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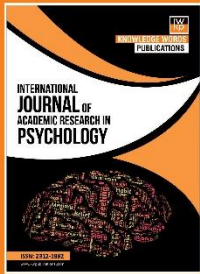
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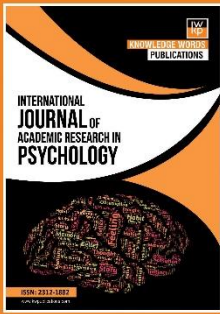


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Sexting and Emotional Difficulties in High School Pupils

Arta Dodaj, Kristina Sesar and Matea Cvitkovic

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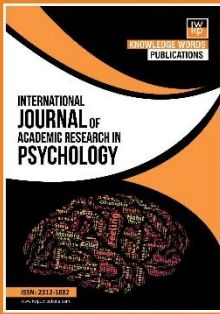
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INTERNATIONAL JOURNAL OF ACADEMIC RESEARCH IN PSYCHOLOGY



Sexting and Emotional Difficulties in High School Pupils

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Abstract

Sexting has recently attracted the attention of researchers. The aim of this study was twofold: (a) to investigate the prevalence of sexting among boys and girls, and b) to examine the relationship between different types of sexting and emotional difficulties in high school pupils. The research was conducted on a sample of 711 adolescents aged 14-19 years. The Sexting Behavior Questionnaire was used to assess sexting, while the Depression Anxiety and Stress Scales and the item of suicidality were used to assess emotional difficulties. The results of the study show that the most frequently reported type of sexting is sending sexually explicit content and the rarest is posting sexually explicit content. Boys are more frequently engaged in sexting compared to girls. Furthermore, pupils involved in sexting think about suicidal thoughts and suicide more often. The obtained results suggest that youth do participate in sexting and those who do have some negative thoughts, which emphasize the necessary for both a prevention and intervention approach for this population.

Keywords: Sexting, Negative Emotional States, Suicidality, High School Pupils, Adolescents.

Introduction

The National Center for Missing and Exploited Children (NCMEC) (Cox Communications 2009) defines sexting as the writing of sexually explicit messages, the photographing of oneself and/or one's peers in a sexually explicit manner by adolescents and sending them to their peers. Recently, the definition of sexting has come to encompass not just the transmission of sexually explicit content but also the exchange and forwarding of message content. Hudson (2015) defines sexting as the electronic or mobile sending, posting, sharing or forwarding of sexually explicit messages, semi-nude or nude photos.

The differences in the definitions of sexting have limited the comparison of results across studies which have aimed to examine the prevalence of the exchange of sexually explicit content (Drouin et al., 2013; Lounsbury, Mitchell, & Finkelhor, 2011). Besides the differences in the definitions, the studies conducted to date also differ with respect to the sample, the ways in which message content is defined (text and/or photo), the media used for the message exchange, and the relationship of the individuals between whom the sexually explicit content is exchanged.

Taking into consideration the above-mentioned limitations and, according to the results of studies conducted to date, the frequency of sexting is within the range from 4% to 82% (Lenhart, 2009; Mitchell et al., 2012; Morelli et al., 2016; NCMEC 2009; Patrick et al., 2015; Temple et al., 2012; Vrselja, Pacadi, & Maričić, 2015; Ybarra & Mitchell, 2014; Walrave et al., 2015). Some studies show girls report more activity exchanging sexually explicit content in comparison to boys (Martinez-Prather & Vandiver, 2014; Mitchell et al., 2012; Reyns, Henson & Fisher, 2014) and girls report sending messages more frequently with sexually explicit content, whereas boys report receiving messages with sexually explicit content (Englander 2012; Gordon-Messer et al., 2013; Henderson & Morgan, 2011; Strassberg et al., 2013). As opposed to the above-mentioned study results, Jonsson et al. (2014) suggested that boys participate more often in activities such as sexual exposure (posting nude and/or semi-nude photos and/or videos of themselves). Other studies show that boys and girls equally participate in the exchange of sexually explicit content via electronic media (Dake et al., 2012; Hinduja & Patchin, 2010; Lenhart, 2009; Rice et al., 2012).

The studies examining adolescents' attitudes toward sexting indicate that adolescents stress the numerous positive aspects of sexting, and that they are not aware of the potentially negative repercussions of exchanging sexually explicit content via electronic media (Henderson & Morgan, 2011). However, the virtual dissemination of photos with sexually explicit content may result in health issues (e. g. suicide, mood difficulties etc., Katzman, 2010). Some authors in this field have reported on the relationship between sexting, depression, anxiety, suicidal thoughts and suicide (Angelides, 2013; Brown, Keller, & Stern, 2009; Chalfen 2009; Gordon- Messer et al., 2013; Mitchell et al., 2012; Ryan, 2010; Temple et al., 2012; Tomazin & Smith, 2007; Van Ouytsel et al., 2014). By comparing adolescents who had sexted with those who had never sexted, Englander (2012) observed that individuals who had sexted, either encouraged by others or under pressure from others, predominantly reported on having problems with greater anxiety in comparison to those who had sexted without any pressure. Dake et al. (2012) observed that sexters had a statistically significant greater probability for suicidal thoughts and attempted suicide in relation to those who did not sext, and they often reported feelings of sadness or hopelessness for at least two consecutive weeks in the previous year. Mitchell et al. (2012) also investigated the emotional consequences of sexting. According to the results of their study, 21% of the participants who were subjects on sexually explicit photos or who took such photos and 25% of the participants who received sexually explicit photos reported a high or intensive level of agitation, shame and fear as a consequence of their behavior. In the end, it is also necessary to cite the results of the studies that did not indicate a relationship between sexting and negative emotional states. Gordon-Messer et al. (2013) did not observe any significant differences in the level of depression, anxiety and self-esteem amongst the individuals who received sexually explicit photos, who received and sent sexually explicit photos, and those who neither received nor sent them during their lives. Statistically significant differences between sexters and non-sexters in the terms of serious psychological consequences were also not found in the study by O'Sullivan (2014). Similarly, Levine (2013) believes that sexting must not be considered exclusively risky and unhealthy behavior, rather it must be observed as a new way in which adolescents explore their sexuality.

The inconsistencies in these findings may be due to a variety of issues including sample demographics (ranging from a teenager sample to a mixed sample of youth adult) or the different types of sexting and mental measures. The inconsistent findings signal the need for additional studies to understand more about relationship between sexting and emotional difficulties. Exploring sexting by using a narrow definition of sexting and emotional difficulties and targeted on a younger sample

of adolescents (14-19-year-olds) allow us to gain deeper knowledge on this recent field of sexting. Furthermore, there is a broad overview of relevant literature of sexting and adolescent health conducted on American sample. Amount of data on European contexts is missing. This study examines the extent of adolescent sexting in a Bosnia-Herzegovina context of South-East Europe's by deploying psychometrical well-established measures of sexting, emotional difficulties and suicidal thoughts.

The aim of this study was to investigate, on a sample of adolescents, whether there is a relationship between sexting, negative emotional states (anxiety, depression stress) and suicidal thoughts. In line with the perspective of a sexting as a high-risk behavior, we believe that may be an indicator of deeper emotional issues. Therefore we presumed that significant predictors of sexting would be gender, negative emotional states (anxiety, depression and stress) and experience suicidal thoughts. This is an area of current study, relevant and of interest within the field of psychology and its implication with emotional welfare or discomfort.

Method

Participants

The participants were 711 pupils (300 boys and 411 girls) attending the four-year high schools from Mostar, Capljina, Stolac and Tomislavgrad (Bosnia & Herzegovina), aged from 14 to 19 ($M = 16.70$; $SD = .86$). Of the total number of participants, 249 (35.02%) were pupils from Mostar (95 boys and 154 girls), 60 (8.44%) from Capljina (18 boys and 42 girls), 186 (26.16%) from Stolac (97 boys and 89 girls) and 216 (30.38%) from Tomislavgrad (90 boys and 126 girls).

Measures

The rationale of using following measures was that they have been widely used and characterized by a good internal structure.

The socio-demographic characteristics taken into consideration in the study were the gender and age of the pupil.

Sexting. The Sexting Behaviors Questionnaire (Morelli et al., 2016) was used to assess the prevalence of receiving, sending and posting textual messages, photos and videos of sexually suggestive or provocative content. For the needs of this study, the Questionnaire was translated from English into Croatian according to the standards for the translation of psychological instruments, after which a reverse translation was conducted from Croatian into English. The reverse translation indicated a few omissions which were subsequently corrected in the Croatian version of the Questionnaire. The Questionnaire consisted of two basic sections. The first section contained 29 items divided into three subscales: subscale *receiving* sexually explicit content via smart phones or social networks (e.g., *How often have you received sexually suggestive or provocative photos/videos or messages about someone you know over the internet (i.e., Facebook, e-mail, Twitter)?*), subscale *sending* sexually explicit content via smart phones or social networks (e.g., *How often have you sent sexually suggestive or provocative photos/videos or messages about yourself over the internet (i.e., Facebook, e-mail, Twitter)?*), and the subscale *posting* sexually explicit content via smart phones or social networks (e.g., *How often have you publicly posted sexually suggestive or provocative photos or videos about yourself on Facebook, Twitter, or MySpace*). The participants assessed the frequency of their own behavior on the following 5-point scale 1 (never); 2 (rarely or a few times); 3 (occasionally or 2-3 times a month); 4 (often or 2-3 times a week); 5 (frequently or daily). The subscale total scores were obtained by summing the item scores within each subscale. The second section of the

Questionnaire consisted of eight additional items, questioning the number of individuals with whom sexually suggestive textual messages, photos and/or videos were exchanged (one item); the identity of the people from whom they received sexually suggestive or provocative messages, photos and/or videos (two items), and the circumstances in which the sexually suggestive or provocative messages, photos and/or videos were exchanged (five items). In the present study, only the first part of the questionnaire was used following the original factor structure reported by (Morelli et al., 2016).

In accordance with the recommendations by Morelli et al. (2016), the participants were categorized into two groups according to their self-assessment: participants who send, receive or post sexually explicit content (with results on the subscales of the Questionnaire greater than one standard deviation from the mean) and participants who do not send, receive or post sexually explicit content (with results on the subscales of the Questionnaire lower than one standard deviation from the mean). Therefore we analyzed the data using stricter criteria to create the sexting groups: that is, one standard deviation above the mean of the sexting subscales. The rationale for using this scoring method was that we wanted to select participants who are clearly disturbed to be in the sexting categories.

Morelli et al. (2016) obtained high reliability on the internal consistency of the whole scale ($\alpha=.93$), and the values of Cronbach's alpha were $\alpha=.86$ for the subscale receiving, $\alpha=.85$ for the subscale sending and $\alpha=.92$ for the subscale posting sexually explicit content. In this study, the reliability coefficient for the subscales calculated using Cronbach's alpha ranges from $\alpha=.89$ for the subscale receiving, $\alpha=.94$ for the subscale sending, $\alpha=.92$ for the subscale posting and $\alpha=.96$ for the entire scale.

Negative emotional states. The negative emotional symptoms were assessed using the Depression Anxiety and Stress Scale (DASS, Lovibond & Lovibond, 1995) which was adapted for our language by Reić-Ercegovac and Penezić (2012). We decided to use DASS since it has been shown to possess excellent psychometric properties (see Brown et al., 1997; Crawford & Henry, 2003; Lovibond & Lovibond, 1995) and it allows rigorous clinical assessment of the different aspects of emotional disturbance. DASS consists of three subscales which measure the frequency and presence of three negative emotional states: depression, anxiety and stress. It consists of a total of 42 items, with each of the three subscales consisting of 14 items. The *depression* scale contains items which assess dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/ involvement anhedonia (e.g., *I felt sad and depressed*). The *anxiety* scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect (e.g., *I felt I was close to panic*). The stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient (e.g., *I found it difficult to relax*). The participants rate the extent to which they have experienced each symptom over the previous week, on a 4-point severity/frequency scale, from 1 (did not apply to me at all) to 4 (applied to me very much, or most of the time). Scores for Depression, Anxiety and Stress were determined by summing the scores for the relevant 14 items. Brown et al. (1997) found intermediate coefficients of consistency, and Cronbach's alpha values were $\alpha = .71$ for the subscale depression, $\alpha = .79$ for the subscale anxiety and $\alpha = .81$ for the subscale stress. In this study, internal consistencies (coefficient alpha) for each scale of the DASS were: depression $\alpha = .91$; anxiety $\alpha = .87$; stress $\alpha = .89$.

Suicidality. The dichotomous yes/no question was used to assess thinking about death, which stated: *I often think about death or suicide*. The item used represents the intermediary measure for suicidality, for conclusions on the risk of suicidality are made on the basis of suicidal thoughts.

Although a single-item measure of suicidality is desirable because of its simplicity, it has to be careful with presumption of data due to possible low internal validity of the measure. However, systematic review of instruments for the assessment of suicide risk has shown that none of suicide risk assessment tool, which varied in length and character (e.g. including few to more factors etc.), did not fulfilled requirements for sufficient diagnostic accuracy (Runeson et al., 2017).

Procedure

The study was conducted in May, 2016 in cooperation with teachers, psychologists and professors in the schools where the research was conducted. The research was approved by the Psychology Department Ethics Committee, University of Mostar. Participation in the study was on a volunteer basis which allowed the pupils to withdraw from the research at any time. The collection of data took place during class time and lasted approximately 20 minutes. Before filling out the questionnaires, the researcher introduced himself to the pupils, explained the purpose of the research and informed the pupils whom they could contact if they had additional questions after they had completed the questionnaire. The participants in the study signed informed consent forms. After they completed the questionnaires, the participants were asked to put them into an envelope, seal them and put them into a box which was on a table at the back of the classroom.

Results

The Prevalence of Sexting in the Study Sample

In order to ascertain the frequency of sexting behavior amongst boys and girls, we analyzed the results of the participants on the Sexting Behavior Questionnaire. According to the criteria of the standard deviation of results on the questionnaire above the value of 1 as an indicator of the measure of sexting behavior, 11.25% ($N = 80$) of the total sample participated in the exchange of sexually explicit content. Of the total number of pupils who participated in sexting, 9.42% were boys, and 1.83% girls.

