THE RELATIONSHIP BETWEEN SOCIAL PROBLEM SOLVING AND PSYCHOLOGICAL WELL-BEING: A LITERATURE REVIEW

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Abstract

This study aims to review the association between Social Problem Solving (SPS) and Psychological Well-Being (PWB). In addition, the study reviews the relationship between PWB and the orientations of SPS: Positive Problem Orientation (PPO) and Negative Problem Orientation (NPO), and the styles of SPS: Impulsive Style (IS), Avoidance Style (AS), and Rational Style (RS). The study relies on various studies and primarily depends on the Google Scholar research engine. After reviewing the studies, this study finds that SPSI–R by D'Zurilla et al. (2002) is the main instrument used in the other studies to define individuals' SPS methods. The study also finds that there is a relationship between SPS and PWB; that PPO and RS positively impact PWB, while NPO, IS and AS negatively impact PWB.

Keywords: *social problem solving; psychological well-being.*

1. INTRODUCTION
1.1   Defining SPS

Social Problem Solving (SPS) is real-life problem solving and a self-directed process as individuals seek to recognize, find out, and/or develop adaptive managing solutions for the problems they face in their everyday life. In order to deal with such situations, solutions should be found in a social context (Nezu et al., 2012). Siu and Shek (2009) clarify SPS as a behavioral process that is cognitive and affective and employed by individuals attempting to find solutions to social problems facing them in their social environment. D'Zurilla & Nezu, (2007) add that SPS is a procedure that is followed by individuals who seek to find adaptive means and apply them in order to cope with a wide range of problems encountered

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by them in everyday life. SPS deals with problematic circumstances that are related to interpersonal issues that cannot be easily resolved in the context of everyday life as individuals do not have the solutions because their reasoning alone cannot address the problem. However, the nature of SPS has numerous suitable and effective solutions depending mainly on individuals' characteristics as well as the factors of particular environments during the stage of the problem-solving (D'Zurilla & Nezu, 1999). Most essentially in this review study is that D'Zurilla et al. (2004) point out that SPS is fundamental to manage individual's emotions and Psychological Well-Being (PWB). This is a key statement for this study, which reviews the association between SPS, by the review of the related studies, and SPS' orientations and styles that are the main parts of SPSI-R (2002) of D'Zurilla and his colleagues. The SPSI-R is the main study that is used in various other studies to investigate individuals' SPS methods. Aburezeq and Kasik (2021a) found that SPS has been investigated in various fields such as loneliness, psychological adjustment, peace education, academic achievement, and also in quality of life.

1.2   Defining PWB

PWB has been investigated since the time of Aristotle; philosophers have always been interested in PWB as an issue connected to the qualities of a good life and a good society. PWB from Aristotle's point of view was living a good life in terms of health, wealth, knowledge, friendship, and other life domains (Diener & Suh, 1997). In recent years, social scientists have deeply researched PWB and found it to be a concept connected to people's ability to live inventive, vigorous, and fulfilling lives (Western & Tomaszewski, 2016). PWB is a term that could be described as a person's possession of all reasons for happiness in life (e.g., MacLeod & Moore, 2000; Wissing & Van Eeden, 2002). Furthermore, Edwards (2005) declares that PWB means the helpful mental health. And, it is has been shown that PWB is a concept that is various and multidimensional (MacLeod & Moore, 2000; Wissing & Van Eeden, 2002) and which is developed through the integration of life involvements, character, emotional regulation, and personal identity (Helson & Srivastava, 2001). It can increase with age, education, extraversion and consciousness, and decreases with neuroticism (Keyes et al., 2002). However, PWB can also decrease with age as it has been found that depressive symptoms during adolescence are linked to increased deficiencies in numerous areas in adulthood, including sustained mental health problems (Maciejewski, et al., 2018).

PWB, which refers to optimal psychological experience and functioning, has been vigorously studied in psychology, sociology and other foundational behavioral science disciplines over the past quarter-century (Youssef-Morgan & Luthans, 2015). In relation to sociology, Gallagher and Lopez (2009) find that social well-being is a main part of PWB and thus it is valuable to discuss PWB as a

social aspect. In this regard, Keyes and Lopez (2002) mention that PWB is composed of five social scopes: (1) social acceptance (i.e. to accept other people as they are), (2) social actualization (i.e. an indicator of a positive coziness level with society), (3) social contribution (i.e. an individual's feeling that s/he can contribute to his/her society), (4) social coherence (i.e. accepting the social world as foreseeable and comprehensible), and (5) social integration (i.e. a person's feeling that s/he is an integral part of the community). On this matter, Al-Moharib and Al-Neaim (2003) found that social problems have a strong correlation with psychological aspects and they are interchangeably connected; social problems have a psychological aspect, while psychological problems have a social aspect. Hence, Clarizio (1992) found that there is no logic to separate social problems from psychological aspects and vice versa, as there is no evidence that they are isolated.. Not surprisingly then, Chang et al. (2009) indicates that SPS is moderately to highly associated with several aspects of PWB (e.g., self-acceptance, purpose in life, and personal growth).

