

Developing a Structural Model of Psychological Well-Being Based on Fear of Negative Evaluation by Mediating Loneliness in Female Adolescent Students with Psychosomatic Problems

Nasrin Baghaei¹, Mohamadreza Saffarian Tosi^{2*}, Gholamreza khadivi Rofogar², Gholamreza Khouei Nezhad²

1. PhD Student of Counseling and Guidance, Department of Educational Science, Mashhad Branch, Islamic Azad University, Mashhad, Iran
2. Department of Educational Science, Mashhad Branch, Islamic Azad University, Mashhad, Iran

Article history:

Received date: 11 February 2019

Review date: 18 May 2019

Accepted date: 11 June 2019

Keywords:

Psychological Well-being, Fear of Negative Evaluation, Loneliness, Psychosomatic Problems, Female Adolescent Students.

Abstract

Purpose: The purpose of this study was to develop a structural model of psychological well-being based on fear of negative evaluation mediating feelings of loneliness in adolescent girls with psychosocial problems.

Methodology: The present study was applied in terms of purpose and in terms of quantitative method and survey-correlation method. The statistical population consisted of female adolescent students with mental health problems who were studying in the second grade of secondary education in Mashhad Nursing School District 2 in the academic year of 2017-18. The method was multistage cluster sampling, so that a list of all secondary schools for girls in the second district of Mashhad was composed of 24 schools that were classified as 4 schools per cluster with respect to government and nonprofit and number of students. One cluster was randomly selected and at the second stage of each school and at each grade level, a total of 3 classes from each school were selected and the students were given questionnaires. The tools of the present study were Psychosocial Well-being Scales (Ryff, 1980), Fear of Negative Evaluation (Leary, 1983), and Dehshiri et al., (2008), Psychosomatic Complaints (Takata & Sakata, 2004). In the present study, SPSS software version 24 and SmartPLS2 software were used.

Findings: The results showed that fear of negative evaluation with sense of loneliness had a positive relationship with psychological well-being and negative relationship with fear of negative evaluation with psychological well-being, according to GOF value of 0.595 indicating strong fit of model. It had a lot of research; it had some mediating effect.

Conclusion: In order to improve the psychological well-being of adolescent female students, the present study demonstrates the importance of self-expression planning and training and communication skills to reduce feelings of loneliness and screening of students with negative evaluation to provide appropriate psychological treatment for this group of adolescents. Reminds students of education.

Please cite this article as: Baghaei N, Saffarian Tosi M, Khadivi Rofogar Gh, Khoeynezhad Gh. (2019). Developing a Structural Model of Psychological Well-Being Based on Fear of Negative Evaluation by Mediating Loneliness in Female Adolescent Students with Psychosomatic Problems. *Iranian journal of educational Sociology*. 2(3): 112-121.

* Corresponding Author Email: safareyan1397@gmail.com

1. Introduction

Adolescence is a sensitive period (Hagan et al., 2019), unstable (Sharp, Vanwoerden & Wall, 2018) and dynamic in the path of human development (MajdPour et al. 2017), which can be affected by rapid biological, cognitive and social changes. Affect issues of adolescent psychological well-being (Marsh, Chan & Macbeth, 2018). Psychological well-being includes individuals' cognitive and emotional evaluations of their lives in terms of perceived life satisfaction, presence of positive emotions, and absence of negative emotions (Cho and Jeon, 2019). In other words, psychological well-being refers to a sense of well-being that encompasses a full awareness of wholeness and integration in all aspects of the individual (Abed, Pakdaman, Mazaheri, Heidari, 2017). This construct determines how changes will be felt over time, and how people return to normal emotional states after difficult life situations (Larren et al., 2018). Research in the field of psychological well-being has examined this construct from both pleasure and virtue perspectives (Castellasi & Tuoto, 2018).

Ryff & Keyes (1995) added two components of self-esteem and autonomy to the components of psychological well-being from a mental perspective that included self-esteem, positive relationship with others, self-compliance, purpose in life, mastery of the environment (Mahoor & Farzinfar, 2016). Low levels of psychological well-being are recognized as a symptom of severe psychological problems (Gutman & Sameroff, 2004) and are associated with a serious risk of depression, self-harm, substance abuse, and suicide (Salmi, Berlin, Björkenstam, Ringbäck Weitoft, 2013). The importance of the component of psychological well-being among adolescents is to the extent that positive psychology training programs seek to integrate academic training with psychological interventions to reduce adolescents' psychological well-being, reduce and disrupt adolescents' psychological well-being (Morrish, Rickard, Chin & Vella-Brodrick, 2017). In fact, psychological well-being is closely linked to psychological security (Salehi and Asghari Ebrahimabad, 2018) and its decrease will result in increased restlessness and unpleasant feelings for adolescents (Shaheen, Jahan, & Shaheen), which may also be related to reduced Psychological well-being - Causes my psychological and physical illnesses including complaints and pains.