Upon analysis of the data concerning the three sub-dimensions of sexting (receiving, sending and posting), it was found that the largest number of participants received messages, photos and/or videos with sexually explicit content ($N = 79$; 11.11%), and the smallest number 6.06% ($N = 43$) posted sexually explicit content. The number of participants sending sexually explicit content was 10.12% ($N = 72$). Of the total number of boys, 9.28% ($N = 66$) received, 8.58% ($N = 61$) sent, and 5.63% ($N = 40$) posted sexually explicit content. An analysis of the responses to the individual sub-dimensions of sexting of girls indicated that fewer girls participated in sexting as opposed to the boys with 1.83% ($N = 13$) of the total sample receiving, 1.55% ($N = 11$) sending and 0.42% ($N = 3$) posting sexually explicit content. The results of sexting frequency of boys and girls are shown in Table 1.

The following step in the analysis was to examine whether there were gender differences in the three sub-dimensions of sexting (Table 1). A t-test analysis showed significant differences according to gender in the subscales of sexting. In comparison to the girls, the boys were more likely to participate in sexting, particularly in receiving messages, photos and/or videos of sexually explicit content.

In order to compare the obtained results, we calculated effect size with the Cohen's d-index (Table 1). A Cohen's d lower than .20 indicates a small effect, from .20 to .50 a medium effect, from .50 to .80 a medium-to large effect, and if the value exceeds .80 it belongs to the category of large effects (Cohen 1988). Table 1 suggests that the difference in the sexting subscales between boys and girls is a small to middle effect size. The largest d-index values were found for the subscale of sending

and receiving sexually explicit content, while the subscale of posting gave rise to smaller effects. The result indicates that in comparison to girls, boys more often resort to sexting, particularly to the sending and receiving of messages, photos and/or videos of sexually suggestive content.

Insert Table 1. Here

Table 1. Descriptive statistic and gender differences in sexting behaviors

Sexting Behaviors Questionnaire	Boys			Girls			<i>t</i>	<i>Df</i>	<i>p</i>	Cohen's <i>d</i>
	<i>N</i> (%) [*]	<i>M</i>	<i>SD</i>	<i>N</i> (%) [*]	<i>M</i>	<i>SD</i>				
Receiving	66 (22.00%)	1.55	.83	13 (3.16%)	1.23	.30	7.64	709	.00	.54
Sending	61 (20.33%)	1.04	.56	11 (2.68%)	.81	.16	7.85	709	.00	.55
Posting	40 (13.33%)	1.21	.59	3 (.73%)	1.02	.17	6.36	709	.00	.45
Sexting Total Score	67 (22.33%)	1.39	.69	13 (3.16%)	1.10	.21	8.04	709	.00	.57

*percentage of participants who were classified as sexters in terms of sending, receiving and/or posting sexually explicit content

Gender, Psychological Difficulties and Sexting

Before testing the predicative values of gender, negative emotional states (anxiety, depression and stress) and suicidal thoughts for sexting, we determine whether or not there is a relationship between the variables of interest (Table 2). All three dimensions of sexting were found to have a positive correlation with gender and suicidality. Although all the correlations reached the .05 level of significance, all of them appear to be weak, with a tendency for correlation between sexting and suicidality to be weaker. The weakness of the correlations among variables implies that there is no linear relationship between the variables.

Insert Table 2. Here

Table 2. Correlation between sexting sub-dimensions, gender and psychological difficulties

Sexting Behaviors Questionnaire	Gender	Negative emotional states			
		Depression	Anxiety	Stress	Suicidality
Receiving	.27*	.00	.03	.03	.11*
Sending	.28*	.01	.03	.04	.10*
Posting	.23*	-.03	-.02	.00	.01*

* $p < .05$

Furthermore, data were analyzed by regression analyses for measure of sexting as criterion variable. The significant regression predictor models for sexting are illustrated in Table 3. Gender and

suicidality proved to be significant predictors of receiving, sending and posting sexually explicit content. Combined together, gender and suicidality explain the 28% variance in the receiving and sending of messages, photos and/or videos of sexually explicit content as well as the 24% variance in the posting of sexually explicit content.

Insert Table 3. Here

Table 3. Summary of regression analysis for variable predicting sexting behavior

Predictors	Sexting Behaviors Subscales					
	Receiving		Sending		Posting	
	β	SE	B	SE	β	SE
Gender	.25***	.03	.26***	.03	.22***	.03
Suicidality	.11**	.03	.10**	.03	.09*	.03
Anxiety	.03	.06	-.02	.06	-.04	.06
Depression	-.02	.05	.00	.05	-.01	.05
Stress	-.00	.05	.03	.05	.03	.06
R ²	.28		.29		.24	

*p < .05; **p < .01; ***p < .001

Discussion

The results of this research indicate that a total of 11.25% of the participants had participated in exchanging sexually explicit content via electronic media. The obtained frequency of sexting in our research is partially in accordance with the findings of recent studies (Lenhart, 2009; Mitchell et al., 2012; Morelli et al., 2016; NCMEC, 2009; Patrick et al., 2015; Temple et al., 2012; Ybarra & Mitchell, 2014; Vrselja et al., 2015; Walrave et al., 2015) which emphasize that sexting is a common behavior among youth, irrespective of the obtained differences in the prevalence of sexting in studies to date. For example, Lenhart (2009) found on a sample of adolescents aged from 12 to 17 that the prevalence of sexting ranged from 4% to 30% of participants. Similarly, Mitchell et al. (2012) showed, on a sample of young secondary-school pupils, that the prevalence of sexting among its participants ranged from 9% to 54%. Studies conducted in Croatia showed that 19% to 61% of adolescents participated in sexting (Kričkić, 2016; Vrselja et al., 2015). An astonishing prevalence rate of sexting was found by Morelli et al. (2016), who reports that up to 82.23% of youth from the ages of 13 to 30 have participated in sexting at least once in their lives. Comparing the results of our research with the results of studies conducted so far it can be concluded that sexting is present in Bosnia and Herzegovina, but to a lesser extent than in other countries. The results can be explained within the framework of an environmental context. Sexuality in the Bosnian and Herzegovinian context is characterized by strong traditional attitudes towards the sexual behavior of adolescents. Due to these reasons, it is possible that adolescents find it difficult to adapt their attitudes and values to those that society imposes, and that they have a negative attitude towards such behavior which reduces the possibility of accepting and practicing such behavior. Furthermore, the fact that the assessment criteria for the prevalence of sexting between this study and other studies mentioned above were

different limits the comparison of the gained results. In our study, in order to encompass only those included in sexting, we separated the sexters from the non-sexters by applying the ad hoc criterion on the basis of standard values. The mentioned criterion could have influenced the results of the prevalence of sexting taking into consideration that the criterion is relatively strict. Using this criterion it is possible that the participants who had sexted once in their lives were excluded from the data.

According to the results of our study, boys sent and received messages, photos or videos with sexually explicit content more often than girls. The generally higher prevalence of sexting in boys and the finding on the greater exposure of boys to sending and receiving sexually explicit content are in accordance with the results of studies conducted to date (Burke-Winkelman et al., 2014; Gordon-Messer et al., 2013; Reyns et al., 2014; Ringrose et al., 2012; Strassberg et al. 2013; Vandoninck & d'Haenens, 2014; Walker et al., 2013). We can attempt to explain the results via "double standards" in the perception of the sexting behavior of boys and girls. The sexting of girls is severely criticized and punished by society (Lippman & Campbell 2014; Ringrose et al., 2012; Yeung et al., 2014). Thus, girls, in order to avoid rejection and negative comments, participate more rarely in sexting. Simultaneously, boys are given the support of the environment to participate in sexting communication and even attain greater popularity in the peer group which affects the prevalence of the exchange of sexually explicit messages, photos and/or videos (Lippman & Campbell, 2014; Ringrose et al., 2012). As opposed to the findings of our study, the results of some studies to date show that girls more often send sexually suggestive photos or videos, and boys more frequently receive and/or post them (Burke-Winkelman et al., 2014; Reyns et al., 2014; Strassberg et al., 2013). One can attempt to explain the obtained differences between the results of our study and other studies with the earlier mentioned differences in social norms for boys and girls. These are more prominent in traditional countries than in the countries where sexting studies were conducted, predominantly in the American region, where attitudes towards expressing and exploring your sexuality and generally towards sexting are less traditional (Ahrold & Meston, 2010; Boehnke, 2011; Twenge, Sherman & Wells, 2015; Wood & Eagly, 2010).

According to our results, a correlation between sexting and negative emotional states was not found. The results with respect to the relationship between sexting and negative emotional states are inconsistent. There are studies which indicate a positive correlation between sexting and depression, anxiety and/or stress (Dake et al., 2012; Houck et al., 2014; Mitchell et al., 2012; Van Ouytsel et al., 2014), but there are also those that indicate that there is no relationship between sexting and emotional difficulties (Burić, 2016; Gordon-Messer et al., 2013; Levin, 2013; O'Sullivan, 2014; Temple et al., 2014). The possible cause for sexting not being in relationship with psychological difficulties such as depression, anxiety and stress is that sexting can only be related with strong changes in emotional states. The negative emotional state scale used in this study serves to detect milder changes in depression, anxiety and stress. The second explanation could be related to the sample of participants. The study was conducted on a normal population amongst whom the prevalence of depression, anxiety and stress is much lower than in a clinical population. Therefore, it is to be assumed that differences could not be found taking into consideration that the expression of negative states in the sample was generally low. Better insight into the relationship between sexting and symptoms of depression, anxiety and stress would be obtained if the study were conducted on a clinical sample. In the end, it is not necessary to define sexting exclusively as a form of risk behavior amongst youth, but sexting can represent a new way of exploring adolescent sexuality (Levine 2013) or an extension of adolescents' off-line lives (Rice et al., 2012; Temple et al., 2012).

Furthermore, the results showed a positive correlation between sexting and suicidality. Boys and/or those who often think about death report greater participation in the exchange of sexually explicit content in comparison to the girls and/or those who think less about death. The results speak in favour of a significant correlation between gender and suicidality and sexting. Dake et al. (2012) found that adolescents, who participated in sexting more often felt sad, thought about suicide or even attempted suicide. In addition, the relationship between sexting and suicidality points to the fact that those who sext more are more likely to think about death more often. The chronic stress evident in the increased level of fear, agitation and shame due to sharing sexually explicit content may be the initiator of the suicidal thoughts and suicide (Brown et al., 2009). An analysis of existing literature has found only two studies which examined the correlation between suicide and sexting (Angelides, 2013; Ryan, 2010). Such conflicting results with respect to the relationship between psychological difficulties and sexting indicate that the mechanisms of the influence of sexting on emotional difficulties have still not been completely resolved. What is still questionable is the true role of emotional difficulties in sexting behavior, because authors do not interpret this relationship in the same way. Some authors claim that emotional difficulties and negative emotional states are the cause of sexting behavior (Temple et al., 2014), whilst others believe that they are possibly the consequences of sexting (Mitchell et al., 2012). For example, it is unclear if those who sext more think about death more, or if frequent thinking about death leads adolescents to get the attention and acceptance they seek through sexting. More research specific to these factors is indicated due to limitations in the dichotomous variable for suicidality.

Limitations

In the end, we will address the methodological limitations of this study. The first limitation refers to the sincerity of the participant in answering the questions. Often self-reported results are not congruent with the current behavior usually due to occurrence of social desirable bias which could have both conscious and unconscious aspects (Dodaj, 2012). Although much care was taken to ensure a feeling of privacy and anonymity, considering the subject of the study, it is quite possible that some participants were uncomfortable answering some questions and hence offered insincere answers. Furthermore, participants may be unaware of the content of item or in the process of self-deceptive denial and give a response which is incongruent with the actual self-reported behavior. The next difficulty refers to the fact that the data were collected through self-assessment measures, that is, questionnaires which were lacking in various respects, like above mentioned socially desirable responses, the impossibility of checking the truth of the responses the possibility that some questions were misunderstood. We should also emphasize the fact that some measures such as measure of suicidality might have low internal validity. For example, Milner, Lee and Nock (2015) found that single-item measurement regarding the suicide ideation, plans and attempt leads to misclassification and increase the likelihood of statistical errors. Furthermore, the study was conducted on a convenience sample of participants who cannot thus be considered representative of a population of adolescents in the region in which the study was conducted. The study was conducted on participants from two cantons in Bosnia and Herzegovina and thus its results cannot be generalized with respect to other countries. Finally, our results are based on correlation data and should be interpreted with caution. Correlation data do not allow drawing of conclusions about the causal relationships among variables.

Future Research

From the results of our study we can conclude that pupils participated in sexting and that there was a relatively strong correlation between sexting and gender, and sexting and suicidality. The pupils who most often participated in sexting were boys, as were those who thought about death more often. It would be important for future studies to consider does sexting results in adverse outcomes, such as to suicidality or suicidality can lead to increased sexting as a function of that behavior (e.g., attention seeking) by using longitudinal research designs.

Further research should test whether the same relationship exists between sexting, gender and negative emotional states when other measures are used to assess psychological difficulties and other sexting criteria. In addition, research should examine whether gender is a moderator of the relationship between sexting and psychological difficulties. Additional studies should also examine relationship between sexting and other risk-taking behaviors in adolescents (e.g., smoking, drug/alcohol use, truancy, etc.). Future studies should also investigate the perception of participants on whether their participation in sexting was voluntary or forced, and to assess their attitudes to sexting. It is possible that these variables have a moderator role between participating in sexting and negative emotional states. It is also necessary in a study on psychological difficulties to know the duration of the difficulties in order to understand which behaviors signify pathological deviation. Furthermore, longitudinal study would contribute to a better understanding of the relationship between sexting and difficulties. In the end, by positing sexting as deviant and risky behavior we decided to examine only negative emotional states. However, it seems important in the future to investigate and relationship of sexting with positive emotional states since some researchers view sexting as normal intimate communication (Döring, 2014; Rice et al., 2014).

Conclusion

The results of the conducted study indicated that youth participate in sexting. The findings show gender and suicidal thinking relations to sexting but not to emotional states. This study implicates that effort to prevent and reduce sexting are needed. Professionals should be aware that gender represent risk factor for sexting, and that the issues of suicidal thoughts should be concern. They should arm the children with appropriate coping resources to deal with negative aspect of sexting and provide more appropriate positive environment in family and school context.

