The European Journal of Social and Behavioural Sciences
EJSBS
ISSN: 2301-2218 (online)

The European Journal of Social and Behavioural Sciences
EJSBS Volume XVI, Issue II (e-ISSN: 2301-2218)

PREDICTORS OF PSYCHOLOGICAL WELL-BEING AMONG MALAYSIAN GRADUATES

Soheila Panahi[a]*, Aida Suraya Md Yunus[b], Samsilah Roslan[b], Rusnani Abdul Kadir[b], Wan Marzuki Wan Jaafar[b], Mohammad Saeed Panahi[c]

[a]*Soheila Panahi, Consultant Office Manager, Hamadan University of Medical Sciences, Hamadan, Iran*
[b]*Faculty of Educational Studies,Universiti Putra Malaysia,43400 Serdang, Selangor, Malaysia*
[c]*Faculty Member of Neurology, Hamedan University of Medical Sciences, Hamadan, Iran*

Abstract

Investigations in the field of psychology have traditionally paid attention to studying mental health problems and their prevention (Kaplan, Shema, & Leite, 2008; Kokko, Korkalainen, Lyyra, & Feldt, 2012). However, a lack of psychological problems is not necessarily an indicator of the psychological well-being of individuals. Therefore, this study is an attempt to investigate the extent to which the components of cognitive emotion regulation, social support, and physical activity influence the psychological well-being of graduate students in a Malaysian university (University Putra Malaysia). A total of 534 graduate students were selected from this university and the sample size was determined by proportional sampling. Data was analyzed using the Structural Equation Model. The findings of the study revealed that the psychological well-being of Malaysian graduate students was significantly influenced by planning, catastrophyzing, significant others' support, reappraisal, other-blame, self-blame, friend support, putting into perspective, acceptance, and walking. Among these, it appeared that planning was the main strategy that influenced the psychological well-being of the Malaysian graduate students in this study.

Keywords: Psychological well-being, cognitive emotion regulation, social support, physical activities

*Corresponding author.
E-mail address: soheilapanahi58@gmail.com

doi: 10.15405/ejsbs.186

https://doi.org/10.15405/ejsbs.186
eISSN: 2301-2218 / Corresponding Author: Soheila Panahi
Selection & Peer-review under responsibility of the Editors

1. Introduction

Starting graduate studies and attending graduate school can be stressful for students, since they have to go through the process of having to adapt to new social and educational environments. Life in graduate school may be even more stressful because of the added strain of having to cope with different cultural values, language, and high self-expectations apart from academic demands and lack of social support systems (Constantine et al., 2005; Hyun et al., 2007; Mori, 2000). As a result, there is a high probability of adjustment problems, physical complaints, and psychological distress among graduate students (Constantine & Okazaki, 2004; Kearney, Draper, & Baron, 2005; Swagler & Ellis, 2003). Because of the transitions graduate students go through, they may encounter conflicts due to multiple roles, different patterns of advisory relationships, inadequate social support or financial constraints apart from academic stressors (Goplerud, 1980; Koeske & Koeske, 1991; Offstein et al., 2004; Scheinkman, 1998; Stewart, 1995; Toews et al., 1993). Studies related to American graduate students have revealed that graduate students with better psychological well- being displayed better adaptive coping skills, while those with more environmental and academic stress showed maladaptive coping skills (Yang, 2010). In such a situation, graduate students need to apply effective psychological strategies and resources to cope with the aforementioned pressures to enjoy both an optimal level of psychological well-being and continue their academic life satisfactorily.

Cognitive emotion regulation is defined as a cognitive approach to consciously control and regulate the information that elicits emotional arousal (Garnefski & Kraaiji, 2007). Years of research have shown that the regulation of emotions by cognition or thoughts is inextricably associated with human life and helps people to maintain control over their emotions during or after threatening or stressful events (Garnefski, Kraaij, & Spinhoven, 2001). For example, when experiencing a negative life event such as a divorce, we may be inclined to blame ourselves or we may, instead, blame others. Although the capability of advanced thinking and regulating emotions through cognition is universal, large individual differences exist in the amount of cognitive activity and in the content of the thoughts by which people regulate their emotions in response to life experiences, events, and stressors.