1.3 Impact of Interpersonal Relationships on PWB and SPS

Feeney & Noller (1996) stated that the nature of interpersonal connections is a key determinant of individuals' PWB in modern societies. Not having interpersonal relationships could lead to detrimental repercussions (Aburezeq & Kasik 2021b). Hirsch et al. (2012) investigated the impacts of loneliness and life stress on SPS and suicidal behaviors in 385 students who study at Northeastern University in the United State, and found that only loneliness played a moderated role between SPS and suicidal behaviors as loneliness worked to increase the level of association between having poor SPS and showing suicidal behaviors. In addition, in a review study, Blanchard-Fields (2007) found that managing SPS helps adolescents enjoy interpersonal ties and reduce aggressive behavior as their ability to balance their emotions allow them to successfully solve their social problems.

2. OBJECTIVE AND HYPOTHESES

2.1. OBJECTIVE

The current study aims to review the relationship between SPS and PWB. In addition, the study reviews the relationship between PWB and the orientations of SPS: PPO) and NPO, and the styles of SPS: IS, AS, and RS.

3. METHOD

The study reviews the studies that reveal a connection between SPS, its styles and dimensions in one hand and PWB in it other hand. We conducted comprehensive search on Google Scholar, web of Science and PsycInfo to collect

these studies that were published since 2000 until 2021. The main focus is placed on the results on the studies, not on the procedures.

4. RESULTS

4.1 The Relationship between SPS and PWB

Given the importance of successful interpersonal relationships on PWB, it makes sense that because SPS has a fundamental role in deciding the quality of a person's social connections; it also impacts a person's PWB. It has been evidenced from empirical studies that there is a direct link between SPS and PWB as insufficiencies in SPS increase depression and anxiety (Keltikangas-Jarvinen, 2005). It has been suggested that developing SPS works to reduce the effect of anxiety, negative life stress, and depressive symptoms, while lacking SPS raises the negative consequences on PWB (Chang et al. 2004, Aburezeq & Kasik, 2021b). Additionally, SPS is a main intrapersonal and interpersonal process affecting quality of life (Wallander, et al., 2001); and SPS training works to promote individuals' control of aggressive behavior and anger (Frey et al., 2000). Since the 1970s, the pioneer of the field of SPS, Thomas J. D'Zurilla, has considered SPS to be one of the important coping processes that has a direct connection to mental health (D'Zurilla & Goldfried, 1971). Additionally, SPS processes have been associated as key predictors of the mental health outcomes of adults i.e. quality of life and depressive indications (de la Fuente, et al., 2019; Chang, et al., 2009; D'Zurilla, et al., 2002). Furthermore, McMurran et al. (2012) concludes that personality disorder in later adulthood results from the lack of SPS.

SPS training has been shown to be critical to managing anger, aggressive behaviour (Frey et al., 2000), and depression (Frye and Goodman, 2000). It is a fact that the development of SPS depends on various mediators such as emotions and anxiety (Kasik, et al., 2016; Bond, et al., 2002; Belzer, et al., 2002). Atadokht, et al. (2014) conducted their experimental study to examine the influence of SPS training to develop psychological well-being and resiliency among 40 students with learning disabilities, who were assigned into an experimental or control group. Six sessions of SPS training were taught to the experimental group. The study indicated that SPS training positively promoted PWB in students suffering learning disabilities in almost all of the PWB components (i.e. self-autonomy, the aim of life, self-acceptance, good relations toward others, and personal growth).

