً میری مدد کی کوشش کرتے ہیں۔	1	2	3	4	5	6	7	
7	میں اپنے دوستوں پر انحصار کر سکتا / سکتی ہوں جب کچھ بگڑنے لگے۔	1	2	3	4	5	6	7	
8	میں اپنے مسائل کے بارے میں اپنے خاندان سے بات کر سکتا ہوں	1	2	3	4	5	6	7	
9	میرے ایسے دوست ہیں جن سے میں اپنے دکھ سکھ بانٹ سکتا / سکتی ہوں۔	1	2	3	4	5	6	7	
10	میری زندگی میں ایک خاص شخص ہے جسے میرے احساسات کی فکر رہتی ہے۔	1	2	3	4	5	6	7	
11	میرا خاندان فیصلہ سازی کرنے میں میری مدد کو	1	2	3	4	5	6	7	

							تیار ہے۔	
7	6	5	4	3	2	1	میں اپنے مسائل کے بارے میں اپنے دوستوں سے بات کر سکتا / سکتی ہوں۔	12

Warwick Ebingsas Well-Being Scale

نوٹ: نیچے کچھ بیانات دیئے گئے ہیں۔ جن کے سامنے پانچ کالم بنائے گئے ہیں آپ ہر بیان کو غور سے پڑھیے اور اپنی رائے کے

مطابق درست پر نشان لگائیں۔ برائے مہربانی کوئی بھی سوال خالی نہ چھوڑیں

نمبر شہر	بیانات	کامل طور پر نہ مستحق	غیر تعلق	درمیانہ	تعلق	کامل طور پر تعلق
1	میں مستقبل کے بارے پر امید محسوس کرتا ہوں	1	2	3	4	5
2	میں خود کو کار آمد محسوس کرتا ہوں	1	2	3	4	5
3	میں پرسکون محسوس کرتا ہوں	1	2	3	4	5
4	میں مسائل کے ساتھ اچھی طرح نپٹتا ہوں	1	2	3	4	5
5	میں واضح طور پر سوچتا ہوں	1	2	3	4	5
6	میں خود کو دوسرے لوگوں کے قریب محسوس کرتا ہوں	1	2	3	4	5
7	میں خود کو اس قابل سمجھتا ہوں کہ چیزوں کے بارے میں اپنا ذہن بناؤ	1	2	3	4	5

Resilience Scale for Adult

نوٹ: نیچے کچھ بیانات دیئے گئے ہیں۔ جن کے سامنے پانچ کالم بنائے گئے ہیں آپ ہر بیان کو غور سے پڑھیے اور اپنی رائے کے

مطابق درست پر نشان لگائیں۔ برائے مہربانی کوئی بھی سوال خالی نہ چھوڑیں

نمبر شمار	بیانات	کامل طور پر نہ متفق	غیر متفق	درمیانہ	متفق	کامل طور پر متفق
1	میں اپنے دوستوں کے ساتھ مہربان ہوں	1	2	3	4	5
2	میں گھبراہٹ میں خود پر آسانی سے قابو پالیتا/ لیتی ہوں	1	2	3	4	5
3	مجھے نئے اور انوکھے حالات کا سامنا کر کے مزہ آتا ہے	1	2	3	4	5
4	میں اکثر لوگوں پر اچھا تاثر چھوڑنے میں کامیاب رہتا/ رہتی ہوں	1	2	3	4	5
5	مجھے نئے کھانے کھانے میں مزہ آتا ہے جو میں نے پہلے کبھی نہ کھائے ہوں	1	2	3	4	5
6	مجھے پرجوش انسان سمجھا جاتا ہے	1	2	3	4	5
7	مجھے جانی پہچانی جگہوں پر مختلف راستوں سے جانا اچھا لگتا ہے	1	2	3	4	5
8	میں کافی لوگوں سے زیادہ تجسس پسند ہوں	1	2	3	4	5
9	میرے میل جول کے زیادہ تر لوگ پسند کیے جانے کے لائق ہیں	1	2	3	4	5
10	میں اکثر کوئی بھی کام کرنے سے پہلے اچھی طرح سوچتی / سوچتا ہوں	1	2	3	4	5
11	مجھے نئے اور مختلف کام کرنے میں مزہ آتا ہے	1	2	3	4	5
12	میرے روزمرہ کے معمولات دلچسپ ہیں	1	2	3	4	5
13	میں خود کو ایک مضبوط شخصیت کہلوانا پسند کروں گا/ گی	1	2	3	4	5
14	میں اپنے غصے پر جلد قابو پالیتا/ لیتی ہوں	1	2	3	4	5