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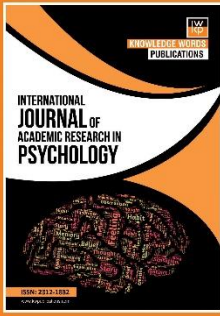
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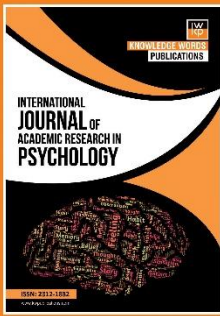
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Parental Experiences with Duchenne Muscular Dystrophy: Feelings of loss and empowerment

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Abstract

Muscular dystrophies are a heterogeneous group of mainly hereditary diseases that affect the functioning of the muscle system. Few studies have focused on the psychological adjustment of parents of children with Duchenne muscular dystrophy. This study's objective was to investigate the parents' experience and the process of adjustment to the complex nature of their child's disorder. The study used a qualitative research design. Qualitative thematic analysis was used to analyze the data collected from parents (n=9) of children with Duchenne muscular dystrophy (n=10) using the technique of semi-structured interviews. The parents' experience is characterized by painful and recurrent losses, which intensify their feelings of isolation and parental responsibility. On the other hand, parents develop internal coping mechanisms and identify sources of empowerment, which they evaluate as positive aspects of their experience. Recurrent losses alternate with periods of stability, hope and efforts toward normalcy in family life. Results of this study implicate the importance of adequate psychosocial interventions that will allow parents to cope with complex challenges, elaborate on their experiences and identify internal and external resources.

Keywords: Duchenne Muscular Dystrophy, Psychological Adjustment, Parents, Children.

Introduction

Duchenne Muscular Dystrophy

Muscular dystrophies are a heterogeneous group of diseases, with symptoms including muscle weakness that affect mobility. The majority of muscular dystrophies are hereditary and caused by

DNA mutations that are commonly inherited either by one or both parents (Andersson & Rando, 1999).

Duchenne muscular dystrophy (DMD) is among the most common muscular dystrophies of childhood with prevalence at 1:3500 male births regardless of race or ethnic origin (Emery, 1998). It is a degenerative disease, inherited as an X-linked recessive genetic disorder caused by a mutation or lack of the protein dystrophin. It causes progressive weakness by affecting all body muscles and leads to early death (Emery, 2002). Although the specific gene mutation may occur in the family, about 1/3 of DMD cases may result from spontaneous mutations (Emery, 1998).

Given the absence of therapy for the disease, the existing therapeutic interventions focus on the amelioration of the patients' quality of life. Life expectancy of patients with Duchenne Muscular Dystrophy has increased compared to the previous decades (Emery, 2002). Patients' survival age reaches 25 – 30 years old, with the development of medical care and the use of respiratory support (Emery, 2002).

Parental Experiences of Psychological Adjustment to the Illness

The overall experience of parenting a child with neuromuscular disease has only been explored by a small group of studies. Parental experience has previously been described by a range of emotional states—from mourning to illness acceptance and hope (Bregman, 1980; Gagliardi, 1991b). However, the grief process in DMD may be more efficiently explained by the chronic sorrow model (Eakes, Burke, & Hainsworth, 1998). Instead of reaching a final acceptance of loss and some form of grief resolution, the person will re-experience grief reactions every time the disorder deteriorates. DMD is characterized by recurrent losses and the appearance of new symptoms may trigger emotional reactions of sorrow and despair similar to those at the initial stages of diagnosis. Periods of calmness and satisfaction will be disrupted by phases of grief processing (Poysky & Kinnett, 2009; Saetrang et al., 2019).

The main theme in Gravelle's study (1997) was "facing adversity" and included the constant challenges that parents face as a result of their child's progressive disorder. Gagliardi (1991a) pointed out that family members gradually develop strategies for coping with stress in order to maintain family balance. More recent research showed that hope emerges by the confirmation that the child is able to enjoy every day life as a result of parental caretaking (Samson et al., 2009). In a study by Carnevale, Alexander, Davis, Rennick and Troini (2006) the majority of the families described their life experiences with the disorder as overly unfair and impossible to change.

Cipolletta Marchesin and Benini (2015) investigated the ways that family function may affect the clinical course of the disorder. Four different ways of processing the disorder were shown, each one corresponding to different family systems: (1) Possibility: acceptance of the disorder and autonomy of the children, (2) Focus on the disorder and emergence of a "symbiotic bonding" between the mother and the child, (3) Denial of the disorder, minimization of the diagnosis and aggravation of the disorder and, (4) Anger and a strong sense of responsibility.

Parental responsibility has been associated with high levels of stress and emotional exhaustion (Boström, Ahlström, & Sunvisson, 2006; Carnevale et al., 2006; Moraiti, 2011). Constant caretaking may affect family relationships by increasing emotional and physical dependency, therefore complicating the issues of child autonomy (Boström et al., 2006; Boyer, Drame, Morrone, & Novella, 2006; Metcalfe et al., 2008).

Coping with DMD can be overwhelming and parents employ different strategies to face emotional and practical challenges. In sum, parents make short term plans, take each day as it comes (Bregman,

1980; Erby, Rushton, & Geller, 2006; Webb, 2005) and compartmentalize time according to crucial transitional stages of the disorder (Roy, 2008). Normal functioning and consistency of the family, religious beliefs and satisfaction of the parents' personal needs have also been indicated as sources of empowerment (Abi Daoud, Dooley, & Gordon, 2004). Strong bonding among family members (Magliano et al., 2014) and maintenance of supportive networks have been proposed as factors that determine family adjustment (Abi Daoud et al., 2004; Gagliardi, 1991a; Nereo, Fee, & Hinton, 2003) and improve quality of life (Hatzmann et al., 2009). Many families concentrate on everyday activities that allow a sense of normalcy in family function (Dawson & Kristjanson, 2003; Tomiak et al., 2007). Through a sense of normalcy, caretaking demands may not trigger additional stress (Chen & Clark, 2007), guilt and ambivalent feelings towards the child (Moraiti, 2011).

The crucial role of health care teams was described in a study by Bendixen & Houtrow (2017). Parents felt empowered by good doctor parent relationship that resulted in higher quality healthcare for the child and better adaptation to their role. Resilience in caring for someone with DMD was found to be influenced by personal coping strategies, social support and the ability to develop perseverance in order to handle caring demands (Glover et al., 2018). A study by Peay et al (2016) indicated that although mothers experienced higher caregiver burden as their child's disorder progressed, they were still able to recognize major positive changes associated with their life experiences with Duchenne and Becker muscular dystrophy.

Muscular Dystrophies are rare diseases and only few studies have focused on the emotional experience of parents of children diagnosed with DMD (Glover et al., 2018). An overview of studies on neuromuscular disorders confirms either a domination of a biomedical approach to the subject, or a quantitative exploration of mainly social variables (LaDonna, 2011). Also, the particular characteristics of DMD, which is a rapidly progressive terminal disorder, render the experience of parents unique as compared to other types of disorders and/or disabilities. We therefore sought to contribute to previous research and to further investigate the subject towards an in-depth understanding of the parents' experience.

Methods

Aim of the Study

The aim of this study is to further broaden current knowledge on the experience of parents of children with DMD diagnosis. In particular, the parents' psychological adaptation to the chronic disorder of their children will be explored, along with its impact on them and the ways they deal with difficulties related to the disorder. Understanding the parents' experiences is expected to contribute to the improvement of psychosocial support following diagnosis.

Study Design

A qualitative research approach is used, as it allows an in-depth understanding of human experience, as well as an analytical exploration of the special circumstances within which human behavior emerges (Kedracka, 2013). The study intends to analyze in depth, through thematic analysis, the discourse of 10 parents of children with DMD. It was considered the most appropriate, because it allows an in-depth analysis and interpretation of the data, allowing the participants the greatest possible freedom to reveal what they consider important, the "truth" they want to report (Patton, 2015). Qualitative research interview has the essential flexibility to capture subtle shades of meaning of the subjects' experience (Berg, 2001)—the experience of parents of children with a chronic disorder.

Data collection followed the technique of semi-structured interviews. An interview guide was developed:

- What were your initial reactions when you were informed about your child's diagnosis?
- Have you experienced any personal changes, or changes with regard to parenting your children throughout this period? Are there any changes in the way you face others and approach life in general?
- What are your personal coping resources? Drawing on your experience what advice would you give to parents who have just been informed that their child has received a similar diagnosis?

Questions were adjusted to the verbiage of the respondents, who were free to talk about issues that diverged from the initial interview guide. The order of questions might vary and additional questions were asked throughout the interview process in order to clarify ambiguities. Interviews were recorded with the respondents' consent, in order to ensure a precise capture of content.

Participants

Purposeful sampling was used to recruit parents of children with DMD diagnosis, who attended a specialized University outpatient clinic in Northern Greece. Purposeful sampling strategies are widely used in qualitative research to select information-rich cases that will allow an in-depth exploration of the subject under investigation (Patton, 2015). The study sample consisted of 9 families. In one interview both parents participated. One family had two sons (see Table 1). In order to ensure homogeneity of the sample and to illustrate the psychological impact on the families' daily lives, the following inclusion criteria were followed: 1. diagnosis was given at least 12 months before the interview; 2. all boys were up to 18 years old in order to place emphasis on childhood; 3. all boys with DMD had reached the stage of loss of their ability to walk; 4. they received appropriate medical and follow-up care; 5. the boys stayed permanently with the parent(s) who was/were interviewed.

Table 1: Information about interviewed parents (n=9) and their children with DMD (n=10)

Father-only	4
Mother-only	4
Both parents	1
Families with one son with DMD	8
Families with two sons with DMD	1
Age of son, y	
Mean (SD)	13.2 (2.86)
Median (Range)	14 (9-17)

DMD: Duchenne Muscular Dystrophy

Data Collection

Interviews were carried out during the families' visit at a specialized clinic in Northern Greece for clinical examination of their children. The study was approved by the Scientific Committee and the Board of Directors of the University General Hospital of Thessaloniki AHEPA, Greece, and the Ethics Committee of the Democritus University of Thrace, Greece.

The following procedure was employed: The first author, a psychologist who did not work at the clinic and was not involved in the families' psychological care, visited the clinic which was open on

Mondays. The researcher approached the parents individually and informed them about the aim and procedures of the study. Parents received all related information both verbally and in written form and signed an informed consent document, which provided a description of the research and a statement that they participated voluntarily and they were free to withdraw or to refuse to answer at any time without penalty. Among the parents who were approached by the researcher, one eligible mother declined participation. In two cases of parental couples there was an agreement between spouses as to which parent would be interviewed. In one case an interview was disrupted for a while, as one father wished to talk with his son's physician. All interviews were face-to-face and conducted in a private office at the clinic, so that parents were close to their children and remained calm and focused. Interviews lasted from 30 to 60 minutes approximately. Immediately after the interviews field notes were kept.

Data Analysis

Data was processed using thematic analysis technique, which is widely used in qualitative research, as it is a flexible research tool that allows the study of rich and complex data. Thematic analysis is considered the most interesting and provoking-at the same time-part in a qualitative research (Kyriazi, 2006).

In the initial stage analysis of collected data began by verbatim transcription of the interview data by the first author. The researchers reviewed the field notes and the transcripts individually multiple times, to obtain an overall sense of the data and extract the main conceptual groups (Patton, 2015) that reflected the parents' experience. A second interview with one participant was deemed necessary and was conducted by phone in order to obtain clarifications.

Once the researchers familiarized themselves with the entire data set, they identified meaningful units, each one corresponding to a word or phrase. Analysis was then focused at a second level of classification in broader categories. Different codes were connected in order to form main thematic categories that reflected a pattern of answers or meanings (Braun & Clarke, 2006). Through data categorization process and classification we were led to thematic categories with a conceptual definition, allowing the content of the narrations to be translated into findings, which were then interpreted and discussed in qualitative terms (Patton, 2015). Qualitative findings were reviewed in weekly peer debriefing sessions to detect biases and data errors. Further analysis of the data, permitted the grouping into the following five themes:

Parents' psychological adjustment to the condition of the disorder

1. Parents facing constant losses
2. The role of parental responsibility
3. Social isolation and loneliness
4. Alteration in self-perception
5. Sources of empowerment

Results

Parents Facing Constant Losses

Parents notice the deterioration of their child's health condition. Doctors confirm the parents' concerns that the symptoms gradually become more generalized and obvious. This realization comes with feelings of sorrow and despair as parents observe the irreversible progression of DMD despite all their efforts:

«... we were here 6 months ago and...his arms were better...now it's out of control...they're worse. Doctors are telling us it's getting worse and worse...meds don't work on us...» (Participant 01)

“After all the problem is his not ours we are fine, we walk, we stand, we eat... We are all wrong about grumbling... We can take care of ourselves, what can the child do?” (Participant 02)

“It's a huge problem...Huge...It affects the family as a whole...and I cannot deal with it (...) There's nothing I can do at this stage.” (Participants 06)

The Role of Parental Responsibility

Furthermore, parents assume full responsibility for the child's caretaking, as his survival depends increasingly on them. Many express their agony as to how will their child survive if one parent passes away. Many participants acknowledge that responsibility and commitment may lead to an overprotective attitude.