Assessment of cognitive coping related to emotion regulation can be done through the Cognitive Emotion Regulation Questionnaire (CERQ). The distinguishing characteristic of CERQ that differentiates it from other instruments is that it includes a broader set of cognitive coping processes (Garnefski et al., 2001). The following nine cognitive processes are specially measured by CERQ:

i. Blaming self: this refers to a cognitive coping technique where one blames oneself for what happened and thinks of oneself as responsible for all one's experiences. It is a state of preoccupation of mind by thoughts of all the mistakes one has made.
ii. Blaming others: this refers to a technique where one blames others for what one has gone through holding others responsible for what has happened and thinking about mistakes that others have done.
iii. Accepting: in this process one submits oneself to what has taken place and accepts it, feeling like s/he cannot change the events and life will go on anyway.
iv. Refocusing on plans: in this process one thinks about the steps that one has to take to handle the life events and plan to change them.
v. Refocusing positively: this refers to a switch in thinking, that is, change of thoughts from the negative aspects related to the events to more positive aspects and being considerate about others.
vi. Ruminating: this refers to a state of preoccupation of mind by negative thoughts and feelings.
vii. Positive reappraisal: this refers to a state of mind that attributes a positive meaning to any events in individual growth, that is, one thinks the events, especially negative ones, make one stronger and tries to find a positive point in every event.
viii. Perspective placement: this refers to lowering the seriousness of the events in one's mind and comparing the events with each other and concluding that there are worse events already happening in the world.
ix. Catastrophizing: in this process one thinks about the horrible aspect of the event and concludes it to be the worst experience one has ever gone through even when compared to what normally happens to others.

Maladaptive coping approaches comprise blaming self, blaming others, rumination, and catastrophizing, whereas accepting, refocusing on plans, refocusing positively, positive reappraisal, and putting into perspective comprise the adaptive coping styles (Garnefski et al., 2001). Research has shown that there is a strong relationship between emotional problems and making use of these techniques (Garnefski et al., 2003; Garnefski et al., 2001; Garnefski, Legerstee et al., 2002; Garnefski et al., 2004; Kraaij et al., 2003). Generally speaking, the findings of these studies proved that individuals who rely heavily on rumination, catastrophizing, and self-blame are more vulnerable to emotional problems than those who make use of adaptive strategies such as positive reappraisal.

https://doi.org/10.15405/ejsbs.186
eISSN: 2301-2218 / Corresponding Author: Soheila Panahi
Selection & Peer-review under responsibility of the Editors

Related to the above discussion, the following hypothesis has been developed for this study:

Cognitive emotion regulation (self-blame, other-blame, catastrophyzing, rumination, putting into perspective, positive refocusing, acceptance, positive appraisal, planning), social support (family, friend and significant others) and physical activities (walking: moderate and vigorous) are to some degree significant predictors of psychological well-being among the respondents.

The following discussion presents an overview of the studies done in this area.

Predictors of cognitive emotion regulation were studied by Martin and Dahlen (2005). Participants in this study were 362 college students (286 women, 76 men, ranging between 18 to 55 years of age) of undergraduate psychology courses who were selected through a grouping of classroom announcements and an on-line enrollment method. Racial backgrounds were as follows: Caucasian (52.8%), African American (42.0%), Asian/Pacific Islander (1.4%), Hispanic (2.5%), and others (1.1%). The findings of the study showed that the most important predictors of negative emotions were positive reappraisal, catastrophizing, blaming self, and rumination.

Haga, Kraft, and Corby (2009)'s study on 489 university students in Australia, United States, and Norway examined utilizing cognitive reappraisal and expressive suppression and how these strategies were connected to procedures of well-being (effect, life satisfaction and depressed mood). The sample comprising140 males and 349 females ranging in age between 17 and 65 responded to a self-administered questionnaire. Using Pearson’s correlation coefficients, the increased levels of positive well-being outcomes were significantly correlated to an increased use of cognitive reappraisal.

Garnefski, Koopman, Kraaij and Ten Cate (2009) conducted a study using correlations and multiple regression analyses on cognitive emotion regulation strategies and psychological adjustment among adolescents. A total of 53 adolescents with a diagnosis of Juvenile Idiopathic Arthritis participated in that study. The age range was from 12 to 18 with a mean age of 14 years and 3 months, with males making up 30.2% of the sample. The findings of this investigation revealed that the most important predictors of psychological maladjustment among adolescents with Juvenile Idiopathic Arthritis were rumination and catastrophizing. The implication of this finding is that psychological well-being can be negatively impacted by ill health.

Harrington and Loffredo (2010) discovered that rumination as a predictor of well-being. A total of 121 college students completed an online version of the Rumination–Reflection Questionnaire, the Satisfaction with Life Scale and the Psychological Well-Being Scale.

https://doi.org/10.15405/ejsbs.186
eISSN: 2301-2218 / Corresponding Author: Soheila Panahi
Selection & Peer-review under responsibility of the Editors

Rumination proved to be the highest in negative predictors of well-being through a multivariate regression analysis. Moreover, there was a significant relationship between the cognitive techniques such as, rumination, blaming self, perspective placement, catastrophizing, and positive reappraisal, and depressive symptomatology (Garnefski, & Kraaij, 2003).