Furthermore, a strong connection was found between Problem-Solving Therapy (PST) and PWB. PST is considered a psychosocial intervention classified under a cognitive-behavioral domain aiming to enhance individuals' ability to successfully handle their major stressors, e.g., traumatic events, and minor stressors, e.g., chronic daily problems (Nezu et al., 2012). Generally, PST has been effective to assist persons who suffer from a number of mental and health problems

such as anxiety, back pain, cancer, stroke, depression, emotional distress, hypertension, suicidal ideation, heart disease, posttraumatic stress disorder, diabetes and traumatic brain injury. PST has also been successfully used to treat persons who suffer from mental retardation and schizophrenia. It also helps to prevent emotional difficulties from being formed or from becoming worse among particular vulnerable categories, such as veterans who have traumatic memories that go back to their moments during the war (Ibid). On the same line of thinking, Sahler et al. (2002) conducted a study on a sample of 92 mothers whose children suffered from pediatric cancer and had less levels of PWB compared to other mothers whose children did not suffer from serious diseases. PST was used effectively to treat negative psychological symptoms such as anxiety, depression and other appearances showing reduced PWB. The 92 mothers were included as the experimental group, which is treated by PST, while the standard psychosocial care was included in the control group. The intervention lasted for eight weeks, and then mothers in the experimental group had been significantly empowered by SPS and had significantly reduced anxiety and depression. Furthermore, it was revealed that constructive problem solving is developed by PST.

This introduction presents the relationship between SPS and PWB. It intends to show that PWB is directly connected to SPS and greatly impacted by individuals' SPS methods. Before going into greater detail concerning the relationship between SPS and PWB, it is worth mentioning to demonstrate how SPS is measured and how the different orientations and styles of SPS are related to PWB.

4.2   SPSI-R as A Measurement of SPS and Its Relationship to PWB

In order for researchers to be able to investigate how persons solve their social problems, they need to understand the orientations and styles of SPS. The adoptions of SPS orientations and styles can determine the relationship between SPS and any other aspects, i.e. PWB. For the right measuring, Blanchard-Fields (2007) mentions that examining individuals' social problems could help define if the problem-solving strategies followed by individuals work to reduce the negative effects of social problems and increase their PWB. After reviewing a considerable number of studies, this study finds that SPSI–R, which was invented by D'Zurilla et al. (2002), was the most widely used instrument to assess SPS among people of different ages. Therefore, study delves into SPSI-R and its orientations and styles and their relationships to PWB.

SPSI–R by D'Zurilla et al. (2002), which consists of a scale of twenty-five items, is one of the most prominent instruments used to study SPS. It is an assessment for individuals' perceptions to their approach and style when coping with their social problems. The SPSI–R subscales consist of 5-point that is Likert-Type (from 0 to 4) as follows: (0) shows 'Not at all true of me', (1) indicates

'Slightly true of me', (2) indicates 'Moderately true of me', (3) indicates 'Very true of me', while (4) indicates 'Extremely true of me'. The SPSI–R is a theory-based measure of SPS processes consisting of five dimensions as follows: (1) Positive Problem Orientation (PPO), (2) Negative Problem Orientation (NPO), (3) Rational Style (RS), (4) Impulsive Style (IS), and (5) Avoidance Style (AS). 'PPO' includes the components of constructive problem-solving (i.e. positive expectation to solve the problem and self-efficacy. However, 'NPO' includes the opposite features of dysfunctional cognitive-emotional arrangements (i.e. the negative expectation of solving the problem and low self-efficacy). The styles such as 'RS' indicates a constructive coping with that problem and it is characterised by logic, thoughtful, and methodical application of the operative skills of solving the problem. 'IS' shows a group of dysfunctional endeavours to solve a problem (i.e. carelessness). Lastly, 'AS' indicates a dysfunctional characteristic to transfer the responsibility to solve a problem to other people (Chang, 2002; D'Zurilla et al., 2003; D'Zurilla et al., 2002; Jaffe & D'Zurilla, 2003).

There are various positive uses for SPSI–R by D'Zurilla et al. (2002) in clinical therapy, working to ease treatment arrangement and categorize persons who are at risk of suffering from adjustment problems. SPSI-R assists in providing a vision for recommendations concerning patient temper, following up the treatment, dealing with the offered choices, and follow-up evaluations as well (Dreer, et al., 2009). Furthermore, SPS has been found to be related to significant measures of social competence, psychological distress, PWB (i.e. life satisfaction, depression, distress, anxiety, optimism), health-related behaviors, situational coping, externalizing behaviors and aggression (Chang, 2002; Dreer et al., 2005; Dreer et al., 2004; D'Zurilla et al., 2003; Jaffee & D'Zurilla, 2003). In addition, it has been found that SPS capacities impact adjustment among individuals who have emotional concerns (Dreer et al., 2005; D'Zurilla & Nezu, 2007; Heppner et al., 2004; Hills-Briggs et al., 2006).

D'Zurilla (2004) divides the SPS dimensions into: (a) Problem Orientations, which is either PPO or NPO and (b) Problem-Solving Styles, which are RS, IS, and AS. Each is discussed below.