Sometimes adolescents report a symptom of physical pain that is called psychiatric pain (Guidetti, Faedda & Siniatchkin, 2016) when dealing with a difficult situation, a psychological problem, or emotional distress rather than directly expressing it. The word psychotropic implies a two-sided structure of symptoms: on the one hand, physical symptoms and on the other, psychological symptoms (Lebailly et al., 2018). In psychiatric disorders, the effects of psychological factors on medical illnesses are considered to be detrimental to their suffering, discomfort, death, or disability in forms such as diabetes, cancer and coronary artery disease, or functional syndromes such as migraine, irritable bowel syndrome, or IBS. Unknown such as pain, fatigue, and dizziness (American Psychiatric Association, 2013). One of the issues that reduce psychological well-being and increase psychosomatic complaints in adolescents Avoiding social environments that begin gradually from early adolescence has a significant relationship with fear of negative assessment (Brunes, Hansen & Heir, 2019).

Fear of negative evaluation is the over-and-over fear of being negatively evaluated by others (Dryman & Heimbrg, 2018; Dogan, 2018), feelings of worthlessness and shame (Dogan, 2018). Belief in the existence of higher standards in others and doubt in these standards exist in people who fear negative evaluation (Lipton, Weeks & De Los Reyes, 2018). Fear of negative evaluation has a negative relationship with psychological well-being (Gandaharizadeh, Aghamohammadian Sharbaf, Bagheri, 2018). High levels of fear of negative evaluation are commonly found in people with social anxiety who are highly susceptible to symptoms of potential social threat (Darman et al., 2018). Since fear of negative evaluation is a cognitive component of social anxiety, research by Reiss & McNally (1985) (quoted by Karim & Arooj Naz, 2017), Maričić & Štambuk (2015), Eng, Coles, Heimberg & Safren (2005) A negative relationship was also found between social anxiety and psychological well-being.

As the response to avoiding social environments and interacting with others is an unhealthy (but useful in the short run) common practice in people with a fear of negative appraisal, they will be less likely to experience interactions and thus lonelier. Fear of negative assessment of social anxiety is also associated with intimate relationships (family, peers, and romantic relationships) and intimate and intimate relationships are the most relevant aspect of loneliness (Baytemir & Yıldız, 2017). On the other hand, human beings are social beings and in need of meaningful interactions with others, and the quality of relationships forms the basis of their psychological well-being. As teens are neglected, negatively evaluated, or rejected when they receive low levels of social support from family, peers, and community members, they feel lonely, which has a detrimental effect on their psychological well-being. In the definition of loneliness, loneliness occurs when the satisfaction of social needs is not satisfactory in terms of both quality and quantity (Ronka, Taanila, Rautio & Sunnari, 2018; Gollwitzer, Wilczynska & Jaya, 2018).

In cognitive theory, loneliness is caused by perceived differences between desired social relationships and the level of existing social relationships (Ronck et al., 2018; Dahlberga, Agahia & Lennartsson, 2018) and as an understanding of a sense of discomfort associated with interpersonal relationships that is unsatisfactory. Defined (Borawski, 2018). Social skills-based research indicates that there is a relationship between feeling lonely and overly self-centered, lacking in respect for other people, being unacceptable to friends, which is more prevalent among female subjects (Johns, Mathew & Mathai, 2016). Loneliness can be a strong predictor of health and quality of life (Beutel et al., 2017) and may be associated with internal despair, poor social support, limited social networking, interpersonal skills shortages, and frequent psychiatric hospitalizations (Chrostek, Grygiel, Anczewska, Wciórka, Świtaj, 2016). Studies have shown a negative association between loneliness and psychological well-being (Nie, Tian, & Huebner, 2019; Shaheen et al., 2014; Bucher, Neubauer, Voss, & Oetzbach, 2019) and with mental illness such as elevated blood cholesterol (Valtorta, Kanaan, Gilbody, Ronzi & Hanratty, 2016), related to cardiovascular disease (Leigh-Hunt et al., 2017).

Given the importance of psychological well-being in adolescent's emotional, psychological, and social functioning, as well as feeling lonely as an adolescent in the area of adolescence, with the aim of improving the psychological well-being of individuals and the vitality of societies that require urgent attention and factors Its context, such as the fear of negative evaluation in adolescents with psychiatric problems, has been researched and applied, with the aim of being lonely, helping to increase communication and subsequently increase the social support received by adolescents. In the present study, studies on the psychological well-being of adolescent girls with psychosocial problems were very limited. Therefore, the purpose of the present study was to develop a structural model of psychological well-being based on fear of negative evaluation mediating feelings of loneliness in adolescent girls with problems. Examines rough hypotheses: 1. Fear of negative evaluation has a significant effect on psychological well-being of adolescent girls with psychosocial problems. 2. Feeling lonely mediates the relationship between fear of negative evaluation and psychological well-being. In the conceptual model of the present study in Chart 1, the variable of fear of negative evaluation as the independent variable (exogenous), the variable of loneliness in the role of the mediator variable and the psychological well-being variable in the role of the dependent (endogenous) variable are considered.