“The only thing I care about to stand by him because if he doesn't get better, he can't make it without us...and the girl [sister] should not take over, she will also study, have a family, have a life of her own.” (Participants 06)

“I'm overprotective...Yeah I'm scared...This is the change I see in myself. So is his dad...like “If something happens with you...what next?”I wasn't like this at the beginning.” (Participant 07)

Parental responsibility is not limited to responding to the needs of care, as parents try to maintain the conditions for the optimal emotional and psychological state of the child. Hence, some assume a more energetic role, in order for the child to participate in all school activities and maintain stable friendships:

“Our goal is to strengthen his self-confidence. He has two very close friends with whom he gets in touch almost daily [...] He has been accepted by his friends and he has been with these kids for 10 years.” (Participant 04)

Social Isolation and Loneliness

Parents are struggling to cope with painful emotions and manage daily care demands. The complexity of their experience is reflected in a deep sense of isolation. Many feel that others do not understand what they are going through. Their decision to carry the burden of their child's care entirely on their own discourages them from seeking help from others, thus enhancing their feelings of loneliness:

“We are not a family like others. We might get up three to four times at night...There are some peculiarities that don't exist in other families...” (Participants 06)

“Rarely will you find somebody who understands you...we didn't want to burden anyone else. The problem is ours and we are going to deal with it.” (Participant 05)

Commitment to the child often results in a limited social life for most parents. Many feel that people are not tolerant of diversity. In addition, job opportunities—especially for the mothers—are extremely restricted, due to the demands of care:

“No it was not my choice I was working and I quit my job afterwards... for doctors' appointments and screenings all the time.” (Participant 08)

Alteration in Self-Perception

Parents report internal personal changes resulting from their experience. Some describe that their attitude towards life has changed, as they have started to prioritize and to accept the irreversible nature of the disorder:

"The rest becomes second priority...financial problems and everything else... It's health issues you can't beat so you should see those in a new light..." (Participant 05)

"I've changed as a person in general..how I see things...in a different way...the misery of everyday life, like I don't have a job or I can't afford this and that, I don't care much anymore." (Participant 07)

Some parents mention that they have identified internal coping mechanisms that they were hitherto not aware of. They feel that when it comes to their child they must be strong and that they have no other choice. A mother describes that she feels empowered and capable to deal with reactions from her social context more courageously than at the beginning:

"...now I'm getting out with my child and pay no attention to anyone, I mean I don't look around me, if someone points at me or feels pity for me; courageously...but I wasn't like that before..." (Participant 08)

Some parents mention that as a result of their experiences they have become more tolerant of diversity. They also compare DMD with other disorders or conditions and feel that it would be more difficult if their child suffered from cancerous diseases or if a sudden accident led to disability or death. Denial of symptoms and rationalization of the disorder characteristics are defense mechanisms employed to protect parents from emotional overcharge and anxiety:

"One's child is in sound health then he gets out and never comes back. There are children who've never walked... I see little children in chemo... with masks...we must learn to put up with it." (Participants 06)

Sources of Empowerment

Parents mention sources that help them feel empowered and capable of holding on. Despite constantly feeling overwhelmed with sadness and despair, they adopt an active attitude and find the inner resources with which to persevere:

"...At the beginning I thought I didn't have the power to cope with all this...Maybe this is what I call defense? I mean that I first need to be strong myself to deal with this situation." (Participant 07)

Living in the present is a strategy that many parents employ to control emotions deriving from an unpredictable future. For many this is a way of life that involves a greater focus and commitment in their current activities with the child, as well as a tendency to repress emotions associated with disorder prognosis:

"Where do I lean on? I'm standing on my own feet! I live day by day, not making plans for the future....thank God we are fine today we don't know what will happen tomorrow. The other day we were at hospital...he was in danger...his lungs, with the flu." (Participant 02)

"...live in the present don't think about tomorrow...We live day by day and maybe this is a way not to feel down. When you don't think about it and you keep this image of the child and stand by him, it doesn't affect you emotionally..." (Participant 09)

Parents' efforts are reflected in the normalcy of everyday family life. They evaluate the good mood and emotional state of the child as especially important, a fact that motivates them to keep up their efforts:

*"His smile...he'll go out people love him he's assertive, he has his friends I mean he's not a reserved child and what you'll see is a child on a wheelchair living his life each day."
(Participant 09)*

Reaching out to other families seems to decrease feelings of isolation. Social bonding permits the process of community formation among members who share mutual support and understanding:

*"We've met with other parents; we meet afterwards out of the clinic so you see there are more people who experience more or less the same situation."
(Participant 02)*

A mother describes that her initial perception of a rare disorder has changed through the years, as she meets more and more families with DMD. This seems to strengthen the perception that the family belongs to a broader community, rather than to an unusual category:

*"The doctor told me "rare disorder" here I am [at the clinic] meeting newcomers...there are too many. I mean we thought we were the only ones in the world but we're not rare no more"
(Participant 06)*

However, for some parents it was terrifying to face a more advanced illness stage and as a result they avoided meeting with other families:

*"There were parent support groups and there were a lot of discussions... we imagined how we would be after the years passed...you don't want to believe that though...and the parents' group was of no help at all."
(Participant 09)*

The support offered by friends and family, either moral, or practical, is acknowledged by all parents as an important source of empowerment that enables them to handle the upcoming adversities.

Finally, parents identify the most effective coping strategies for dealing with challenging issues and give their advice to other parents of children who might have just received a ND diagnosis. Parents describe the process of the diagnosis as overwhelming, followed by a period of mourning, regardless of one's internal resources. They suggest that maintaining hope, companionship in intimate relationships, good doctor-parent alliance and showing perseverance despite emotional pain, may help parents cope with their own anxiety and emotions. The majority of the respondents believe that parents should restrain from expressing distress during interactions with children, protect them from social stigma associated with disability and live in the present:

*"...be strong...calm...first of all the right experts, who will inform the couple correctly...You'll be shocked by the information that your child has this...you can't avoid it, no matter how strong you are"
(Participant 07)*

*"Never show sadness in front of the child...help him not to feel different because he isn't...Care for the moment and for the child's positive traits that will help you feel strong."
(Participant 09)*

Discussion

Parents in this study experience feelings of sorrow and despair, a finding that is consistent with the results of other research (Abi Daoud et al., 2004; Bostrom et al., 2006; Nereo et al., 2003). However, these findings need to be interpreted with caution, in order to avoid pathologizing a normal range of responses to loss (Epagneul, 2007). The terminal nature of the illness and the parents' impotence to reverse its degenerative progress—while they are healthy themselves—are factors that seem to increase their commitment to the child.

Many parents take care of their children all on their own, which leads to restricted social interactions and high levels of social isolation and loneliness. Glover et al (2018) indicate that some carers choose not to seek support. Predictably, the social and professional life of the families was limited because of the disorder. This finding is consistent with previous research in the literature (Baiardini et al., 2011; Carnevale et al., 2006; Metcalfe et al., 2008). Parental responsibility and commitment to the child are crucial for the majority of the respondents. The parental role is characterized by an overprotective style, as indicated by previous studies (Carnevale et al., 2006; Mah et al., 2008; Tomiak et al., 2007). Épagneul (2007) suggests that parental overinvestment reflects a sense of emergency, which allows parents to minimize their intense feelings of anxiety and guilt.

As reported by other researchers (Dawson & Kristjanson, 2003; Knafl & Gilliss, 2002; Tomiak et al., 2007) parents in our study strive to achieve a sense of normalcy in their daily lives with the child. Parents' efforts to be active in their children's lives and to keep providing encouragement were found to continue through the transition to adulthood (Yamaguchi & Suzuki, 2015). Although Samson et al. (2009) noted that the disorder is gradually incorporated in the family's daily life, this observation is only partially confirmed by our findings. The majority of participants in this study make strong efforts to maintain a sense of normalcy and they manage to maintain a vulnerable balance—by denying unpleasant information and repressing painful emotions.

Many parents identify positive aspects of their experience. They appear to revise their priorities and perspectives to life, as they evaluate their personal coping resources. The ability to identify benefits in a disease-related experience has been associated with positive psychosocial functioning (Peay et al., 2016). Similarly, Webb (2005) found that parents coped in a practical and positive way. Facing a painful reality, parents become activated and stay more focused on the present and their current activities with the child. Normalcy in the family's life is often maintained by the contact with other families and support offered by the close social environment (Bregman, 1980; Magliano et al., 2014). This finding is also consistent with the findings of a recent study exploring the experience of family members who provide social support to their relative with rheumatoid arthritis (Fallatah & Edge, 2015). Extended family members offered emotional and practical support to caregivers of an affected family member, thus responding to their social support needs. Social support is a factor that enables adaptation (Glover et al., 2018), although some parents are much less likely to seek help than others. Possible barriers to help-seeking may be high levels of commitment and increased feelings of social isolation.

The findings of the present study indicate that contact with other families who experience a similar situation, may comfort some parents by moderating feelings of loneliness. However, careful attention must be paid as social contact appears to have the opposite results for others. This confirms previous findings that either demonstrate the supportive function of groups (Chen & Clark, 2007; Chen, 2008; Dawson & Kristjanson, 2003; Gagliardi, 1991a), or suggest that some parents need to distance themselves from the community related to the disorder (Erby et al., 2006; Hodges & Dibb, 2010).

Support groups often promote solidarity and meaningful bonds among members. However, closer inspection revealed that those participants who were satisfied with their social support network and with the way they were fulfilling their parental role, evaluated parent support groups as of low importance to them. Our results also suggest that some parents experienced contact with others as painful and confusing, mainly because they were confronted with a painful reality of a later stage of the disorder.

Conclusion

To conclude, parents in this study place the child in the center of their experience. Their efforts are mainly directed towards the assurance of normalcy in everyday life. On the other hand, the psychological adjustment to the disorder is often related to a process of personal change, which several parents evaluate as a positive dimension of their experience. This process represents the parents' efforts to integrate the management of the disorder into their everyday routines in order to maintain continuity in family life.

This study has some limitations. First, the clinic was operating on a weekly basis, thus making access to the participants a very time-consuming task. A larger sample and more than one interviews with parents could assure a higher level of validity in this research. Second, it is possible that parents who agreed to participate may have been those who had reached a level of acceptance of DMD and were more willing to discuss about it. The effect of the parents' education level and socioeconomic status on their overall adjustment was not investigated.

Future research could identify the effect of DMD to other family members, by exploring their needs and coping strategies, as these issues were not under investigation in the present study.

Healthcare professionals could benefit from the findings of this study, by recognizing the challenges that parents of a child with DMD face. This awareness can encourage parents to express their feelings and address their problems, in a way that can promote their emotional well-being and psychological adjustment to the disorder.

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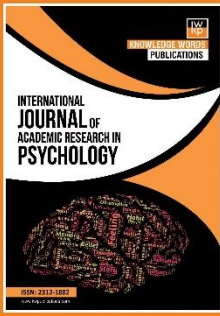
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A Study of Exploring the Indicators of Prosocial Behavior among Adolescents of Bangladesh

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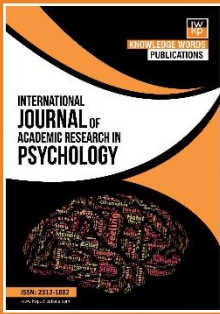
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A Study of Exploring the Indicators of Prosocial Behavior among Adolescents of Bangladesh

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Abstract

The present study aimed to explore the indicators of prosocial behaviors among adolescents of Dhaka city. A total 60 participants of age 13 to 15 from three different secondary school (Grade IX) of Dhaka city were engaged in data collection through Focus Group Discussions (FGDs). Ten students from each section of the three different schools (one boy's, one girl's and one co-education) were chosen for FGDs to explore the factors that indicate prosocial behavior. Data analysis followed thematic analysis. The findings showed that students perceived prosocial behavior as social behavior, tendency of sharing, peer acceptance, maintaining social rules, personality and so on as indicators of prosocial behavior.

Keywords: Prosocial Behavior, Behavior Indicators, Adolescents.

Introduction

Social scientists used the word 'prosocial' first as an antonym of antisocial (Kruglanski & Stroebe, 2012). People also often asked social psychologists about the reason 'why and why not people act 'prosocially' (Reynolds, Miller, & Weiner, 2003; Khalid, Islam, & Ahmed, 2019). As a definition prosocial behavior "is the label of a broad category of deeds which are defined by society as generally helpful to other people" (Piliavin et al., 1981, p. 4). About the indicators of prosocial behavior there is assorted variety insight into empirical research studies. The components of social behavior have some natural properties like as "peer acceptance", "social competence", "friendship" and so on (Spasenovic, 2004). Basically, social behavior can be showed positive as well as negative. Positive social behavior which includes prosocial approach provides characteristics to build up interrelationships with other humans. In some studies, prosocial behavior indicates behavior like helping others, cooperation, sharing, comforting others, provide encouragement and support and less commonly psychological support (Jackson & Tisak, 2001; Spasenovic, 2004; Reynolds, Miller, & Weiner, 2003; Alzgoool, 2019). Penner and Finkelstein (1998) suggested prosocial behavior as

"an enduring tendency to think about the welfare and rights of other people, to feel concern and empathy for them, and to act in a way that benefits them"

A child can help their peers because of creating a friendly relation with peers or it expects recognition from teachers. Child can do that because of dealing with others welfare or a feeling of

empathy (Spasenovic, 2004). In school context helping others are in the norms of 'Sharing', 'Cooperating', 'Providing help', 'Solving personal problem' or 'accomplishing a goal' (Spasenovic, 2004). 'Sharing' refers to giving or loaning their stuff (snacks, sweet and school supplies). 'Cooperation' refers to cooperate in learning, tackling issues, indicates willingness and capacity to work with others, frequently in common interests. Providing help and comfort implies willingness to meet the emotional need of others (brighten up somebody who is tragic, to praise, to cheer) (Spasenovic, 2004; Umrani, Ahmed & Memon, 2015). Moreover, students build up shared relations in various social situations. The larger parts of these communications are accomplished at school.

An effective teaching-learning environment includes learner friendly and participatory environment in the classroom (Könings, Seidel & Merriënboer, 2014). The students' participations are not remarkable for some unsighted complexity or indirect influence (Teaching Quality Improvement-II, 2015; Mustapha, Rahman & Yunus, 2010). A total of 38.3% students in secondary level of Bangladesh dropped out in 2016, this nonparticipative approach of students can be a reason of this. (BANBEIS, 2017). In Bangladeshi school context, teachers, parents as well as students crave for only good academic grades. (Kabir,2014) A common scenario of every secondary classroom of Bangladesh is that some students always response first in classroom in terms of participations. Moreover, children who have the initiative to be social in the classroom are also very popular to their teachers. In order to build and keep positive social relations among peers, behavioral, cognitive and affective skills are necessary for children (Salisch, 2001). However, if the students engage in different social activities like cooperative skills the cooperation between them will increase. The cooperation skill helps students engaging in cooperative learning rather individualistic learning (Johnson & Johnson, 2004). And such behavioral practice from childhood may help to develop future citizen for a better cooperative society which is aim of 21st century development agenda. A series of studies have been conducted in other contexts to understand prosocial behavior and indicators factors or influencing prosocial behavior (Penner et al., 2005, Graziano et al., 2010, Reynolds, Miller, & Weiner, 2003) However, in Bangladesh there is very little literature available regarding the indicators of prosocial behavior. In addition, there is no national level data to identify prosocial behavior among students. As being a member of a group, building up friendly relation, conflict resolution, communication skills, controlling behavior skills are the most important skills taught from the very beginning of the school, students belong the chance to express different types of prosocial behaviors like cooperation in common games or work, assisting in learning, solving problems, helping others in need, sharing school items used in the game, taking action for protecting peers and provide encouragement (Spasenovic, 2004). Though there are studies in problem behavior in the context of Bangladesh (Hossain, 2013), prosocial behavior remains unnoticed. If prosocial characteristics can be identified and provide a guideline to the students, teachers and their parents in Bangladeshi context, Student would engage more to a successful education program by participating in classroom which depicts a society of inclusiveness. Moreover, more participation of the students in the classroom for having prosocial behavior can also decrease dropout rate As in formal education system of Bangladesh there are very few opportunities to identify students prosocial behavior, exploring the indicators of prosocial behavior among adolescents was worth.

- The objective of the study was to understand prosocial behavior and exploring the indicators of prosocial behavior among adolescents. To achieve the purpose of this study, the following question guided my research-How do adolescents perceive prosocial behavior?