4.2.1   Problem Orientations (PPO and NPO)

Problem orientation could be defined as the group of relatively unchanging cognitive-affective schemes that show individuals' general attitudes, beliefs, and emotional reactions towards everyday problems and persons' capacity to address such problems (Nezu et al., 2012). Successful SPS requires both an adaptive orientation towards the problem and essential skills to generate significant and operative solutions (Romano et al., 2019). In their model, D'Zurilla and Goldfried (1971) show that there are two types of problem orientations: PPO and NPO.

4.2.1.1   PPO

Explaining each orientation, Nezu (2004) states that individuals that practice PPO tend to evaluate their problems as challenges; they have an optimistic view that problems can be solved. They strongly believe in their self-efficacy to manage problems as they have a fundamental idea that successful coping with problems needs effort and time. Individuals that follow PPO consider negative emotions as an essential part in the overall process to solve the problem, and they believe that negative emotions can help to cope with worrying problems. In this regard, (Nezu et al., 2012) explains that PPO should be enhanced through training to facilitate the right way to address problems. He adds, based on clinical experiences, that there are some obstacles that hinder the adoption of PPO such as: (1) individuals' beliefs that they have poor self-efficacy, (2) individuals' negative thinking, and (3) individuals' negative emotions that could be found in a strong NPO towards a problem.

PPO has a relationship to psychology and PWB. Ciarrochi et al. (2009) finds that adolescents whose PPO is high enjoy emotion rates. Additionally, higher levels of PPO are also related to better quality of life in schools. Ciarrochi and his colleagues add that adolescents are characterized dominantly by PPO and they reveal that they have positive emotions. Moreover, PPO is connected to their better family quality of life as fewer parent-adolescent conflicts are envisaged. In the same respect, Nezu, et al. (2004) finds that SPS and PWB have a considerable diverse in young adults.

4.2.1.2   NPO

As for NPO, Nezu et al. (2012) adds some characteristics of how individuals see problems negatively, including: (1) they consider problems as threats; (2) they expect problems not to be solved; (3) they have doubts about their ability to successfully solve the problems; (4) they became distressed when dealing with problems; and (5) they face negative emotions when dealing with problems.

In connection to PWB, researchers have found that NPO results in poor PWB (Ciarrochi, et al., 2009). NPO was found to be a significant predictor of worry as it is associated with negative thinking in relation to problem-solving, while PPO was not found to be significantly related to worry (Belzer et al., 2002). NPO predicts hopelessness, suicidal tendency, and depression among normal and psychiatric samples (D'Zurilla, et al., 1998). In Australia, Wilson, Bushnell and Rickwood (2011), examined the relationship between NPO, depression and anxiety in 285 young adults using the dimensions of NPO using SPSI–R. The results indicated strong connections between anxiety symptoms and depressive symptoms and NPO. Additionally, many researchers have indicated that social anxiety is related to NPO (Fergus, et al., 2015; Fergus & Wu, 2011; Hearn, et al., 2017). Nevertheless, Farmer, et al., (2014) concludes that although there was an indication that social

anxiety had a relationship to the lack of PPO, the researchers did not amply examine the relationship that connects problem orientation and social anxiety.

Addressing the orientation of the problem is especially important as it impacts an individual's motivation and capacity to be involved in concentrated attempts to make a problem solvable (Nezu, 2004). Nezu et al. (2012) explained that certain orientation (positive or negative) is not consistent with individuals across all life problems, but differs as situations change. For instance, PPO could be connected to addressing achievement-related problems such as in a career. On the contrary, NPO could be found when dealing with interpersonal problems such as parenting issues or dating. Ciarrochi et al. (2009) states that adolescents should think positively towards any problem they face so that they can solve it. However, some adolescents do experience increasing NPO that is connected to worsening PWB. D'Zurilla, et al. (2004) stressed that adolescents should perfect the strategies that enable them to solve these problems. Otherwise, they may engage in bad acts such as bullying, crimes or even face failure in their academic progress. Hence, their social problems ought to be defined properly in order to provide a diagnosis to the problems they face.

During this research, it was found that studies found a direct relationship between NPO and PPO and PWB. Chang et al. (2020) studied whether SPS worked to be a mediator between ill-being (i.e. depression and suicide) and PWB (i.e. life satisfaction) among 230 females. The results indicated that NPO emerged as a significant unique predictor of both ill-being and PWB. However, PPO played a significant unique predictor of positive PWB. In addition, in Hungary, Kasik et al. (2016) studied the relationship among SPS, anxiety and empathy in 445 Hungarian adolescents using the short version of SPSI–R (2002). It was shown that regardless of age, adolescents who have an increased level of anxiety also have high levels of NPO and AS. Furthermore, Abu-Ghazal and Falwah (2014) found that practicing PPO towards problems leads to positive PWB, while NPO is associated with depression. More widely, studies have found a link between NPO and stress (i.e. Çelik, & Gültekin, 2013, Bell & D'Zurilla, 2009; Eskin, Akyol,; Lee, Nezu, & Nezu, 2018; Lucas, Chang, Li, Chang, & Hirsch, 2019; Nezu, Nezu, & Jain, 2008).