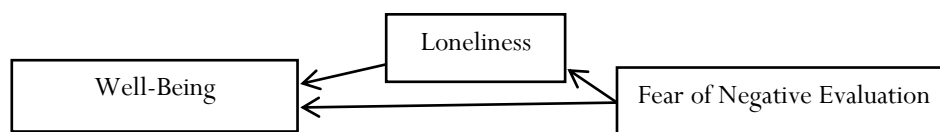


figure 1. Conceptual model of research

2. Methodology

The present study was applied in terms of purpose and in terms of quantitative method and survey-correlation method. The statistical population consisted of female adolescent students with mental health problems who were studying in the second grade of secondary education in Mashhad Nursing School District 2 in the academic year of 2017-18. The method was multistage cluster sampling, so that a list of all secondary schools for girls in the second district of Mashhad was composed of 24 schools that were classified as 4 schools per cluster with respect to government and nonprofit and number of students. One cluster was randomly selected and in the second stage of each school and in each grade level of one class, in total 3 classes from each school, the students were given questionnaires. Eight of the participants were excluded from the study due to the incomplete and random response of their questionnaires. Based on the score of the Psychiatric Problems Questionnaire, 103 participants were selected as the sample. Inclusion criteria included student, female gender, age between 15 and 18 years, score of 90 on the psychosomatic complaints questionnaire. Participants participated in the study after explaining the purpose of the study, confidentiality of the information, and applying it for the purpose of the study and obtaining written consent to complete the questionnaires. After data collection in data analysis step, data normality test and Pearson correlation coefficient test using SPSS 24 software and structural equation modeling with partial least squares approach using SmartPLS2 software were used.

Psychological Well-Being Scale: Ryff (1980) designed a psychological well-being scale with 6 subscales each containing 20 questions (Ryff & Keyes, 1995; Ryff & Singer, 2006). In later studies, shorter forms of 84, 54, and 18 questions were produced by scoring on the 6-degree spectrum (Khanjani et al., 2014). In the present study, an 18-item form was used that each subscale had 3 questions, which included the six subscales of self-acceptance, positive relationship with others, autonomy, purposeful living, personal growth, and environmental mastery. It is worth noting that questions 3,4,5,9,9,10,13,16 and 17 are reversed. Scores ranged from 18 to 108, with a higher score indicating better psychological well-being. The validity and reliability of psychological well-being scales have been reported in several appropriate studies (Ryff, 1989). Dierendonck (2004) found the internal consistency of the subscales to be appropriate and the Cronbach's alpha found to be between 0.77 and 0.90. Internal consistency of psychological scales was also reported by Bayani, Ashoori & Bayani (2008) and reported 0.89. In this study, Cronbach's alpha was 0.91.

Fear of Negative Evaluation Scale: The short version of Fear of Negative Evaluation is designed by Lary (1983) to measure distinct levels of anxious individuals' experiences of possible exposure to future negative evaluations. This scale has three subscales, each containing 4 questions and a total of 12 questions. On this scale, participants answer each question on a 5-point range from 1 (never) to 5 (almost always). Questions 2,4,7,10 are graded inversely. Scores range from 12 to 60, and higher scores indicate higher levels of anxiety and fear (Lary, 1983). In Lary (1983) study, this scale, with a mean of 35.7 and a standard deviation of 8.1, high correlation ($r = .96$, $p < 0.0001$), and Cronbach's alpha of 90% provided approximately the same psychometric properties with the 30-item version by Watson and Freund. (1969) was designed to show. In the research of Shokri, Geravand, Naghsh, Tarkhan, Paezi (2011), internal consistency coefficients of total score and subscales of positive and inverse scores were 0.80, 0.82 and 0.81, respectively. The results of Shokri, Geravand, Naghsh, Tarkhan, Paezi (2008), which tested the psychometric properties of a short version of the Fear of Negative Scale among adolescents, empirically supported the construct validity of the four scales. In the study of Firouzmanesh and Shokri (2015), multivariate confirmatory factor analysis results of this scale supported inter-group factor structure invariance, factor loadings, error values, variances, and inter-factor covariance in two groups of gifted and normal adolescents (Razavi alavi, Shokri, and Pourshahriar, 2015). In this study, Cronbach's alpha was 0.79.

