

EMOTIONAL ISOLATION MODERATING THE RELATIONSHIP BETWEEN PEER RELATIONAL PROBLEMS AND PSYCHOLOGICAL DISTRESS

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ABSTRACT

OBJECTIVE

To explore the differential moderating role of social and emotional isolation for the relationship between peer relational problems and psychological distress.

STUDY DESIGN

Cross sectional study

PLACE AND DURATION OF STUDY

Data was collected from universities of Rawalpindi and Islamabad.

SUBJECTS AND METHODS

A total of 305 university students $n=153$ men and $n=152$ women with age ranging from 20 to 35 years (mean \pm sd = 23.02 \pm 2.30) participated in the research. Multiple linear regression analysis was used to explore the predictive role of peer relational problems, and social and emotional isolation on psychological distress.

RESULTS

Peer relational problems predicted psychological distress ($\beta=.52$, $p<.01$) and explained 27% variance in psychological distress. Further, results indicated that the relationship is partially mediated by emotional isolation ($\beta=.19$, $p<.01$; $\Delta R^2=.02$) for all subscales of psychological distress whereas moderated by emotional isolation ($\beta=.106$, $p<.05$, $\Delta R^2=.01$) only for anxiety.

CONCLUSION

Emotional isolations plays more critical role in progression of psychological distress as compare with social isolation. It is recommended that for young adults facing peer-relational problems, interventions shall be planned with a special focus on remedies for emotional isolation.

KEY WORDS

Emotional/social Isolation, Peer-relational Problem, Moderation.

INTRODUCTION

An increasing amount of research conducted on individual peer interaction claims that the development of an individual and his/her psychological abnormalities are extensively shaped by peer exposure. It has only been a decade earlier that the focus on socio-metric status (such as performance, grades in educational and work settings) dominates the endeavor to make an idea or to think conceptually and evaluate differences in persons by means of adaptation in the company of friends and coworkers. Today, owing to the advancement in the arena of research conducted on the significance of peer exposure, facts has gradually risen to propose the difficulty of evaluating and determining extent of one's adaptability with his/her peer group. Particularly progress in recent times is achieved by sturdy advancement in considering the credence and existence of another dimension of adjustment with peers¹.

A new and interesting fact regarding companions is proposed by current substantiation as a source of strain by letting down their associates. Evidence from general observation and research findings about children and adults concerning their peers and companions states that friends have been frequently regarded as someone special and hence they acquire a unique position and importance in one's life as they are a worthy source of one's poignant sustenance and self-revelation. Literature facts usually speculate that self-revelation within companionship depicts vigorous working². Generally an optimistic indication of one's adjustment with peers is truly regarded as having several associates. However passionate associations can be characterized too by feelings of uncertainty, mistreatment, depression and severe disagreement³.

We live in such an age of relations in which everyone is seeking companionship and everyone seems to be having trouble finding it. People need intimacy, warmth, a sense of self worth, and frequent confirmation of their identities. Good, close, intimate relations are become scarce, and when scarcity occurs, there is usually somebody around to exploit it. Isolation is a widespread phenomenon which is essential to human being⁴. Every person, irrespective of cultural foundation, spiritual values, social status and age or sex can recognize the pangs of isolation at some point in their lifetimes. However the nature of isolation as a subjective experience varies across different people, under many conditions, with a multitude of causes and enumerable results and consequences⁵.

Exploring the facts regarding one's adjustment with companions in the hopes of humanizing the untimely detection such as avoiding turbulence to individual's psychological wellbeing have fascinated clinicians, epidemiologists and others to explore this relation. Literature depicts the likelihood that children and even young adults with challenging peer relationships are at amplifying menace for afterward adjustment difficulties. However literature also purports that an intimate link has

not been established yet amongst researches conducted on individual's maturity as a function of peer experience and the forecasted threats related to problematic peer relations. Evidence claims that clinicians and psychoanalysts are more aware of the significance of a child interaction with his/her parents as compared to the literature on child association with his/her support group². Many researchers have now begun to investigate peer relational problems like adjustment issues; peer behavior, bullying and peer victimization other than problems arising from socio-economic status differences⁶.