Research recommends that children's relative capacity to delay satisfaction is a significant indicator of social adjustment in adolescents (Mischel, Shoda and Peake, 1988). People get feedback from the surroundings regarding their goals, and they utilize that feedback to observe disparities between their actual selves and their idealized selves. They at that point try to change their characteristics to limit the apparent disparities (Higgins, 1987). According to McAdams theory of narrative identity (2001) generativity results from complex interconnections and inner forces. Motivation through intimacy and love is a concern for warm interpersonal encounters for their own sake. Moreover, intimacy motive has been shown to relate to positive outcomes (McAdams, 2013). However, regarding prosocial characteristics these affiliation needs in adolescents and different kinds of fulfillment of these motives is worth exploring. Understanding prosocial characteristics is important because if the indicators of the characteristics can be identified and can provide a guideline to the students in Bangladeshi context, Student would engage more to a successful education program by participating in classroom and also to a society of inclusiveness.

This study conducted within adolescents of age 13-15 from secondary school students (Grade IX) of Dhaka city. Though there are different literatures about indicators, predictors and factors of prosocial behavior (Reynolds, Miller, & Weiner, 2003; Eisenberg, 2006; Dan, 2000; McMahon, Wernsman, & Parnes, 2006; Flynn et al., 2015) the present study only looked for how students perceive prosocial behavior and about the indicators of prosocial behavior in the context of Bangladesh.

Methodology

The nature of the study was qualitative. Data was collected through Focus Group discussions (FGDs) from 60 students of secondary level especially students of Grade IX of Dhaka city. FGDs were conducted on three different schools including one boys' school, one girls' school and one co-education school. Almost each Grade IX has two sections; one for science and one for humanities and commerce in Dhaka city. A total of 60 students were selected as participants of collecting data through FGDs. As the numbers of female students are not remarkable in most of schools, the participants indicate 35 males and 25 females for FGDs. Six FGDs were conducted including 10 participants in each FGD on three different schools. A non-probability purposive sampling technique was used for selecting schools and grades and participants for the reason of time constraints. The reason behind choosing three different types of school was to explore the indicators of prosocial behavior among different peers' settings like within boys, within girls and within a mix group.

The tool of FGDs was pilot tested within a small group of four students of grade IX. For conducting FGDs, based on the research question, several themes were developed to facilitate the discussion. In each FGDs, the themes remained same for the participants and the answers were taken by note-taking. Then after completing all FGDs some information as well as themes got common and based on thematic analysis researcher got thematic categories. The theme categories were extracted by content analysis of the text of FGDs. Basically, the content analysis was based on conceptual analysis of the concept 'Prosocial Behavior'. Researcher allowed flexibility to add categories through the frequency of a concept. The texts coded as the same when they appeared in different forms. Thus, the researcher drew seven generalized themes. Some uncommon answers were also coded as an indicator. Class teachers helped the researcher to select the students for conducting FGDs based on their observed behavior and academic achievements. Students were asked about the view and belief of social behavior. Each participant of FGDs has given enough time to express thoughts, beliefs,

attitude and reactions about prosocial behavior. The free and open discussions of each participant lasting for at least 15 minutes helped the researcher to generate new ideas about the indicators of prosocial behavior.

Findings and Discussions

The focus group discussion (FGD) generated the data about understanding of prosocial behavior. The findings exhibit students understanding about prosocial behaviour in multiple ways. Surprisingly, students explored prosocial characteristics in various ways among their peers. It indicates multiple indicators including social behaviour, tendency of sharing, social norms, acceptance, prominence and so on. In addition, researcher hypothesized about some differences in indicators from different peer settings and different schools but somehow regarding indicators of prosocial behaviour there didn't show any remarkable differences. The FGD produced seven themes as indicators of prosocial behavior in relation to students' understanding of prosocial behavior. Each of the themes is described below.

Social Behavior

Participants frequently stated that students who seem social peers have sociable behavior. Participants identified prosocial students as who can easily associate themselves with everyone. One student commented that, *'Social peers can associate with everyone easily.'* Moreover, social peers always conduct anyone with a smiling face. They show polite behavior and have a positive attitude. Social peers can be friendly and behave well with all types of students without any discrimination. Another student mentioned that, *'For being social peer a social approach is a must. Social peers always make an approach first for making friends.'* On the contrary, about the matter of unsociable peer, participants said that unsociable peers often hide themselves. They do not response to a friendly approach and ignore peer interaction. Most of the participants said that unsociable peers cannot associate with anyone.

In some literatures of other contexts friends are supposed to be vital socializers of prosocial act also (Barry and Wentzel, 2006). "People will help others more when in a good mood for several reasons, including doing well on exam, receiving gifts, happy thinking, and tuning to pleasant music" (North, Tarrant & Hargreaves, 2004). Good mood and attitude help people to interpret events in a sympathetic way which helps to act prosocially. Positive approaches also raise self-attention which helps one to act according to beliefs and values and it includes prosociality (Reynolds, Miller, & Weiner, 2003). As in adolescent period, self-regulation turns out to be linked to the manner through which children monitor their own behavior regarding personal goals and ideals (Carver & Scheier, 1982), social behavior can pave the way for positive contribution among the adolescents of Bangladesh.

Tendency of Sharing

Participants mostly said that social peers have sharing behavior with everyone. Participants also classified sharing in terms of social behavior. Participants mentioned that social peers share their thoughts, belongings and feelings and social peers provide help and receive help from others. As to unsociable peers, participants said that generally they do not share anything with anyone. One commented, *'Unsociable peers are so introvert. They even do not help others even if others need.'*

Literature also suggested that students who have prosocial behavior have the uttermost tendency of sharing things. If anyone shares his belongings as well as feelings to anyone easily, they

became popular friends (Berk, 2006). Therefore, in Bangladeshi context being prosocial can be considered for adolescent students because tendency of sharing aka being friends can mitigate bullying or harassment incidents (Daily Star, 2019).

Maintaining Social Rules

Participants said that social peers usually follow all the social norms and those are kind of unwritten social rules. They respect the social norms like *'be clean and keep clean'*, *'be punctual'*, *'be industrious'*, *'Don't quarrel'*, maintain the norms and rules and encourage others to maintain the rules. But unsociable peers do not care about the social norms. A participant think unsociable children are arrogant. They avoid teachers and honorable persons and also disobey the norms of society. Peers who are unsociable usually do the opposite things what social peers do. One participant said, *'Unsociable peers normally get involved with wrongful act and affiliated with degenerated culture.'* Participants commented that who maintain all the social norms fairly are having the prosocial characteristics Most of the participants said that unsociable children like to be undisciplined. They misbehave with peers as well as teachers. Moreover, a few participants said, *'Unsociable child misbehave with others, get involved with quarreling, fighting, different types of crimes even if get touched with drugs.'*

Research findings also showed that social norms are another important indicator of prosocial behaviour (Reynolds, Miller, & Weiner, 2003). In a society some unwritten rules are provided about the expected idea for behaving in a particular social group which is called social norms. It can vary from group to group. Naturally people learn that acting prosocially can bring rewards and also learn about the norms for the prosocial behavior which should be performed by one in different situations (Reynolds, Miller, & Weiner, 2003). These norms and roles provide the characteristics that one should help individuals in need to maintain a strategic distance from social or self-regulated approvals (Reynolds, Miller & Weiner, 2003). If the adolescents of Bangladesh can be encouraged in maintaining social norms and rules for being prosocial, the country can expect an inclusive and peaceful society.

Peer Acceptance

Participants identified prosocial as peer acceptance. Social peers conduct with other students valuing their behavior and feelings and respecting their opinions. Social peers even help some unknown person to get access with. They can cope up and can go in a row with all types of students without hurting anyone. Some participants also said that social students also communicate with teachers, in the classroom they usually response first when teachers ask anything. They communicate with teachers as well as peers very well. Contrarily, unsociable peers avoid teachers and make disturbance in the classroom. Moreover, unsociable peers have tendencies to do harmful act and avoid socialism. One participant classified the socialness of unsociable students. He said,

'Unsocial peers are of two mottos, one who ignore any friendly approach and another who feel shy to be open. They are self-centered and not interested in socialism and generally they cope not up with us and don't value or respect other opinions.'

However, the reason of being unsociable of peers can be either ignoring or feeling shy to be open. However, unsociable peers are egocentric and not participate in socialization. Prosocial students normally offer acceptance by their behaviour to their peers. Participants commented that prosocial students can easily cope up with peers in all types of situations, they generally respect other opinions, help others voluntarily and do not harm people.

Social psychologists also suggested that people act prosocially to them who encourage them and do not harm those people (Gouldner, 1960). Moreover, in the degree to which children act prosocially and motivate to behave prosocially, children can be alike with their friends (Wentzel, Barry & Caldwell, 2004).

Personality

Some participants think that social students are talented students of the class. They are extrovert and open minded. Social peers motivate others for doing good work and voluntary work for society. *'Sociable peers are empathetic. They easily can share their feelings and secrets to us. Thus, we also can share our thoughts and secrets to them'*, one participant said. Unsociable peers here look introvert and self-centered participants think. Peers who are unsociable feel superior anyhow. One mentioned that *'Unsociable children are arrogant. They usually tell lies deliberately and can do harm to peers and only give priorities to own opinion.'*

Participants also commented prosocial personality as extrovert, open minded, empathetic, and voluntarily active (*who help others voluntarily, cooperate with teachers and peers spontaneously, seems prosocial to me*).

Researchers had been debating for a long time about human prosocial personality. Then according to Eisenberg (1999), researcher agreed about the existence of prosocial personality. The individual differences in prosocial dispositions become stable into adolescence and adulthood (Eisenberg et al., 1999). Moreover, Prosocialization may vary with individuals linking to empathy, sociability, agreeableness, low shyness, extroversion (Penner et al., 2005).

In addition, literature also suggests effect of positive mood, similarity and kinship and any situation can be the reason of acting prosocially (Reynolds, Miller, & Weiner, 2003). However, in the context of Bangladesh the study did not find any specific factors of positive mood, similarity and situation. Possible reason might be that the participants of Grade IX still didn't face any helping situation, or they did not find any effect of mood and similarities to act prosocially. Moreover, they may also forget to mention the situation or effects, as it indicates the basics of prosocial act.

Communication Skill

Some participants perceived social students as expert in communicating. One participant commented, *'Social peers have the tendency to always response first in the class, so they are popular to peers as well as teachers. 'Social peers have good communication with teachers and teachers also take care of them. However, social peers maintain good relationship with teachers and their peers as well.*

Literature showed that a child can help their peers because of creating a friendly relation with peers or it expects recognition from teachers. Child can do that because of dealing with others welfare or a feeling of empathy (Spasenovic, 2004). Moreover, School culture helps adolescents to acquire goal completeness in prosocial involvement (Lam, 2012). Therefore, in Bangladeshi perspectives, adolescents can contribute to an amiable environment by perceiving prosocial characteristics.

Parenting Style

Participants commented that sometimes peers who approach socially seems to be an innate quality of them which they received from their parents. Few participants stated that prosocial characteristics are associated with family style. One commented, *'Peers who seems very social to me,*

their parents are also very sociable. I think social behavior comes from home and parents play very important role to flourish it.'

Research findings also suggested that Self-esteem, Peer influence, Parental involvement is significantly related and helpful to prosocial behavior (Ogunboyed & Agokei, 2016). Moreover, Parents and teachers also help human to be prosocial as they are genetically predisposed (Lam, 2012). However, Studies found that parenting style particularly authoritative parenting style promote prosocial behavior in adolescents (Emagnaw & Hong 2018). In the context of Bangladesh, parents may not be interested in socializing their children rather focus on achieve good results (bdnews, 2018). In that case, indicators of prosocial behavior can reflect the effectiveness of prosociality among adolescents.

Limitations

The study has some limitations on selecting samples, age limit and time constraints. As the sample of the study was of only 13-15 among adolescents where in Bangladesh the range of adolescents is 10-19, the findings cannot be generalized for the whole population. . Though for the sample government, nongovernment and semi government schools were selected, the schools were from only Dhaka city. So there remains a chance for getting partial situation in the findings. The samples were also selected from only Grade IX where others grade of adolescents were not considered. Researcher selected one boys' school, one girls' school and one co-education school for sampling. But the numbers of male were more than double than females, as the number of female students is smaller in co-education school.

Importance of Diverse Samples

Series of studies indicated children who has shown positive characteristics such as empathy, agreeableness and peer acceptance have higher prosocial behavior (Penner et al., 2005, Graziano et al., 2010, Crick, 1996; Layous et al., 2012). However, literatures assist the researcher to guess some of indicators of prosocial behavior. The samples of the literatures are of diverse geographic like Italy, USA, Nigeria and China. All the samples of the literature also provided diversified the factors and indicators of prosocial behavior. The researcher then felt curious to explore the indicators in completely a different geographical area, Bangladesh. As the sample of the study was of only 13-15 among adolescents where in Bangladesh the range of adolescents is 10-19, the findings cannot be generalized for the whole population.

Contribution to Social Psychology

Society demands for more collaboration and cooperation among the people of the community. Therefore, it was important to explore how people can be more engaged to interpersonal relationships. According to Dovidio (2006) people can act prosocially by the influence of biological, situational, psychological, social and environmental factors. The findings of the study suggested the indicators that one can easily marked the prosocial act. In 'need to belong' theory Baumeister (2003) stated that feeling of rejection can cause harm to the society, thus people act prosocially to be engaged more with the society. However, the findings of the study suggest the indicators to feel included in the society. As the students of adolescents' age can't be engaged with prosocial characteristics, they may engage with some harmful acts and act irresponsibly to the society, indicators of prosocial behavior are a must to nourish the value of being prosocial.

Conclusion

The study suggests some indicators of prosocial behavior of adolescents of secondary school level of Bangladesh. For effective learning and a better cooperative society behavioral practice like promoting prosocial behavior is important. For promoting prosocial behavior identifying the indicators is a must. The major findings of the study are the indicators by which one can easily find prosocial characteristics out of the one. Indicators like social behavior, tendency of sharing and peer acceptance can be easily identified in classroom environment. Moreover, maintaining social rules and communication skills are the indicators which also seems easily visible to teachers, parents as well as peers. Therefore, findings of this study suggest some indicators that may help peers, parents as well as teachers to understand and determine prosocial behaviors. Furthermore, understanding of such indicators may help teacher and parents to support the students to practice and promote prosocial behaviors.