Loneliness Scale: This scale was developed by Dehshiri et al. (2008), comprising three subscales including 38 items with a 5-point Likert scale. Loneliness questions related to family communication: 2, 4, 9, 12, 16, 18, 20, 23, 24, 25, 26, 32, 33, 35, 37; Loneliness questions related to friends: 1, 3, 5, 10, 11, 15, 19, 21, 29, 30, 31 and 38; emotional symptoms questions alone: 6, 7, 8, 13, 17, 22, 27, 28, 34 and 36. Questions 6, 7, 8, 9, 13, 17, 22, 24, 25, 27, 28, 32, 34, 36 are reversed and the scores range from 38 to 190, with higher scores indicating greater experience of feeling alone. The coefficient of validity of the scale using Cronbach's alpha and retest was reported to be 0.91 and 0.83, respectively (Dehshiri et al., 2008). Also, convergent validity of the scale through correlation with UCLA Loneliness Scale and Depression Inventory was 0.60 and 0.56, respectively. The construct validity of the scale has also been confirmed by exploratory factor analysis. The results of factor analysis showed that the final form of the scale consisted of three factors related to loneliness, family loneliness, and communication with friends and emotional symptoms of loneliness. The retest validity coefficient for the whole scale was 0.84 and for the subscale of loneliness due to family relationship 0.83, loneliness associated with friends 0.82 and emotional loneliness symptoms were reported 0.76 (Dehshiri et al., 2008). In the research of Najafi, Dabiri, Dehshiri and Jafari (2013), Cronbach's alpha was 0.87 (Heshmatian, 2014). In this study, Cronbach's alpha was 0.81.

Psychotropic Complaints Scale: Developed by Takata & Sakata (2004), it consists of 30 questions with a 4-point Likert scale (0 = never to 3 = repeatedly) and has a single-factor structure. Scores range between 90 and 90, with higher scores indicating greater psychosomatic complaints. Takata & Sakata (2004) obtained its concurrent validity in two separate studies, 0.64 and 0.65, by calculating its correlation with the Goldberg Mental Health Scale. In Hajloo's research (2012), the correlation coefficient between these two scales was 0.68. Reliability of the psychosocial complaints scale was tested at one-month interval and at two times on a sample of 30 students ($r = 0.83$). The upper interior is for sections of this scale (Hajloo, 2012). In this study, Cronbach's alpha was 0.78.

3. Findings

Table 1 illustrates the demographic characteristics of the participants in this study.

Table 1. Demographic characteristics of the study participants

Percent	Frequency	Age (years)
19/4	20	Fifteen
34/9	36	Sixteen
33/3	34	Seventeen
12/3	13	Eighteen
100/0	103	Total

The mean age of female students was 16.38 0.07 with a range of 15 to 18 years. The mean, standard deviation, and correlation between the factors of each of the variables studied. Percentage of positive and significant relationship was found ($P < 0.001$), and there was a negative significant relationship between psychological well-being and its dimensions with fear of negative evaluation as well as sense of loneliness ($P < 0.001$). There was a positive and significant relationship between fear of negative evaluation and feeling of loneliness ($P < 0.001$). Before performing the steps of model path analysis and research hypotheses, what was considered, observation and review topics Statistical assumptions were included, including the assumptions made in structural equations, assuming that the distribution of variables was normal or normal by means of tests. Since the probability value of K-S test for all dimensions is greater than 0.05, there is no reason to reject the assumption that the data distribution is normal, Table 2 reports the results of the fit indices of the present model. As can be seen in Table 2, the mean value of Communalities was 0/601 and the mean of R^2 was 0/591. It came out that, according to the above classification, it is a good fit for the overall research model.

Table 2. The Result of God Index *GOF*

\bar{R}^2	<i>Communalities</i>	<i>GOF</i>
0/591	0/601	$GOF = \sqrt{Communalities \times \bar{R}^2} = \sqrt{0.601 \times 0.591} = 0.595$

As can be seen in Table 2, the mean value of Communalities was 0/601 and the mean of R^2 was 0/591. It came out that, according to the above classification, it is a good fit for the overall research model.