The most significant developmental achievements for someone in his/her childhood or younger life are the abilities to form successful relationships with others⁷. Peer relationships play a significant role in the psychological development and wellbeing of most individuals. Prior literature supports the findings that lack of a healthy close and supportive peer relationship or low quality friendship can be a possible risk factor for the development of an unhealthy social status and may create difficulties in social and psychological adaptation and it may also increase hurdles or diminish the ability to deal with life stresses⁸.

Keeping in view the significance of peer relations and all the other relevant components the current study is an endeavor to explore the nature of peer relations and the adjustment difficulties that someone faced in his/her relationship with the significant peer group. Moreover the present study attempts to investigate that how these unhealthy and problematic peer relations or adjustment difficulties might become a potential hazard/threat or a major risk factor to one's psychological well-being, mental and emotional health, and psychological distress.

The present study also proposes to highlight the other possible outcomes of the poor peer relationship such as resultant feelings of embeddedness and social or emotional isolation that may mounts the link between relational difficulties and adverse health outcomes. Prior literature has traced back a vague link somehow on children peer problems like bullying, victimization and loneliness etc. Hence the current study is also an attempt to investigate the moderating role of emotional isolation on the relationship between peer problems and psychological distress among young adults. Literature evidence support the link between children peer problems and leading externalizing and internalizing disorders however the present study will explore the link between peer relational problems and psychological distress specifically in terms of resultant feelings of emotional isolation, depression, anxiety and stress.

SUBJECTS AND METHODS

Participants

A sample of (N=305) young adults was selected for the present study. Fulfilling the criteria of the study scale IPR (Index of peer relations) a literate sample with no severe cognitive impairment was selected. The data were collected from students of Universities in the premises of Rawalpindi and Islamabad. The sample consisted of approximately equal number of male and female respondents i.e., (n=153) males and (n=152) females. The inclusion criterion for the study was sample within age range 20-35 years. Participants were included only if they fulfilled the IPR criteria and were willing to participate in the present.

Along with demographic sheet, following instruments were used for the purpose of data collection.

Instruments

Index of Peer Relations. The IPR is one of the nine scales of Clinical Measurement Package (CMP) developed by Hudson⁹. It is a 25-item self-report questionnaire that is administered to adolescent and young adults (older than 12 years of age). Those completing the questionnaire must be literate and have no severe cognitive impairment. The Index of Peer Relations (IPR) measures the degree, severity or magnitude of problems a client is experiencing in relationships with peers. The participants are asked to respond on a 7-point rating scale by indicating one of the seven options (1=none of the time to 7=all of the time) most representative of them. The IPR produces a score ranging from 25 to 175 where a low score indicates the relative absence of the problem being measured, and a higher score indicates the presence of a more severe problem. The reliability alpha is .94 indicating that the scale is internally consistent⁹.

The De Jong- Gierveld Loneliness scale.

The De Jong-Gierveld Loneliness scale¹⁰ includes aspects of both emotional and social isolation^{11,12}. The scale consists of six negatively and five positively formulated items. The items which are negatively formulated cover aspects of emotional abandonment and missing companionship. The positive items assess feeling of sociability and a meaningful relationship. The scale was devised to measure both high and low levels of isolation. Responses are recorded on a 5 point likert scale. High score indicate high feelings of isolation in relative domain i.e., social or emotional. The alpha reliability (.81) is reported in the previous literature¹³.

DASS-21 (Depression, Anxiety and Stress scale).