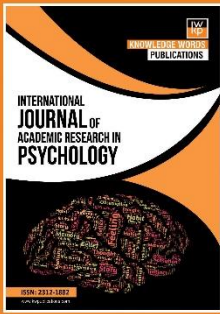
As adolescents is the age of engaging with harmful acts, students' parents, educators and surroundings should aware of promoting prosocial behavior and cooperative learning for preventing students, engaging with harmful acts. The findings of the study can assist to promote prosocial behavior through adolescents of the society. This study focused on the indicators of prosocial behaviors among adolescents of Bangladesh. As in Bangladesh the dropout rate is too much high and normally teachers are blamed for this high dropout rate, students may consider the issue for engaging in prosocial behavior. Thus, for being prosocial of the students, dropout rate can also be reduced. Educators may also motivate students for engaging in prosocial behaviors. This research is helpful to identify the indicators that may influence prosocial behaviors. Therefore, the findings may help to create supportive teacher-student relationship, home environment which helps children to be prosocial. As in the context of Bangladesh there are very few researches indicates indicators of prosocial behavior, the findings also provide useful information that contributed to theoretical knowledge on this perspective. In addition, by understanding prosocial behavior, students, teachers and parents can realize the effectiveness of the prosocial behavior in academic and social life. A school as well as classroom environment is substantial for optimizing prosocial behavior. As school context is undeniable for behavioral adjustment, there should be a national guideline for schools and teachers to promote prosocial behavior. Since parents may not interested to socialize their children rather focus on achieve good results in Bangladesh, a guideline of prosocial behavior known to children parents and students would also impact as important as achieving good academic achievement. Further study can be conducted for identifying the factors of prosocial behavior on a broader sample and a longitudinal study can also be conducted for determinants of prosocial behavior. Moreover, strategies to support social behavior should be included in teachers training and also in curriculum. The implications of this study unfold better understanding of the students' prosocial behaviour.

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Depression of Women Undergoing Divorce Process in Malaysia

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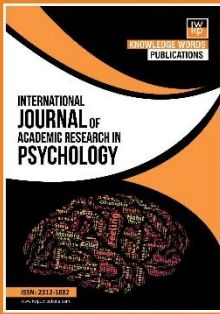
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INTERNATIONAL JOURNAL OF ACADEMIC RESEARCH IN PSYCHOLOGY



Depression of Women Undergoing Divorce Process in Malaysia

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Abstract

The aims of this study are to identify the level of depression among women undergoing the divorce process. The sample was chosen through the purposive sampling technique among women that undergoing the divorce process in Malaysia. Qualitative data were collected through the Beck Depression Inventory-II (BDI-II). The data were then analysed through descriptive analysis. The results showed the reduction in depression levels after the women undergoing the divorce process go through counseling intervention sessions. In conclusion, it is shown that counseling intervention sessions were effective in reducing depression levels among women undergoing the divorce process.

Keywords: Depression, Women, Divorce, Counseling, Malaysia.

Introduction

According to Hariri & Raihanah (2014) stated that marriage includes trust and responsibilities that need to be implemented by the married couple through legal marriage as allowed by Islamic religious. Based on Hamzah & Jasmi (2020), a long-lasting marriage is an aim for the married couple as the husband and wife need to be ready to hold the responsibilities in marriage life.

Divorce among Malays in Malaysia shown an alarming increase as 1/3 divorce cases happened in the first five years in a marriage. Divorce definitely gave negative effects to the family members and leads to poor relationship quality between a parents and the children. According to Marziah & Salina (2019) stated that past researches found that married individual that was not happy with the marriage experienced negative effects such as health problems. This situation also gave huge impacts toward the family and their careers. Unhappy and poor quality marriage will largely impact the childrens' welfare along with their emotional and mental growth too.

Literature Review

Conflict, neglect of responsibilities, and abuse are factors that lead to divorce. In fact, divorce was used as a solution to marriage problems. Divorce at the West especially Europe and United States focus on factors like demography aspect and the effects of divorce toward the adults and the children.

Divorce can increase the risk of mental health problems among adults and children (Amato & James, 2010).

According to Shamsiah & Walid (2014) stated that continuous and long duration of marriage's conflicts can lead to stress. Continuous stress lead to mental health problems such as depression symptoms. Women with depression tend to have psychological dysfunctional, low self-appreciation and would likely avoid social interaction. Conflicts involving marriage were also affected the couple's psychological welfare.

This shown that depression issue among women undergoing divorce process is serious and appropriate interventions are needed to treat depression symptoms among them, involving psychological, cognitive, emotional and behavioural aspects to become normal and continue living and hold responsibilities of their children. According to Aziz (2019) stated that Mental Health Organization (United States) estimated that 54 out of 400 million Americans have mental health problems due to factors such as depression, bipolar disorder, schizophrenia and post-traumatic stress depression.

According to Beck (2008), Cognitive Behavioral Therapy can provide cognitive awareness that leads to an individual's behaviour and emotional changes. This showed that an individual's automatic thinking is caused by negative cognitive distortion and affecting an individual's mind then affects behaviour and emotional functioning.

Based on See Mey & Siew (2005) stated that cognitive restructuring is needed to return the mind functional caused by negative mind distortion. Counseling intervention sessions using Cognitive Behavioural Therapy is one of the main interventions. Most therapists applied this technique to restructure the client's behavioural aspect along with the cognitive restructuring process toward negative mind distortion that affecting the client. Behavior Cognitive Theory has two types of model theories which are behavioural theory and cognitive theory (Payne, 2005). The behavioural model needs to focus on behavioural changes and the client's actions while the cognitive model focuses on changes or the client's mind restructure.

Objectives

The objectives of this study are

- 3.1 To determine the depression level among women undergoing the divorce process
- 3.2 To test the effect of counselling intervention sessions in reducing the depression among women undergoing the divorce process

Methodology

This instrument consists of questions related to depressive symptoms such as losing hope and physical symptoms such as fatigue, weight loss and loss of interest in sex.

Table 1.1 Beck Depression Inventory-II (BDI-II)

0	I do not feel sad
1	I feel sad much of the time
2	I am sad all the time
3	I am so sad or unhappy that I can't stand it

Table 1.2 Item for Beck Depression Inventory-II (BDI-II)

Item 1-13	Natural Psychological Symptoms
Item 14-21	Physical Symptoms

Table 1.3: Evaluation Score of Beck Depression Inventory-II (BDI-II)

Score	Depression Level
0 – 13	Minimum depression
14 – 19	Mild depression
20 – 28	Moderate depression
29 – 63	Critical depression

The main objective of the new version (BDI-II) is to comply with all the diagnostic criteria for depression where there are added items, omitted and word replacement to evaluates the depression symptoms accurately as listed in DSM-IV and to also increase the content validity. The differences between Beck Depression Inventory-I and Beck Depression Inventory-II can also be seen in the specific items such as item No. 16 that is about sleeping patterns and item No. 18 that related to eating patterns that have significant differences with the scale rated as 0, 1 a, 1b, 2a, 2b, 3a, and 3b.

Table 1.4 Beck Depression Inventory-II (BDI-II) for item No.16

0	I have not experienced any change in my sleeping
1a	I sleep somewhat more than usual
1b	I sleep somewhat less than usual
2a	I sleep a lot more than usual
2b	I sleep a lot less than usual
3a	I sleep most of the day
3b	I wake up 1-2 hours early and can't get back to sleep

Table 1.5

0	I have not experienced any change in my appetite
1a	My appetite is somewhat less than usual
1b	My appetite is somewhat greater than usual
2a	My appetite is much less than before
2b	My appetite is much greater than usual
3a	I have no appetite at all
3b	I crave food all the time

There were a few researches in the West that used the Beck Depression Inventory-II. BDI-II was used among adult clinical patients with chronic depression (Andrew et. al., 2014). There was also research that used BDI-II to measure depression level among women after giving birth. BDI-II needs to be used carefully among these women because of the significant emotional and physical changes. The result showed that women that recently gave birth have a high score in BDI-II and experienced depression symptoms such as sleeping pattern changes and fatigue. Furthermore, they tend to have negative cognitive symptoms such as high self-criticism and self-judgement (Elisabeth et al., 2012).

Findings

The quantitative analysis results were retrieved from the Beck Depression Inventory-II (BDI-II) that was given to clients on pre-session, second session, fourth session and sixth session. The data analysis scores are as shown below:

Table 1.6: BDI-II Score

Test	Score Values	Score Differences	Percentage Differences (%)	Depression Levels
Pre-test	45	-		Critical Depression
Post 1	38	7	11.11	Critical Depression
Post 2	27	11	17.46	Moderate Depression
Post 3	15	12	19.04	Low Depression

Table 1 shows the scores, score differences, percentage differences and depression levels experienced by the clients before and after undergoing counselling intervention sessions. Clients' BDI-II score before counseling session interventions is at 45 which is at the critical depression level. Post 1 test shows the decreasing of the score value of BDI-II at 38 although it is still at a critical depression level. Post 2 test shows a decreasing score value of BDI-II at 27 which is at a moderate depression level. The decreasing of BDI-II score in Post 3 test decrease at score 15 that showed clients are at the mild depression level to 47.62% as shown in Table 1.1.

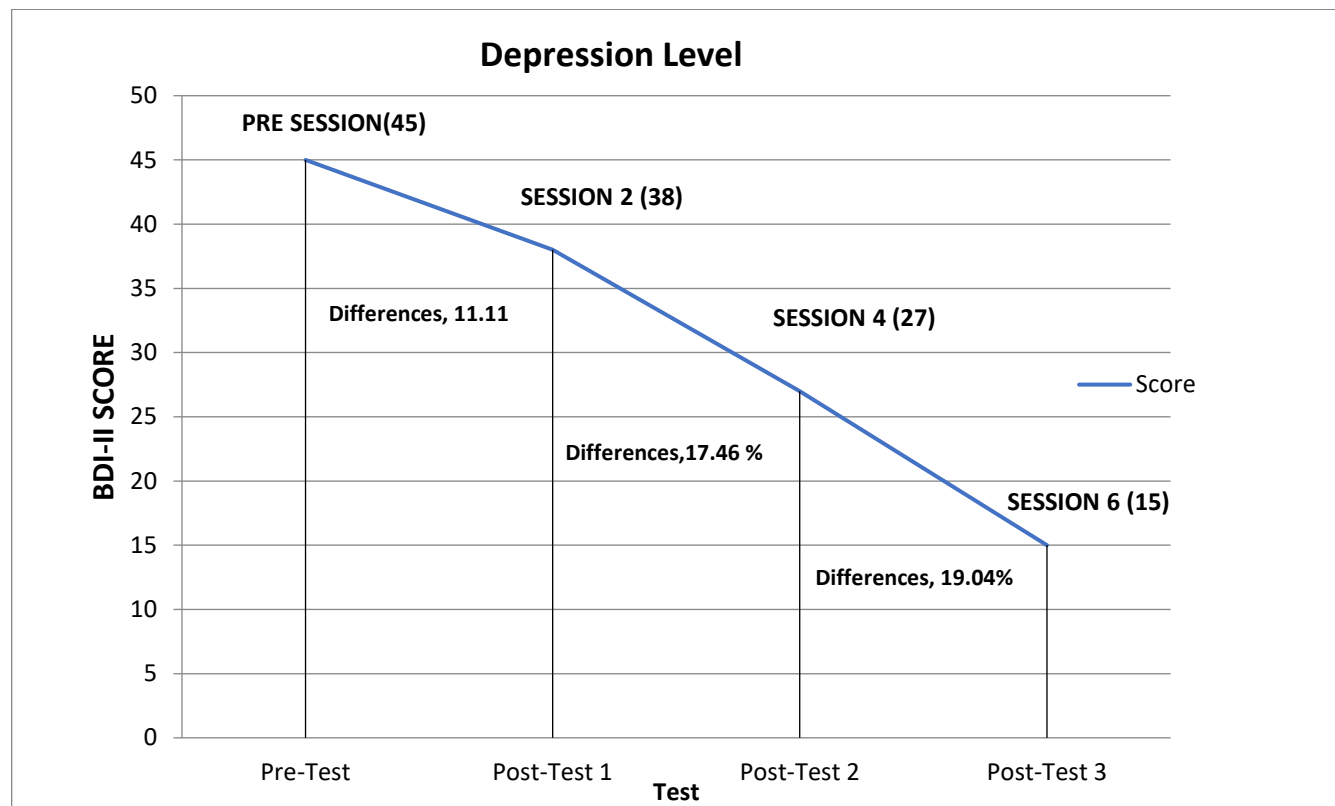


Table 1.7: Score Analysis of BDI-II

Table 1.7 shows depression levels percentages experienced by clients before and after going through counseling intervention sessions. Pre-session shows depression score among the clients is at 71.42% which indicates critical depression while the second session shows the decreasing percentage score of BDI-II at 60.32% but still at a critical level. At the end of the sixth session, clients’ BDI-II score is at 23.81% which shows a moderate depression level. Overall, depression experienced by clients shows a reduction of 47.61%.

This reduction was the result of successful counseling intervention sessions. The researcher found that these counseling intervention sessions suited with the time frame of critical depression level experienced by the clients although it was still in control and did not achieve mental stress level that needs treatments from the psychiatrists.

The reduction of clients’ depression level is also affected by their commitment in going through the six times counselling intervention sessions. Counselor roles also affected the reduction of depression level as the counselor applied basic counselling skills such as listening skill, consulted and helped clients to get awareness in facing their issues. According to Corey (2009), values held by a counselor enables clients to give cooperation and focusing on the counselling intervention sessions implemented by the respective counselor.

The decreased depression level experienced by the clients showed that these counselling intervention sessions were suitable among women with depression. In fact, the techniques used are suitable for the education level and clients’ intellectual. Clients’ commitment lead to the decrease of depression level as supported by Jacobson (2000) in his research stated that clients that completed the tasks showed changes in their depression compared to the clients that did not give commitment.

Discussion & Conclusion

Individual counseling intervention session is a systematic process to help an individual based on the basic helping relationship principles by a registered counselor so that the process can achieve a change, improvement and holistic, good and voluntary improvement in client's self dan continuously throughout their life. Individual counselling is a professional relationship between a counselor and a client. This counseling process involves a developmental sequence relationship between a counselor and a client in a certain time frame. This relationship starts from a level and keeps developing to another levels. According to Mizan & Mokhtar (2005); Khalid, Islam & Ahmed (2019); Alzgool (2019); Muhammad et al., (2019), these levels are conducted systematically with an objective or certain means.

Barber & DeRubeis (2001) stated that Cognitive Behavior Therapy approach in counseling intervention sessions toward the individual with depression for 12 weeks showed that the depression symptoms have cognitive changes based on the *Attributional Style Questionnaire*, *Depression Anxiety Stress* and *thought-listing* using *Ways of Responding Questionnaire* measurements. According to researches, an effective cognitive-behavioral approach in counselling intervention sessions can overcome depression problems, anxiety, panic, stress, and others 80 negative emotions that related to the poor internal locus control problems.