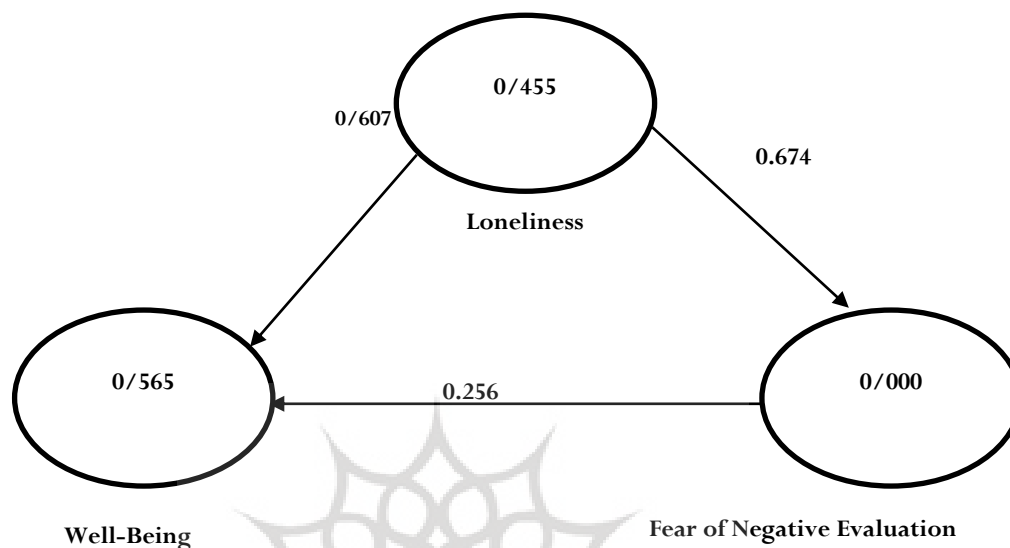
**Figure 2.** Structural Equation Modeling Research

Table 3 reports the results of the mediating effect of the variable of loneliness on the relationship between fear of negative evaluation and psychological well-being.

Table 3. Investigation of the mediating effect of variable feelings of loneliness on the relationship between fear of negative evaluation and psychological well-being

Step	independent variable	The dependent variable	Path coefficient	T	Sobel test
			B	t-value	
Direct relationship	Feeling lonely	Psychological well-being	-0/607	9/478	4/397
Indirect relationship	Feeling afraid of negative evaluation	Psychological well-being	-0/680	3/225	
Direct relationship	Feeling afraid of negative evaluation	Psychological well-being	0/674	13/090	
	Feeling afraid of negative evaluation	Feeling lonely	-0/265	13/397	

The results of Table 3 show that in the presence of loneliness variable, the standard beta for the relationship between fear of negative evaluation and psychological well-being increased significantly from 0.265 to 0.680; therefore, the role of loneliness variable is partial mediation and The research also confirms that the level of significance of the Sobel test with a statistical value of 4.397 which is lower than the error level of 0.05 was also confirmed.

4. Discussion

The purpose of this study was to develop a structural model of psychological well-being based on fear of negative evaluation mediated by feelings of loneliness in adolescent girls with psychosocial problems. Since the available information sources show that similar research has not been done so far, the results of this study are compared with those of similar variables and finally explained.

The results showed that fear of negative evaluation had a negative effect on psychological well-being of female adolescents with psychological problems. The results of this study are in line with the results of Gandaharizadeh et al. (1977), which showed that psychological well-being treatment was effective in reducing fear of negative evaluation of obsessive compulsive disorder patients, and is in line with Reis and McNally's (1985), Maričić & Štambuk (2015) Eng et al (2005), who also pointed out the negative relationship between social anxiety and psychological well-being. Explaining the findings of the present study, it can be said that psychological well-being is not only influenced by stressful events but also by individual characteristics that determine how adolescents evaluate events and how they deal with these stressors (Cejudo et al., 2018). Fear of negative evaluation is an individual trait whose consequences include passive performance, loss of opportunity, social avoidance, isolation, poor self-esteem (Karim, Arooj Naz, 2017). People with a fear of negative evaluation have problems with education, peer communication and social skills, attachment, self-destructive thoughts, and poor quality of life (Baytemir, Yıldız, 2017). Chrostek et al. (2006) showed that social communication promotes psychological well-being among adolescents and reduces restlessness and discomfort (Shaheen et al., 2014).

The results also show that the second hypothesis of the study showed that feeling lonely in relation to fear of negative evaluation has a mediating effect on psychological well-being, which is the research of Gollwitzer et al. (2018), Momeni et al. (2016) The lengths of social relationships and social anxiety were shown to be consistent and also with the researches of Wang, Mann, Lloyd-Evans, Ma, Johnson (2018), Johns et al. (2016), Gandaharizadeh et al. (2018), Setayeshi et al. (2018). , Jenaabadi et al. (2017) and Shaheen et al. (2014) that the relationship of loneliness with social skills and mental well-being Cognitive behavior is also consistent with research by Maričić, Štambuk (2015) who demonstrated the mediating role of loneliness in the relationship between social anxiety and subjective well-being.