DASS was developed by Lovibond and Lovibond¹⁴. DASS is a quantitative measure of distress along the 3 axis (i.e., depression, anxiety and stress). In this research short form of DASS; DASS-21 is used to measure negative emotional states of depression, anxiety and stress (7 items each). The Depression items assess dysphoria, hopelessness, devaluation of life, self-deprecation, and lack of interest/involvement, anhedonia, and inertia. The Anxiety items assess autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The Stress items are sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient. Respondents are asked to indicate on a 4-point severity/frequency scale the extent to which they have experienced each state over the past week. Scores of Depression, Anxiety and Stress are calculated by summing the scores for the relevant items. Score on DASS-21 are multiplied by 2 to calculate final score. All the items are scored positively. High score on each subscale indicates higher level of relevant pathology. The alpha reliability of DASS is .93, subscale of depression is .88, subscale of anxiety is .77 and subscale of stress is .86¹⁴.

RESULTS

Preliminary analysis was conducted to explore characteristics of the data to test psychometrics of the scales used in the study. Table 1 presents Means, Standard deviation, Range (minimum and maximum value scores) of Index of peer relations, The De Jong-

Gierveld Loneliness Scale and DASS-21 for the study sample. Furthermore skewness and kurtosis was assessed to check for normality assumptions in sample distribution. Skewness values presented in table indicated that all study variables scores are normally distributed. Chronbach's alpha reliability coefficients yielded an internal consistency coefficient of ($\alpha = .77$) for the loneliness scale, ($\alpha = .72$) for social isolation and ($\alpha = .76$) for emotional isolation. The alpha reliability co-efficient of Index of Peer Relationship is ($\alpha = .93$). The reliability co-efficient of DASS-21 ($\alpha = .90$) and its subscales, Depression (.80), Anxiety ($\alpha = .76$) and Stress ($\alpha = .71$) are acceptable. The results presented in table 1 indicate that all scales are reliable.

Table 1
Mean, Standard deviation, alpha, range, skewness and kurtosis of Index of Peer Relations, Loneliness, DASS & their subscales (N=305)

Variables	M	SD	α	Range		
				Potential	Actual	Skew
Loneliness	29.83	7.49	.77	11-55	11-55	-.16
Emotional Isolation	16.48	5.12	.72	6-30	6-30	-.01
Social Isolation	13.35	4.12	.76	5-25	5-25	.02
Index of Peer Relations	72.42	26.7	.93	25-175	26-150	.23
Psychological distress	44.12	24.33	.90	0-126	0-118	.04
Depression	13.72	9.69	.80	0-41	0-40	.30
Anxiety	14.55	9.12	.76	0-41	0-38	.09
Stress	15.79	8.58	.71	0-41	0-40	-.01

Further Pearson's bivariate correlations were estimated to check the relationship between, Index of Peer Relations (IPR), Loneliness, DASS-21 and its subscales in young adults (University students). Results presented in Table 2 suggest that all study variables have significant correlations with their subscales as far as inter scale correlations of variables (i.e., Index of peer relations, loneliness and psychological distress (DASS) are concerned. Table shows a significant positive correlation of the (two) categorical variables (i.e., age and years of formal education) with emotional isolation, social isolation and loneliness however there is a non-significant positive correlation among years of formal education and emotional isolation. There is a significant correlation between subscales of loneliness, emotional isolation has significant positive correlation with social isolation ($r = .30, p < .01$), loneliness ($r = .85, p < .01$), index of peer relations ($r = .52, p < .01$), DASS-21 ($r = .41, p < .01$) and its subscales depression ($r = .42, p < .01$), anxiety ($r = .35, p < .01$) and stress ($r = .33, p < .01$). Social isolation is significantly positively correlated with loneliness ($r = .76, p < .01$), index of peer relations ($r = .38, p < .01$), psychological distress (DASS total) ($r = .17, p < .01$) and its subscales depression ($r = .18, p < .01$), anxiety ($r = .11, p < .01$) and Stress ($r = .15, p < .01$). There is a significant positive correlation between index of peer relations, psychological distress ($r = .52, p < .01$) and its subscales depression ($r = .52, p < .01$), anxiety ($r = .44, p < .01$) and stress ($r = .42, p < .01$). Similarly depression is significantly positively correlated with anxiety ($r = .69, p < .01$), stress ($r = .70, p < .01$) and psychological distress ($r = .90, p < .01$). There is a significant positive correlation between Anxiety, Stress ($r = .67, p < .01$) and DASS total ($r = .89, p < .01$). Stress is significantly positively correlated with psychological distress-DASS total, ($r = .88, p < .01$).