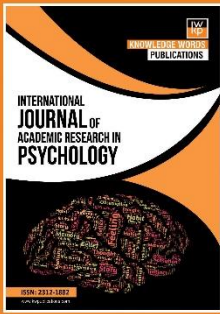
Research by Malkinson (2001) had proved that the cognitive behavioural approach had successfully overcome individuals' grief problems where they showed an increased self-belief compared to the past where they were easily influenced by external factors. Counselor needs to believe that clients' mind changes will impact clients' behavioural changes. Cognitive behavioural theory as a therapeutic procedure focuses on emotion and thinking changes but in other dimension, its main purpose is to adapt to certain behavioural changes (Payne, 2005).

In conclusion, this research has answered the research objectives to measure depression level among women the undergoing divorce process and the effect of counselling intervention sessions in reducing the depression level.

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Impact of Motivation on the Psychological Wellbeing of Nurses in Enugu Metropolis

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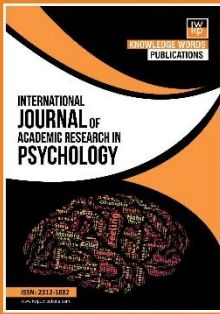
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Impact of Motivation on the Psychological Wellbeing of Nurses in Enugu Metropolis

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Abstract

This study examined the impact of Motivation on the psychological wellbeing among Nurses. The design of the study used is Cohort. The area of the study is Enugu Metropolis. The population of the study is Two hundred and fifty (250) Nurses. The sample and sampling technique used are two hundred and fifty purposively selected. Two instruments were used to collect data. The instruments are Work extrinsic and intrinsic motivations and Warwick Edinburgh Mental Wellbeing scales that were adopted that indicated responses from the two hundred and fifty (250) Nurses. The instruments were validated by three experts, two from measurements and evaluation and one from psychology education. ANOVA was used to analyze responses from participants. Results show that motivation predicted psychological wellbeing among Nurses. Result indicated that motivation predicted psychological wellbeing with ($\beta = 0.18, t = 2.74$). This clearly does not agree with the hypothesis that motivation will not significantly predict psychological wellbeing among Nurses. Hence the hypothesis which stated that motivation will not statistically significantly predict psychological wellbeing among Nurses was not confirmed. The study recommends that Nurses should be highly motivated in order to maintain stable psychological wellbeing.

Keywords: Motivation, Psychological, Wellbeing, Nurses.

Introduction

The psychological well-being has progressed rapidly since the emergence of the field over five decades ago. As recent surveys show psychologists and other social scientists have taken huge steps in their understanding of the factors influencing psychological/ subjective well-being. A person's self-report of their psychological wellbeing are becoming a focus of intense debate in public policy and in economics, and improving the wellbeing of the population is emerging as a key societal aspiration. Psychological well-being is the subjective term that means different meanings to different people. Psychological well-being resides within the experience of the individual (Campbell, Converse, and

Rodgers, 1976). It is a person's evaluative reaction to his or her life either in terms of life satisfaction (Cognitive evaluation) or affective balance or the extent to which the level of positive effect outweighs the level of negative effect in someone's life (Andrew and Withey, 1976; Campbell et al., 1976; Diener, 1984).

According to Longman Dictionary of Contemporary English (2005) psychological well-being is a positive state of physical, mental and social well-being. It is not merely the absence of disease or infirmity. Motivation at work is found to be closely linked with job satisfaction and psychological well-being. People are motivated to behave in ways that have made them happy in the past and avoid behaviours which have led to them being sad (Nesse, 1989). Nesse (1989) suggest that from an evolutionary point of view, it is most useful for a person to conserve energy when the outcome is unlikely to be a good one but to use all energy stores when the effort will result in good consequences.

Motivation concerns what moves people to act, think, and develop. The central focus of motivation research is therefore on the conditions and processes that facilitate persistence, performance, healthy development, and vitality in human endeavors. Although, clearly, motivational processes can be studied in terms of underlying mechanisms in people's brains and physiology, the vast amount of variance in human motivation is not a function of the more proximal socio-cultural conditions in which actors find them. These social conditions and processes influence not only what people do but also how they feel while acting and as a consequence of acting. Most theories of human motivation have therefore focused on the effects of social environments, including the rewards, incentives, and relationship inherent in them, to better understand what activates and sustains effective functioning, not only because that is where variation is mostly readily observed but also because it is the most practical focus for interventions. In doing so, most theories have treated motivation as a unitary concept that varies primary in amount (Bandura, 1996; Baumeister and Vohs, 2007). They have assumed that more motivation, however catalyzed, will yield greater achievement and more successful functioning. Self-determination theory (SDT; Deci and Ryan, 2000; Ryan and Deci, 2000), in contrast, has maintained that there are different types of motivation, specifically, autonomous, controlled motivation and that this type of motivation is generally more important than the amount in predicting life's important outcomes.

Work motivation comprises of two important types of motivators, which could be classified as intrinsic or extrinsic. Intrinsic motivators include achievement, recognition, challenging work, increased responsibility, advancement and enjoyment while intrinsic motivation is itself the outcome, the result of a work situation that people enjoy because they are in charge, because they have the opportunity to acquire new skills and abilities to match a different challenge, or because they are part of a successful team. Whereas, extrinsic motivators include pay; fringe benefit, promotion, housing allowance, medical allowance, and status are the factors of extrinsic to the job. In addition to concrete rewards, content of the job itself, recognition and feedback from coworkers, supervisor and customers and accomplishing goals that are challenging and meaningful are more effective extrinsic motivators.

To compete in today's world, more than ever before, government must not only hire the best available nurses but also find ways to enable them to be productive and effective. The most productive and effective nurses are highly motivated and presumably in good health. Such nurses work energetically, produce high-quality outcomes, and perform optimally. Unfortunately, health problems in the workplace are on the rise (Vezina et al., 2008), resulting in higher cost, not only for

organization like productivity losses, high turnover, and absenteeism rates, but also for individuals (for example psychological stress and lower qualities of life).

Statement of Problem

The performance of nurses has come under serious criticism. They have been accused of high level of inefficiency in the discharge of their duties by the general public. Poor infrastructure, inadequate logistics, laxity in the upholding of ethical conducts, low salaries and inadequate reward system are hallmarks of the Health sector in Nigeria. Inadequate motivation among the health workers has led to industrial actions most of the time resulting in the low level of public confidence and respect in the institution and had further negative multiplier effects of poor performance, low morale and lack of discipline in the service. The public hospital in Nigeria have a greater percentage of death rate and unreported malpractice incident because the nurses are being neglected most patients do not have the means to pursue cases of negligence and error by practitioners in the course of their treatment. Even though management has instituted a number of motivational packages for staff including annual rewards to boost staff performance, anecdotal evidence has revealed conflicting messages with regard to its effect. So the question is, how effective are these motivation packages to the psychological wellbeing of nurses in Enugu Metropolis? The study therefore looks at the effects of motivation on the psychological wellbeing of nurses in Enugu Metropolis.

Objectives of the Study

The objectives of the study are to know whether motivation will determine psychological wellbeing among Nurses in Enugu Metropolis.

Research Question

To what extent does motivation influence the psychological wellbeing among nurses in Enugu Metropolis?

Hypothesis

The hypothesis postulated and *tested* in the course of this study is thus:

H₀: Motivation has no significant impact on the psychological wellbeing of nurses in Enugu Metropolis

Review of Related Literature

Motivation

Motivation can be defined as a reason or reasons for acting or behaving in a particular way and a desire or willingness to do something. It can be considered a driving force; a psychological drive that compels or reinforces an action toward a desired goal. Motivation elicits, controls, and sustains certain goal directed behaviors. Motivation has been considered using approaches considered to be physiological, behavioral, cognitive, and social. Motivation is conceptually related to, but distinct from, emotion, and may be rooted a basic response to optimize well-being, minimize physical pain and maximize pleasure, or originate from specific physical needs such as eating, sleeping or resting. Motivation can be divided into two types: internal, or intrinsic motivation, and external, or extrinsic motivation.

Intrinsic motivation refers to motivation that is driven by an interest or enjoyment in the task itself, and exists within the individual rather than relying on any external pressure. Intrinsic motivation is based on taking pleasure in an activity rather than working towards an external reward.

Employees who are intrinsically motivated are more likely to engage in the task willingly as well as work to improve their skills, which will increase their capabilities. Employees are likely to be intrinsically motivated if they attribute their educational results to factors under their own control, also known as autonomy, believe they have the skill that will allow them to be effective agents in reaching desired goals (i.e. the results are not determined by luck).

Extrinsic motivation refers to the performance of an activity in order to attain an outcome, which then contradicts intrinsic motivation. It is widely believed that motivation performs two functions. The first is often referred to as the energetic activation component of the motivation construct. The second is directed at a specific behavior and makes reference to the orientation directional component. Extrinsic motivation comes from outside of the individual. Common extrinsic motivations are rewards like money and grades, and threat of punishment. Competition is in general extrinsic because it encourages the performer to win and beat others, not simply to enjoy the intrinsic rewards of the activity. A crowd cheering on the individual and trophies are also extrinsic incentives.

Psychological Wellbeing

Psychological wellbeing: the operational definition of psychological wellbeing in the study appears as being all right and not all right. Researchers identify levels of psychological wellbeing by summing up the scores of respondents given to the 14 items in the Warwick Edinburgh Mental Wellbeing Scale. Shortly, those with higher score reveals that are psychologically fine more than others and vice versa. Psychological well-being is the subjective term that means different meanings to different people. Psychological well-being resides within the experience of the individual (Campbell, Converse, and Rodgers, 1976). It is person's evaluate reaction to his or her life either in terms of life satisfaction (Cognitive evaluation) or affective balance or the extent to which the level of positive affect outweighs the level of negative effect in someone's life (Andrew and Withey, 1976; Campbell et al.,1976; Diener, 1984). Along with contextual influences psychological capital shapes the perception of wellbeing.

Psychological well-being is considered as a balance between positive effect and negative effect. Positive well-being is an appraisal of the status of one's functioning and outcome along several distinct but interrelated dimension including global, mental and physical healthfulness. According to Longman Dictionary of Contemporary English (2005) psychological well-being is a positive state of physical, mental and social well-being. It is not merely the absence of disease or infirmity. Motivation at work is found to be closely linked with job satisfaction and psychological well-being. Work motivation is identified as an energizing, directing and sustaining force (Steers Porter, 1983). Similarly, it is believed that individuals have certain self-centered needs that governs their behaviors and that the organization can, by satisfying these needs, motivate the individual to contribute towards the achievement of organizational goals.

Theoretical Review

Theories of Motivation

Self-Determination Theory (SDT) (Decci & Ryan, 2002)

This is a theory of motivation. It is concerned with supporting our natural or intrinsic tendencies to behave in effective and healthy ways. It is also concerned with the motivation behind choices people make without external influence and interference. The theory was initially developed by (Decci & Ryan, 2002). SDT focuses on the degree to which an individual's behavior is self-motivated and self-determined. It is centered on the on the belief that human nature shows persistent positive features,

that it repeatedly shows effort, agency and commitment in their lives. This theory states that people have three basic psychological needs to motivate the self to initiate behavior and specify nutriment that are essential for psychological health and well-being of an individual. These needs are said to be universal, innate and psychological and they include: competence, relatedness and autonomy.

1. Competence: means the desire to control and master the environment and outcome. We want to know how things will turn

2. Relatedness: deals with the desire to "interact with, be connected to, and experience caring for other people". Our actions and daily activities involve other people and through this, we seek the feeling of belongingness.

3. Autonomy: concerns with the urge, to be causal agents and to act in harmony with our integrated self. Deci and Ryan, (2000) stated that to be autonomous does not mean to be independent. It means having a sense of free will when doing something or acting out of our own interests and values.

Deci and Ryan (2000) claim that there are three essential elements of the theory: Humans are inherently proactive with their potential and mastering their inner force, such as drives and emotions,

1. Humans have an inherent tendency toward growth development and integrated functioning.

2. Optimal development and actions are inherent in humans but they don't happen automatically.

To actualize their inherent potential, they need nurturing from the social environment. If this happens there are positive consequences (e.g. wellbeing and growth) but if not, there are negative consequences. So SDT emphasizes humans' growth toward positive motivation; however, this is thwarted if their basic needs are not fulfilled.

This theory suggests that nurses will be motivated by their basic needs and it helps them behave in effective ways. Motivation is divided into two: Intrinsic motivation Ryan & Deci (2000) define intrinsic motivation as "doing of an activity for its inherent satisfactions rather than for some separable consequences"

Simply put, an individual is intrinsically motivated to do something when he/she likes what they are doing. For instance, artists love painting; they paint for the sake of the activity itself, for the positive experience of performing not for the potential secondary gains that may arise from doing what they love.

Two-Factor Theory (Herzberg, 1959)

The Two-Factor Theory of motivation otherwise known as dual-factor theory or motivation-hygiene theory was developed by psychologist Frederick Herzberg in 1959. This theory states that there are certain factors in the work place that cause job satisfaction, while a separate set of factors cause dissatisfaction. Herzberg proposed a two-factor model of motivation, based on the notion that the presence of one set of job characteristics or incentives leads to worker satisfaction at work, while another separate set of job characteristic leads to dissatisfaction at work. Thus satisfaction and dissatisfaction are not on a continuum with one increasing as the other diminishes, but are independent phenomena. This theory suggests that to improve job attitudes and productivity, administrators must recognize and attend both sets of characteristics and not assume that an increase in satisfaction leads to decrease in dissatisfaction. Analyzing the responses of 203 accountants and

engineers; who, were asked about their positive and negative feelings about their work, Herzberg found 2 factors that influence employee motivation and satisfaction.

1. **Motivator factors:** These are factors that lead to satisfaction and motivate employees to work harder. Examples might include enjoying your work, feeling recognized and career progression.
2. **Hygiene factors:** These are factors that do not give positive satisfaction or higher motivation, through dissatisfaction results from their absence. The term hygiene is used in the sense that these are maintenance factors. These are extrinsic to the work itself, and it can lead to dissatisfaction and a lack of motivation if they are absent. Examples include salary, company policies, benefits, relationships with managers and co-workers. These motivator factors increased nurse's satisfaction and motivation; the absence of these factors didn't necessarily cause dissatisfaction. Likewise, the presence of hygiene factors didn't appear to increase satisfaction and motivation but their absence caused an increase in dissatisfaction.