4.2.2 Problem Solving Styles

The second dimension of SPS is the styles, which are a set of cognitive-behavioral actions individuals are involved in when they attempt to successfully cope with their problems such as RS (planful problem solving), AS, and IS (D'Zurilla et al., 2004).

4.2.2.1 Rational Style (RS)

RS is considered the constructive approach to cope with stressful problems since it uses tactful and systematic application to a set of skills (i.e. defining,

clarifying and delineating the problem, clarifying the obstacles that hinder individuals to realize their goals, creating alternative strategies and solutions to address and overcome the obstacles, decision making based on understanding the consequences of different alternatives to overcome problems, implementing, and verifying the solutions by following up the plans set before) (Nezu et al., 2012). In this respect, Jonassen (2002) considers SPS as a cognitive activity in our daily lives, and finds that all people are in need of learning how to solve their social problems rationally. However, Jonassen mentions that people are still lacking the proper methods to deal with their social problems. Additionally, RS is inhibited by the increase of emotional stress (D'Zurilla & Nezu, 1999).

Elias and Tobias (1996) explained eight successful strategies for SPS as follows: (1) observing signs of feelings; (2) recognizing issues or problems; (3) determining and selecting aims; (4) generating substitute solutions; (5) foreseeing possible consequences; (6) choosing the best solutions; (7) scheduling and making a final check for difficulties; and (8) observing what happened and using the information for future decisions. Consequently, Nezu, et al. (2012) states some characteristics of individuals who effectively apply the strategies of SPS as they: (1) recognizing a stressful life event as a problem that should be resolve; (2) having a belief that they are capable of successfully coping with the problem; (3) describing the problem well; (4) setting realistic goals to be achieved; (5) generating various alternative coping options or solutions for the problem; (6) having the ability to select the most operative solution; (7) having the ability to effectively implement the solution, and (8) sensibly observing and assessing the results.

4.2.2.2   Impulsive Style (IS)

IS is an approach to problem-solving where individuals partake in thoughtless or careless attempts to solve a problem. These attempts could be characterized as rushed, narrow, and partial. It is found that individuals who follow an IS in dealing with their problems are thinking only of a few alternative solutions. It is also found that these people often thoughtlessly choose the first idea that comes to their mind. Furthermore, such individuals always scan alternative resolutions and consequences hurriedly, inaccurately, and arbitrarily, in addition to observing solution results inadequately and carelessly (Nezu et al., 2012). In connection to PWB, Belzer et al. (2002) mention that IS is principally responsible for the relationship between SPS and catastrophic worry.

4.2.2.3   Avoidance style (AS)

AS is a style which is known as a dysfunctional pattern of problem-solving where the individuals following this style prefer procrastination, feel passive towards the problem, suffer from inaction, depend on others most of the time,

prefer avoidance rather than confrontation, and wait for a problem to be resolved on its own (Nezu et al., 2012).

When connecting SPS styles to PWB, SPS is found to be directly connected to anxiety, which is found to be primarily linked to AS, less so to IS, and even less to RS. Additionally, the mechanism of SPS in catastrophic worry may vary depending on the factors that might increase the stressfulness of the problem, such as the observed importance of the problem for well-being (Belzer et al., 2002). Siu and Shek conducted two studies, one in 2010 which examined the relationship between SPS and PWB in adolescents' families and found that NPO, AS, and IS have a relationship to lower family functioning, while RS and PPO are related to higher family functioning. The other study conducted in 2005 studied the relationship between SPS, empathy and family well-being, and revealed that having proper SPS increases empathy which subsequently decreases personal distress

5. CONCLUSION

The study investigates the relationship between SPS and PWB by reviewing the related literature. The study finds that there is a relationship between SPS and PWB; more specifically, between the SPS orientations (PPO and NPO), and SPS styles (RS, IS, and AS) and PWB. The study shows that SPSI–R by D'Zurilla et al. (2002) is primarily used to investigate SPS. It shows that PPO positively affects PWB; individuals who use PPO and RS to solve their problems enjoy higher levels of PWB. On the other hand, individuals who practice NPO towards their social problems have less levels of PWB. IS and AS, and NPO almost always have a negative impact on PWB. Finally, PST is found to work to increase the level of PWB.

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