Table 2
Correlation between Index of Peer Relations, Loneliness, DASS and its subscales (N=305)

S.No.	Variables	1	2	3	4	5	6	7	8	9
1	Age (in years)	-								
2	Years of formal education	.49**	-							
3	Emotional Isolation	.13*	.08	-						
4	Social Isolation	.13*	.14*	.30**	-					
5	Loneliness	.16**	.14*	.85**	.76**	-				
6	Index of peer relations	.02	.03	.52**	.38**	.56**	-			
7	Depression	-.01	-.02	.42**	.18**	.39**	.52**	-		
9	Stress	-.01	-.02	.33**	.15**	.31**	.42**	.70**	.67**	-
8	Anxiety	-.03	.05	.35**	.11*	.30**	.44**	.69**	-	
10	Psychological distress	-.02	.01	.41**	.17**	.38**	.52**	.90**	.89**	.88**

* $p < .05$; ** $p < .01$

Further analysis was conducted to test gender differences on study variables (i.e., age, family system, years of formal education), Peer relational problems, Loneliness (social, emotional isolation) and Psychological distress (DASS-21). Results presented in Table 3 indicate significant gender (Men, Women) differences in relation to variables of the study. Significant differences are observed between men and women in emotional isolation, loneliness, index of peer relations, depression, anxiety and stress. On the contrary, non-significant differences were found regarding social isolation. Females were seen to have high scores on peer relational problems, loneliness (social, emotional isolation) and psychological distress (DASS), depression, anxiety and stress as compared to their male counterparts. Cohen's d indicates larger differences between male and female participants in peer relational problems and emotional isolation.

Table 3
Gender differences on study variables (peer relational problems, loneliness, psychological distress (DASS) and their subscales (N=305)

Variable	Men (n=153)		Women (n=152)		t (298)	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Loneliness	28.46	7.74	31.20	7.01	3.23	.00	4.41	0.42	.37
Emotional Isolation	15.36	4.83	17.59	5.18	3.89	.00	3.36	1.10	.45
Social Isolation	13.10	4.19	13.61	4.06	1.08	.28	1.44	0.42	.12
Peer relational problems	65.87	25.20	78.94	26.63	4.40	.00	18.91	7.23	.51
Psychological distress	39.53	24.64	43.67	23.21	3.33	.00	14.53	3.74	.38
Depression	11.77	9.57	15.66	9.44	3.57	.00	6.04	1.75	.41
Anxiety	13.21	9.53	15.89	8.51	2.59	.01	4.72	6.41	.30
Stress	14.58	8.79	17.00	8.21	2.48	.01	4.34	0.50	.29

Note. CI= confidence interval; LL= Lower limit, UL= upper limit

Finally, regression analysis was carried out to test moderating role of the social and emotional isolation for the relationship between index of peer relations and psychological distress. The predictor and the

moderators were mean centered before computing the interaction terms. In stepwise regression analysis, predictor and moderator were entered in the regression equation in first step and interaction term was added in the second step. A significant interaction term indicates that the relationship between predictor and outcome is moderated. A moderating variable may increase or decrease the relationship between a predictor variable and a dependent variable, or it may change the direction of the relationship between the two variables from positive to negative and vice versa. Results presented in Table 4 suggest that emotional isolation is a significant moderator for the relationship between peer relational problems and anxiety (a subscale of DASS). Emotional isolation ($\beta = .11, p < .05, \Delta R^2 = .01$) appeared to moderate the effect of peer relational problems on anxiety.