Perception of loneliness is an unpleasant mental experience that results from the difference between expected social relationships and the current state of one's relationships. It should be noted that the quantity of social relationships does not matter. What matters is the individual's perception of these relationships (Firoozi, 2017). Adolescents may prefer loneliness because they think they are not wanted and are judged negatively by others. Findings have shown that high levels of loneliness are associated with poor socialization (Shaheen et al., 2014). In other words, research suggests that loneliness may be associated with low levels of social risk, social anxiety, and lack of social skills may be a symptom or facilitating factor alone (Baytemir, Yıldız, 2017). Lim, Rodbag, Zipper, and Gleason (2016) showed in a study that during the 6 months, social anxiety measured in the first month significantly predicted the amount of loneliness that was measured later. Another study showed that loneliness mediates the relationship between social anxiety and depression, and emphasized that loneliness has a significant relationship with social anxiety and increases the risk of depression. Individuals only bear more anxiety about not being liked by others in their interpersonal relationships thinking about themselves, especially in the negative social domains (Baytemir & Yıldız, 2017).

The prevalence of loneliness among adolescents is significant, with between 21 and 70 percent of adolescents experiencing this feeling at least occasionally (Qualter et al., 2015). Experiencing loneliness along with the fear of negative evaluation can lead to a decrease in social interactions and, consequently, to a decline in social support in this developmental period and ultimately to a decrease in psychological well-being. Psychological well-being, which is of great importance in the emotional, psychological and social functioning of adolescents and has always been the focus of public attention and academic research, has a significant negative relationship with psychological well-being (Yazdanfar et al, 2016). Emphasizing the assumption that today the proportion of adolescents with psychosomatic problems is higher than ever before and in all groups, the proportion of girls with psychosomatic problems is significantly higher than the proportion of boys who report symptoms (Geelen & Hagqist, 2016) by targeting loneliness, enhancing communication and subsequently enhancing the social support received by adolescents.

In order to facilitate future researchers' use of the present study, some limitations of this study should be mentioned, including the use of a cross-sectional design that limits the opportunity to investigate causal relationships, as well as the limitations of the statistical population, and the use of self-reporting tools in measuring variables. Also, although the data of this study were done by structural modeling, the final interpretation of the causal results should be done with caution. Finally, according to the fitted model, preventive interventions are suggested to improve the psychological well-being of students in order to prevent and prevent the prevalence and persistence of their psychosocial problems with the goal of fearing negative evaluation and feeling lonely, interventions that can be incorporated into policies. Overall Department of Education based on the public education of system operators, parents, and students through holding relevant workshops, recruiting specialists from psychologists and counselors and, if necessary, referring screened students to counseling centers from an early age. There is a need to take a step toward establishing positive education and promoting the general health of students at different levels of education.