This theory states that while motivator and hygiene factors both influenced motivations. They appeared to work completely independently of each other and absence of both could cause dissatisfaction in work.

Hierarchy of Needs (Maslow, 1943)

The Hierarchy of Needs theory was coined by psychologist Abraham Maslow in his 1943. The crux of the theory is that individuals' most basic needs must be met before they become motivated to achieve higher level needs.

Maslow's hierarchy of needs is often portrayed in the shape of a pyramid with the largest, most fundamental needs at the bottom and the need for self-actualization and self-transcendence at the top. The hierarchy is made up of 5 levels, but was later expanded and transcendence needs was added, (Maslow, 1970). The needs are as follows: physiological needs, safety needs, social belonging, esteem, self-actualization and self-transcendence.

1. **Physiological needs:** These needs must be met in order for a person to survive if these human requirements are not met the human body cannot function properly and will ultimately fail. Physiological- needs are thought to be the most important; they should be met first. They include food, water, sleep, clothing and shelter.
2. **Safety needs:** once a person's physiological needs are relatively satisfied, their safety needs take precedence and dominate their behavior. This includes personal and financial security and health and wellbeing. Which means that the person's surroundings are not threatening to them or their family? If the environment seems to be safe, then it means that there is a sense of predictability or stability in the surroundings. Security could also include financial security so that there is no financial Uncertainty in the future. This could be achieved by creating a retirement package, securing job position, and insurance.
3. **Social belonging:** After physiological needs are fulfilled, the third level of human needs is interpersonal and involves feelings of belongingness. The need for friendships, intimacy and family. In the workplace, this means to feel as though they are a part of the group and included in the work. People have the urge to be accepted by others, especially the people they are around the most.

4. **Esteem:** The need to feel confident and be respected by others. The person must have a high image of them self and encompass self-respect. This level has two components: feelings of self-worth, and the need for respect from others. Low self-esteem or inferiority may result from imbalances during this level in the hierarchy. People with low self-esteem often need respect from others; they may feel the need to seek fame or glory. However, fame or glory will not help the person to build their self-esteem until they accept who they are internally. Psychological imbalances such as depression may hinder the person from obtaining a higher level of self-esteem or self-respect.
5. **Self-actualization:** this level of need refers to what a person's full potential is and the realization of that potential. The desire to achieve everything you possibly can and become the most that you can be. Someone being all they can be and they have met each of the previous stages. In this particular level, the person's talents are being completely utilized. Maslow believes that no one is ever completely self-actualized. People are always striving to be better and use their talents in new ways. This is important to motivation because a person must be motivated to fulfill their needs and strive for the next level until they reach self-actualization.
6. **Self-transcendence:** In his later years, Maslow explored a further dimension of needs, while criticizing his own vision on self-actualization. The self only finds its actualization in giving itself to some higher goal outside oneself, in altruism and spirituality, which is essentially the desire to reach infinite, "Transcendence refers to the very highest and most inclusive or holistic levels of human consciousness, behaving and relating, as ends rather than means, to oneself, to significant others, to human beings in general, to other species, to nature, and to the cosmos".

According to the hierarchy of needs, you must be in good health, safe and secure with meaningful relationships and confidence before you are able to be the most that you can be. These needs motivate humans to care for themselves and live a rich life. This theory explains that if nurses do not achieve basic needs and find out what motivate them in different stages so that they can be motivated to achieve higher level needs or achieve self-actualization and be rewarded accordingly.

Expectancy Theory (Vroom, 1964)

This theory was proposed by Vroom H. V. in 1964 proposes that people will choose how to behave depending on the outcomes they expect as a result of their behavior. In other words, we decide what to do based on what we expect the outcome to be. At work, it might be that we work longer hours because we expect a pay rise. This theory emphasizes the needs for organizations to relate rewards directly to performance and to ensure that the rewards provided are those rewards deserved and wanted by the recipients.

However, Expectancy Theory also suggests that the process by which we decide our behaviors is also influenced by how likely we perceive those rewards to be. In this instance, workers may be more likely to work harder if they had been promised a pay rise (and thus perceived that outcome as very likely) than if they had only assumed, they might get one (and perceived the outcome as possible but not likely)

Like many theories of motivation, the nature of the goal is often ignored. Motivation theory has the tendency to see what is going on within the actor, rather than focusing on the goal itself. In this case, the goal seeker is one who wants to show competence and, therefore, will choose those goals that seem relatively safe, with a high degree of expectancy that they can be done. There are three variables intrinsic

to expectancy. First, something is in it for the actor when the goal is finished. There is a "perceived outcome" in the goal itself, usually focused around showing competence and a feeling of accomplishment. Second, the job itself can be done with a minimum of frustrations. This remains one of the most common and important basic theories of motivation. Finally, one's ego will find some rest in the task. In other words, the task at hand will manifest one's capabilities and show everyone how competent he is.

Expectancy Theory is Based on Three Elements

1. **Expectancy:** the belief that your effort will result in your desired goal. This is based on your past experience, your self-confidence and how difficult you think the goal is to achieve.
2. **Instrumentality:** the belief that you will receive a reward if you meet performance expectations.
3. **Valence:** the value you place on the reward.

Therefore, according to Expectancy Theory, nurses are most motivated if they believe that they will receive a desired reward if they hit an achievable target. They are least motivated if they don't want the reward or they don't believe that their efforts will result in the reward.

Empirical Review

Motivation and Psychological Wellbeing

Gokce, (2014) studied the relationships between basic psychological needs, motivational regulations, self-esteem, subjective vitality, and social physique anxiety in physical education. One thousand and eighty two high school students aged between 14 and 19 [mean (M) = 15.89 ± 0.95 years] from six public high schools participated to the study. Students' basic psychological needs: motivational regulations, subjective vitality and self-esteem served as positive indicators, while social physique anxiety was a negative indicator of psychological well-being. Structural equation modeling results revealed that students' motivational regulations mediated the relationship between basic psychological needs and psychological well-being. Intrinsic motivation negatively predicted social physique anxiety and positively predicted subjective vitality. A motivation positively predicted social physique anxiety and negatively predicted subjective vitality. Identified regulation and external regulation positively predicted subjective vitality. Results supported the tenets of Self Determination Theory (SDT) and suggested that satisfying adolescents' basic psychological needs in physical education will promote their psychological well-being.

Persefoni, Nick & Dimitris (2010) conducted a study to investigate how medical and nursing staff of the Nicosia General Hospital is affected by specific motivation factors, and the association between job satisfaction and motivation. Furthermore, to determine the motivational drive of socio-demographic and job related factors in terms of improving work performance. He used instruments developed for measuring motivation based on Maslow's and Herzberg's theories was used in the present study. It consists of 19 items which are grouped under four distinct motivational factors. The job attributes factor encompasses 7 items: authority, goals, creativity opportunities, clear duties, job control, skill exploitation and decision-making. The remuneration factor encompasses 4 items: salary, environment, retirement/pension and absenteeism. The co-workers factor encompasses 5 items: teamwork, job pride, appreciation, I supervisor and fairness. The achievements factor encompasses 3 items: job meaningfulness, earned respect and interpersonal relationships. Two categories of health care professionals, medical doctors and dentists (N = 67) and nurses (N = 219) participated and motivation and job satisfaction were compared across socio-demographic and occupational variables. The survey

revealed that achievements were ranked first among the four motivators, followed by remuneration, co-workers and job attributes. The factor remuneration revealed statistically significant differences according to gender, and hospital sector, with female doctors and nurses and accident and emergency (A+E) outpatient doctors reporting greater mean scores ($p < 0,005$), The medical staff showed statistically significantly lower job satisfaction compared to the nursing staff, Surgical sector nurses and >55 years of age reported higher job satisfaction when compared to the other groups. The results are in agreement with the literature which focuses attention to management approaches employing both monetary and non-monetary incentives to motivate health care professionals Health care professionals tend to be motivated more by intrinsic factors, implying that this should be a target for effective employee motivation, Strategies based on the survey's results to enhance employee motivation are suggested.

Methodology

Participants

Participants in this study were 250 nurses, comprising 42 males and 208 females. Purposive sampling techniques (also known as judgment, selective or subjective sampling) was used to draw participants from five health institutions in Enugu Metropolis in Enugu State. The participants were nurses of Federal Neuropsychiatric hospital, New Haven, Uwani Cottage Health center Uwani, Poly Sub-District hospital Asata, Federal Orthopedic hospital, and Enugu State University Teaching Hospital, Parklane. Their age ranges from 20-60 years with a mean age of 46.33.

Hospitals	Numbers
Federal Neuropsychiatric hospital	59
Uwani cottage Health center	29
Poly Sub-District hospital, Asata	35
Federal Orthopedic Hospital	62
Enugu State University Teaching Hospital Parklane	61

Instruments

Two instruments were used in this study

The Warwick Edinburgh Mental Well-being Scale, developed and validated by Tennant, Hiller, Fishwick, Platt, Joseph, Welch, Parkinson, Seeker, Stewart-Brown (2007), it was used to assess students with the age of 16 years and above in the UK measuring aspects of mental health involving surveys in both student and general population samples, and focus groups. The scale has 4 items is scored by summing the response to each item answered on a 1 to 5 likert scale with the response as- None of the time, Rarely, Some of the time, Often and All of the time. The minimum scale score is 14 and the maximum is 70. The scale has full scale reliability of .83 obtained using Cronbach's alpha coefficient of .89. 1 gave the questionnaires to six lecturers who face validated the questionnaires and rated the cronbach alpha high. The Work Extrinsic and Intrinsic Motivation Scale (WEIMS) is an 18-item scale designed to measure work motivation. It was developed and validated by Tremblay, Blanchard, Taylor & Pelletier (2009). WEIMS was used to examine the influence of work self-determined as opposed to non-self-determined motivation. A score for W-SDM (Work-Self Determined Motivation) can be generated by summing the means of each of the three self-determined subscales (i.e., Intrinsic Motivation, Integrated Regulation, and Identified Regulation), which some of the items are; Because I derive

much pleasure from learning new things, Because it is part of the way in which I have chosen to live my life, Because this is the type of work I chose to do to attain s. certain lifestyle.

Similarly, a score for W-NSDM (Work-Non Self-determination Motivation) can be obtained by summing the means of the three non-self-determined subscales (i.e., Introjected Regulation, External Regulation, and A motivation), which some of the items include: I don't know why, we are provided with unrealistic working conditions, For the income it provides me, Because I want to be a "winner" in life. Internal consistency values of .87 and .72 were obtained for work self-determined and non-self-determined motivation, respectively. WEIMS would respectively load on six separate latent constructs (i.e., three items per factor). I gave the questionnaires to six lecturers who face validated the questionnaires and rated the cronbach alpha high.

Procedures

The questionnaires were administered to 250 nurses from five hospitals in Enugu metropolis; the questionnaires were administered to different hospitals on different days. The researcher sought permission from the head of nursing services in the different health institution to administer the questionnaires. The researcher rendered lots of thanks to the participants. Design/Statistics
The study employed a cross-sectional design. The statistics used in this is one way Analysis of Variance (ANOVA).

Out of the 250 pies 245 was collected representing a ratio of 98%, 10 copies were discarded due to improper filling leaving a total number of 235 that were used for analysis on this study, 195 females and 45 males.

Summary of Main Finding

Table 1: Means, standard deviations, and correlations for age, and motivation on psychological wellbeing ,

S/N	Variable	M	SD	Motivation	Psy-
1	Motivation	63.45		.09	
2	Psy-well being	45.84		-.02	.18**

Note. $N = 451$, * $=p < .05$ (two-tailed), ** $\sim p < .01$ (two-tailed),).

Result of correlation table show that psychological wellbeing was positively significantly related to motivation ($r = .18$, $p < .01$); but negatively non-significantly related to age ($r = -.03$, $p > .05$) and negatively non-significantly related to motivation ($r = -.09$, $p > .05$).

Table 2: Showing the prediction of 'psychological well being' from control variable-age, and motivation

	R	R2	R2A	B	Beta(p)	T
Model 1						
Age	.031	.001	.001	-.04	-.03	-.48
Model2						
Motivation	.181**	.033**	.031**	.11	.18	2.74**

Table 2 result indicated that the demographic (age) did not significantly predict psychological wellbeing of nurses (P = -.03, t = -.48) But motivation entered in model three of the equation was a significant positive predictor of psychological wellbeing of nurses ((3 = .18, t = 2.74, p < .01). It however accounted for 31% variance in the explanation of psychological wellbeing of nurses (R2A = .031, p < .01). Thus increase in motivation increases psychological wellbeing of nurses.

Discussion

The result of the study revealed that motivation statistically significantly predicted Nurses psychological wellbeing. This simply means that psychological wellbeing is a complex combination of a person's physical, mental, emotional and social health. The impact of the psychological wellbeing is very high on the motivational level of the nurses because of better work relationships, work life balance, job security and salary and other benefits which keep the employee satisfied and contented and thus it return helps the employee to perform better, more productivity, less absenteeism, low turnover, emotional stable, physical healthy, mentally at peace and also establish better understanding with others. So the more the nurses are psychological balance, there would be more contribution to the organization. Emotional demands from nursing professionals can act as challenges which promote motivation and psychological wellbeing. The above result is in line with earlier studies which suggest that higher the motivation to work, lesser will be the overall psychological wellbeing, as recognition in work place is found to be effective in determining one's psychological well-being (Ryan & Deci, 2000).

Conclusion

Based on the finding of the study the researcher hereby concludes that there is significant impact of motivation on the psychological wellbeing of nurses in Enugu Metropolis. The Psychological wellbeing of the Nurses has significant impact on the motivation level and it facilitates in achieving the business objectives of the health sector. This implies that the motivation of nurses is a gate way to Nurses psychological wellbeing. The result of the present study confirms that previous research shows that motivational regulations mediated the relationship between basic psychological needs and psychological well-being.

Recommendations

Based on the findings of this study, the following are the recommendations

1. Other studies should be done on the motivation and gender as predictors of psychological wellbeing among Nurses using a larger sample, and on other factors that can have influence on psychological wellbeing should be examined, such as emotions, healthy foods, etc.

2. In future research, open-ended questions or interviews could be supplemented in order to create a richer qualitative piece to the research and better understand what motivates nurses at a particular time
3. Government should highly motivate the Nurses by Reduce the nurse labor expense without sacrificing quality of care, better work relationships, work life balance, job security and salary and other benefits which keep the Nurses satisfied and contented and thus in return helps the Nurses to perform better, more productivity, less absenteeism, low turnover, emotional stable, physical healthy, mentally at peace and also establish better understanding with others.

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