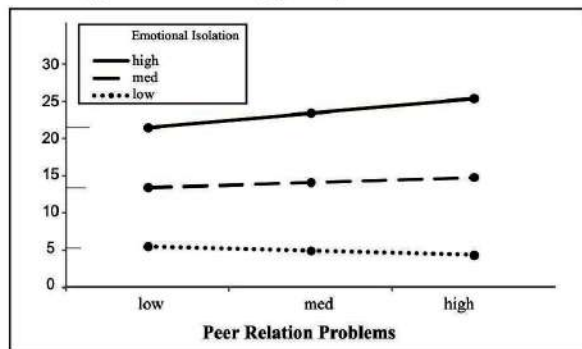
Table 4
Moderation of Emotional Isolation on the relationship between Peer relationship problems and Anxiety (N=305)

Variable	Model 2		
	Model 1 B	B	95% CI
Constant	14.56**	14.00**	[12.95, 15.06]
Peer relationship problems	-0.12**	-0.12**	[-0.16, -0.08]
Emotional Isolation	-0.29**	-0.34**	[-0.56, -0.13]
Peer relational problems * Emotional Isolation		0.01*	[0.01, 0.02]
R ²		.22	.23
F		41.34**	29.23**
ΔR^2			.01
ΔF			4.15

Note. CI= confidence interval. * = $p < .05$; ** = $p < .01$

The graph presented in Figure 1 explains the relationship between peer relational problems measured by index of peer relations and anxiety measured by DASS at different levels of emotional isolation. The graph depicts that there is a negative relationship between peer relational problems and anxiety when emotional isolation is low. Under moderate level of emotional isolation the relationship almost disappears whereas under high levels of emotional isolation peer relational problems are positively related to anxiety.

Figure 1
Moderation of Emotional Isolation on the relationship between Peer relationship problems and Anxiety (N=305)



DISCUSSION

The present study was conducted with the objective to identify the differential moderating role of emotional and social isolation on the relationship between peer relational problems and psychological distress. An associative objective of this research was to explore the differences on study variables across gender. Initially psychometric properties of the scale were determined. The reliabilities of the variables and their components which were utilized in the present study appeared to be moderate to high.

There are some fundamental similarities among human race made up of many different people and despite the many dividers among us (such as language, culture, religious beliefs, and socio-economic levels) one of those similarities is our yearning for love, acceptance, affiliation, support, companionship and understanding¹⁵. It is the natural instinct of man to live in a group, a group in which people have relationships with each other, have positive contacts, share their feelings and gain awareness about better survival. Peers and companions are the front line support group for most adolescents and even young adults both inside as well as outside college or university. As people live on, they may come across feelings about not being a part of the group. They may feel disconnected and left out and quit from the colorful life and become isolated¹⁶.

The findings of the present research are aligning with the prior literature evidence as it has been speculated that unhealthy peer experiences are likely to induce emotional responses such as isolation and cognitive reactions including poor self-esteem. These cognitive emotional constructs are likely to trigger depressive symptoms¹⁷. Results of the present study confirm the notion that negative group level experiences (i.e., in the present study conceptualized as having unsatisfied and disturbed peer adjustment) contribute to adult's feelings of isolation and ultimately to depressive symptoms i.e., depression, anxiety and stress³.

There is significant positive relationship among peer relational problems and psychological distress as well as there is a significant positive relation between social, emotional isolation and psychological wellbeing¹⁸. Youth reports of depression, isolation, and low self-worth are related to both deliberate and relational maltreatment¹⁹. An overtime aversive and unhealthy experience with peers (such as limited contacts within a support group and deficits in close affectionate relations predicts an increase in depressive affects²⁰. Empirical data also prove that having hope of a close social network and a well-adjusted peer relationship but not being able to achieve it may result in a feeling of being socially isolated and becomes a lone¹⁶.

The current findings propose that there is a positive relationship between psychological distress and emotional isolation (in young adults). Literature findings support the fact that young adults who lack close relation with peers are likely to be deprived of emotional resources that are necessary for healthy development, such as companionship, instrumental aid and emotional support²¹. Literature findings also showed that people who are emotionally isolated usually unable to relate to others and feel lonely. This condition is often coincides with or preceded by anxiety, depression, and feelings of emptiness, inadequacy, stress, and restlessness²².