References

- Abed N, Pakdaman S, Mazaheri M, Heidari M. (2017). Effectiveness of Respectful Listening to Children Package on Mothers' Psychological Well-Being. 13(52): 365-380.
- American Psychiatric Association (APA). (2013). Diagnostic and statistical manual of mental disorders (DSM). 5th ed. American Psychiatric Association. Arlington.
- Bayani A A, Ashoori A, Bayani A. (2008). Reliability and Validity of Ryff's Psychological Well-being Scales. IJPCP. 14 (2) :146-151.
- Baytemir K, Yıldız M A. (2017). Multiple Mediation of Loneliness and Negative Affects in the Relationship between Adolescents' Social Anxiety and Depressive Symptoms. *Anales De Psicología*. 33(3):612-620.
- Beutel M E, Klein E M, Brähler E, Reiner I, Jünger C, Michal M. (2017). Loneliness in the general population: prevalence, determinants and relations to mental health. *BMC Psychiatry*. 17(1):97-108.
- Borawski, D. (2018). The loneliness of the zero-sum game loser. the balance of social exchange and belief in a zero-sum game as predictors of loneliness. *Personality and Individual Differences*. 135, 270-276.
- Brunes A, Hansen M B, Heir T. (2019). Loneliness among adults with visual impairment: prevalence, associated factors, and relationship to life satisfaction. *Health and Quality of Life Outcomes*. 3:17-24.
- Bucher A, Neubauer A B, Voss A, Oetzbach C. (2019). Together is Better: Higher Committed Relationships Increase Life Satisfaction and Reduce Loneliness. *Journal of Happiness Studies*. 20: 2445-2469.
- Castellacci F, Tveito V. (2018). Internet use and well-being: A survey and a theoretical framework. *Research Policy*. 47:308-325.
- Cejudo J, Rodrigo-Ruiz D, López-Delgado M, Losada L. (2018). Emotional Intelligence and Its Relationship with Levels of Social Anxiety and Stress in Adolescents. *Environmental Research and Public Health*. 15(6): 1073-1086.
- Cho E, Jeon S. (2019). The role of empathy and psychological need satisfaction in pharmacy students' burnout and well-being. *BMC Medical Education*. 19:43-56.
- Chrostek A, Grygiel P, Anczewska M, Wciórka J, witaj P. (2016). The intensity and correlates of the feelings of loneliness in people with psychosis. *Compr Psychiatry*. 70:190-199.
- Dahlberga L, Agahia N, Lennartsson C. (2018). Lonelier than ever? Loneliness of older people over two decades. *Archives of Gerontology and Geriatrics*. 75:96-103.
- Dehshiri gh, Borjali A, Sheykhi M, Habibi M. (2008). Developing and validating the scale of loneliness among students. *Journal of Psychology*: 3 (47):282 - 296.
- Dierendonck D. (2004). The Construct Validity of Ryff's Scales of Psychological Well-being and Its Extension with Spiritual Well-being. *Personality and Individual Differences*. 36: 629-643.
- Dogan P K. (2018). Examining the relation between the fear of negative evaluation and the anxiety for social appearance in folk dancer. *Education and Training Studies*. 6(3):59-66.
- Dryman M T, Heimbrg R G. (2015). Examining the Relationships Among Social Anxiety, Fears of Evaluation, and Interpretation Bias. *Cognitive Therapy and Research*. 39(5): 646-657.
- Eng W, Coles M E, Heimberg R G, Safren S A. (2005). Domains of life satisfaction in social anxiety disorder: relation to symptoms and response to cognitive-behavioral therapy. *Journal of Anxiety Disorders*. 19(2): 143-156.
- Firooz M. (2017). Alexithymia and Perceived Loneliness: An Alarm for Girls' Tendency to High-Risk Behaviors. *Women's Studies Sociological and Psychological*. 15(3):189-212.
- Gandaharizadeh A, Aghamohammadian Sharbaf H, Bagheri F. (2018). The effectiveness of psychological well-being treatment on obsessive-compulsive disorder improvement and the fear of negative evaluation of women with washing compulsive. *IJPN*. 6 (4) :27-34.
- Geelen S M, Haggist C. (2016). Are the time trends in adolescent psychosomatic problems related to functional impairment in daily life? *Psychosomatic Research*. 87:50-56.
- Gollwitzer A, Wilczynska M, Jaya E S. (2018). Targeting the Link Between Loneliness and Paranoia via an Interventionist-Causal Model Framework. *Psychiatry Research*. 263:101-107.
- Guidetti V, Faedda N, Siniatchkin M. (2016). Migraine in childhood: bio behavioral or psychosomatic disorder? *The Journal of Headache and Pain*.
- Gutman L M, Sameroff A J. (2004). Continuities in depression from adolescence to young adulthood: contrasting ecological influences. *Dev Psychopathol*. 16:967-84
- Hagan M J, Modecki K, Moctezuma Tan L, Luecken L, Wolchik S, Sandler I. (2019). Binge drinking in adolescence predicts an atypical cortisol stress response in young adulthood. *Psych neuroendocrinology*. 100:137-144.
- Hajloo N. (2013). Psychometric properties of Takata and Sakata's psychosomatic complaints scale among Iranian university students. *Journal of Research in Behavioural Sciences*. 10(3):204-216.
- Jenaabadi H, Nastiezaie N, Mrziyeh A. The Role of Perceived Social Support and Feelings of Social-Emotional Loneliness in Addiction Relapse (Case Study: Self-Referral Addicts to Drug Rehab Centers in Zahedan). 11(44): 91-106.
- Johns N, Mathew J R, Mathai S M. (2016). Emotional Maturity and Loneliness as Correlates of Life Satisfaction among Adolescents. *Management & Social Sciences*. 3(3):25-38.

- Karim R, Arooj Naz M. (2017). Life Orientation, Fear of Negative Evaluation and Loneliness Among Women with Burn, Cancer and Serious Dermatological Issues. *Academic Research International*. 8(4): 172-184.
- Khanjani M, Shahidi S, Fathabadi J, Mazaheri M, Shokri O. (2014). Factor structure and psychometric properties of the Ryff's scale of Psychological well-being, short form (18-item) among male and female students. *Thoughts and Behavior in Clinical Psychology*. 9(32): 27-36.
- Lauren M, Denneson L M, Trevino A Y, Kenyon E A, Ono S S, Pfeiffer P N, Dobscha S K. (2018). Health Coaching to Enhance Psychological Well-being among Veterans with Suicidal Ideation: A Pilot Study. *General Internal Medicine*. 1-3
- Leary R M. (1983). A brief version of the fear of negative evaluation scale. *Personality and Social Psychology Bulletin*, 9(3). 371-375
- Lebailly T, Saint-André S, Laplace S, Lancien-Dereine S A, Gourbil A, Botbol M A. (2018). Psychosomatic Approach of Anorexia Nervosa. *Person Centered Approach to Recovery in Medicine*. 35: 249-260.
- Leigh-Hunt N, Bagguley D, Bash K, Turner V, Turnbull S, Valtorta N, Caan W. (2017). an overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health*. 152:157-171.
- Lipton M F, Weeks J W, De Los Reyes A. (2016). Individual differences in fears of negative versus positive evaluation: Frequencies and clinical correlates. *Personality and Individual Differences*. 98:193-198.
- Yazdanfar M, Manshaee Gh, AgahHerris M, Alipour A, Noorbala A. (2015). The effectiveness of written emotional disclosure training on psychological well-being and quality of life in psychosomatic disorders. *Journal of Research & Health*. 5(1):35 - 41.
- Mahoor H, Farzinfar K. (2017). The Effectiveness of Schema Therapy on psychological well-being of Mothers of the children suffering deafness. *Journal of Sabzevar University of Medical Sciences*. 24(5):311-318.
- MajidPour M, Parhizkar S, MOsavizadeh A, Shams M. (2017). Mothers' Views about Sexuality Education to their Adolescent Girls; a Qualitative Study. 16 (3) :93-105.
- Maričić A, Štambuk M. (2015). The Role of Loneliness in the Relationship between Social Anxiety and Subjective Well-Being: Using the Social Phobia Inventory (Spin) as a Measure. *Dru. Istra@. Zagreb God*. 24 (3):407-426.
- Marsh I C, Chan S W Y, Macbeth A. (2018). Self-compassion and Psychological Distress in Adolescents—a Meta-analysis. *Mindfulness*. 9:1011-1027.
- Moemeni Kh, Karami J, Sardari A. (2016). The Relationship Between Critical Thinking, Differentiation of Self and Fear of Negative Evaluation with Social Adjustment in Students. *Social Psychology Research*, 6(22):256-268.
- Morrish L, Rickard N, Chin T C, Vella-Brodrick D A. (2017). Emotion Regulation in Adolescent Well-Being and Positive Education. *Happiness Studies*. 19(5):1543-1564.
- Nie Q, Tian L, Scott Huebner, E. (2019). Relations among Family Dysfunction, Loneliness and Life Satisfaction in Chinese Children: A Longitudinal Mediation Model. *Child Indicators Research*. 1-24.
- Razavi alavi, Z., shokri, O., Pourshahriar, H. (2018). Modeling the relationships between perfectionism, achievement emotions and academic well-being among gifted high school students: Testing for gender invariance. *Psychology of Exceptional Individuals*, 7(28), 95-135.
- Qualter P, Vanhalst J, Harris R, Van Roekel E, Lodder G, Bangee M, Verhagen M. (2015). Loneliness across the life span. *Perspectives on Psychological Science*, 10(2):250-264.
- Ronka A R, Taanila A, Rautio A, Sunnari V. (2018). Multidimensional and fluctuating experiences of loneliness from childhood to young adulthood in Northern Finland. *Advances in Life Course Research*. 35:87-102.
- Ryff C D. (1989). Happiness is everything or is it? Exoloration on the meaning of psychological well-being. *Jornal of personality and social psychology*. 57: 1069-1081.
- Ryff C D, Singer B H. (2006). Best News Yet on the Six-Factor Model of Well-Being. *Social Science Research*, 35:1103-1119.
- Salehi B, Asghari Ebrahimabad M. Role of Psychological Security in Predicting Psychological Well-Being of Infertile Women with Mediation of Religion. *Islamic Life Style*. 2018; 2 (4) :195-201
- Salmi P, Berlin M, Björkenstam E, Ringbäck Weitoft G. (2013). *Psykisk ohälsa bland unga, Underlagsrapport till barns och ungas hälsa, vård och omsorg*. Stockholm: Socialstyrelsen.
- Setayeshi M, mirzahosseini H, mohebbi M. (2018). The Relationship of Perceived Support with Addiction Potential and Psychological Distress with the Mediating Role of Loneliness in School Students. 12(46):157-172.
- Shaheen H, Jahan M, Shaheen S. (2014). A Study of Loneliness in Relation to Well-Being Among Adolescents. *International Journal of Education and Psychological Research (IJEPR)*. 3(4): 46-49.
- Sharp C, Vanwoerden S, Wall K. (2018). Adolescence as a Sensitive Period for the Development of Personality Disorder. *Psychiatric Clinics of North America*. 1-15.
- Shokri O, Geravand F, Naghsh Z, Ali Tarkhan R, Paezi M. (2008). The Psychometric Properties of the Brief Fear of Negative Evaluation Scale. *IJPCP*. 14 (3) :316-325
- Takata Y, Sakata Y. (2004). Development of a psychosomatic complaints scale for adolescents. *Psychiatry Clin Neurosci*. 58(1): 3-7.
- Valtorta N K, Kanaan M, Gilbody S, Ronzi S, Hanratty B. (2016). Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. *Heart*. 102(13):1009-16.
- Wang J, Mann F, Lloyd-Evans B, Ma R, Johnson S. (2018). Associations between loneliness and perceived social support and outcomes of mental health problems: a systematic review. *BMC Psychiatry*. 18:156-168.