The present findings show that there is a positive relationship between peer relational problems and social isolation. Isolation is a negative experience. It is the result of the subjective and cognitive evaluation of being a mismatch between the quality and quantity of existing relationships on one hand, and relationship standards on the other hand²³. Research evidence suggests that a number of leading factors such as insufficient support or kin company, peer refusal, underprivileged and inadequate peer adjustment and social interaction (i.e., neighbors, friends and companionship) all leads to social and somehow or the other to feelings of emotional isolation as well²⁴.

The findings illustrate a significant positive correlation between peer relational problems and emotional isolation. Heller²⁵ states that friendship is the most beautiful emotional attachment because it is freely chosen; it flourishes in reciprocity, mutual possession, and mutual self-abandon. However if this association fails to run efficiently it may lead to emotional longing and psychopathological vulnerabilities like psychological distress, aggression, anger, complexes, fears, threats to psychological wellbeing, physical and mental health²⁶.

Gender differences in regard to experiencing peer relational problems and resultant feeling of social emotional isolation and psychological distress are almost always aligning with the prior researches²⁷. Symptoms of depression prevails more among young girls than boys. Prior researches indicates that females are more frequently parts of an inner circle and place greater importance on peer group membership than males²⁸. Accordingly, depressive symptoms may be observed more significantly among females who are outside their inner circle or who face difficulties in adjustment with companions or while forming affiliations within a peer group²⁸. The findings of the present research also revealed significant differences across gender on peer relational problems and social, emotional isolation. Women may be more vulnerable to loneliness (both social and emotional) than men because girls develop a way of thinking about the world that depends on a sense of being connected with others. Thus, women feel that to be unaccompanied is to be a failure. Men, by contrast, give importance to independence, and believe that it is unmanly to need another to moderate loneliness. They may, therefore be more silently lonely than women²².

However results showed non-significant mean differences for girls and boys on social isolation. Some of the literature evidence suggests that there are non-significant differences between girls and boys regarding social isolation⁸. Lopez and Dubios²⁹ state that peer persecution in particular as well as supposed peer refusal contributes, to depressive symptoms among youth especially for those girls whose sense of self-worth is predisposed to depressing acquaintances.

Moderation is carried out in order to see the altering effect of moderator on the association between a predictor and an outcome. According to Baron and Byrne¹⁶, the relationship between predictor and outcome can be influenced by moderating factors. The moderating effect of emotional isolation was computed on the association between peer relational problems and psychological distress. Multiple linear regression analysis was conducted to explore the moderating effect of study variable.

It is hypothesized that emotional isolation strongly moderates the effect of peer relational problems on psychological distress. Findings of the present study support this hypothesis. Rubin and Burgess³⁰ belief that those individuals who are socially withdrawn attribute their problematic peer relations as a consequence of internal causes and as an outcome they may practice sentiments of emotional isolation and emptiness that leads to psychological distress. In addition, sentiments of emotional isolation are capable of predicting negative enhancement of psychological distress³¹. Emotional isolation may occur due to longing for a close relation, for the presence of someone to converse with in a meaningful way, somebody with whom you can share your deepest joys. An individual experiencing emotional isolation due to lack of a healthy relationship or having a close companion may leads the person to feel as no one cares about him/her or that nobody needs him in his or her life and that feeling may cause an adverse effect on the psychological, emotional and mental health of that person in the form of resultant feelings of depression, anxiety and to further isolation²².


CONCLUSION

Results of the present study are almost consistent with western literature and prior researches; however a slightly different trend is depicted in our culture. Present study demonstrated a critical role of emotional isolation on the relationship between peer relational problems and psychological distress as compared to social isolation. Finding of the present study also demonstrated that emotional and social isolation resulting from problematic peer relations leads to adverse effects on psychological wellbeing (mental and emotional health) and cause a number of externalizing and internalizing problems including depression, anxiety and stress. It was observed that feelings of social and emotional isolation negatively add in to the outcomes of problematic peer relations.

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