Family is central to the development of an individual's social interaction. As one grows up and develops, one's social interactions orient toward one's immediate environment. In the period of youth, in addition to family interaction, the individual's interaction with his school environment and social environment begins to gain importance (Tan & Karabulutlu, 2005). For many adolescents, the transition from high school to university is a main life change. Attending university provides students many learning experiences and opportunities for psychosocial growth. On the other hand, university life can be a cause of tension and a severe stressor. Transition to university reduces contact and probable support from family as well as friends for those who move away from home. These difficulties and relative stressors with the transition can lead to poor academic performance and increased psychological distress (Tajalli, Sobhi, & Ganbaripanah, 2010).

Perceived social support refers to the process of getting support from institutions and people around us such as family, friends and neighbors. Social support can improve psychological well- being and help in affective, physical and cognitive aspects of individual development. Also, it fulfils individuals' physical and psychological and social needs through self-esteem, loyalty, love and the sense of belonging to a group (Tan & Karabulutlu, 2005; Zimet et al., 1988). This study focuses on the assessment of these three sources of support, the third of which, significant others, includes lecturers, male and female friends and teachers (Zimet, Dahlem, Zimet, & Farley, 1988). This is because, social support plays a protective role to cope with negative and stressful situations and maintaining optimal level of psychological well-being.

In an investigation on the relationship between social support and psychological functioning, Dunn and Brien (2009) worked with a sample of Central American immigrants numbering 179 Latino immigrant students who lived in Washington, D.C and who were learning English as second language. The findings of the study, using Hierarchical Regression analysis, showed that social support from a significant other explained the variance in psychological health. As such, a significant other (among family, friends and significant others) is a strong predictor of psychological well-being.

Gulact (2010) investigated whether perceived social support was a significant predictor of psychological well-being based on a sample of 87 students. It was discovered that perceived

https://doi.org/10.15405/ejsbs.186
eISSN: 2301-2218 / Corresponding Author: Soheila Panahi
Selection & Peer-review under responsibility of the Editors

social support predicted 43% of subjective well-being. It was also found that, while perceived family support predicted psychological well-being, the support which was perceived from a special person or a friend did not predict well-being.

There are many evidences in the literature to support the popular idea that physical activity is related to psychological health. In a meta-analysis (Netz & Raviv, 2004), researchers analyzed 36 studies on the relationship between organized physical activity and psychological well-being in elderly adults without clinical alterations. They found that the study groups were affected three times more than the control groups. Aerobic exercise and moderately intense physical activity were most beneficial to psychological well-being. Physical activity had marked effects on self-efficiency and improved cardiovascular condition, strength and functional capacity, all associated with a general improvement in well-being.

Lampinen et al. (2006) examined the roles of physical and leisure activity as predictors of mental well-being among older adults born between 1904 to 1923. The findings of that study indicated that better mobility status and leisure activity were associated with mental well-being. A cross-sectional study was conducted to examine the relationship between physical activity and mental well-being (Hawker, 2012) among nursing undergraduate students (n = 215). Regression analysis showed that self-esteem significantly and positively contributed to total physical activity.

Bray and Kwan (2006) did a study on 175 Canadian undergraduate students ranging from 17 to 19 years old, with 61% reporting a good level of intense activities. They investigated the psychological well-being, illness self-reports, and the intense physical activities of the students during their transition to the first year of the university. The results showed that the psychological well-being of students who were physically inactive was lower and also, they were much more likely to talk to a doctor than active students.

2. Theoretical Foundation of the Study

This paper attempts also to explain the theoretical connections between cognitive emotion regulation, social support, physical activity and psychological well-being. The theoretical framework of the present study is based on five main theories as follows:

(i) Social cognitive theory (Bandora, 1997)
(ii) Multidimensional model of well-being (Ryff, 1995)
(iii) Cognitive Emotion Regulation Theory (Garnefski et al., 1988)
(iv) Theory of Social Support (Zimet et al. 2001)
(v) Ryff and Singer's Model of Psychological well-being (Ryff & Siger, 2006)

https://doi.org/10.15405/ejsbs.186
eISSN: 2301-2218 / Corresponding Author: Soheila Panahi
Selection & Peer-review under responsibility of the Editors

The social cognitive theory underpins this study. In terms of social cognitive theory, people are surrounded by and respond to social conditions or environment. Self-efficacy as one of the important constructs of the aforementioned theory, refers to peoples' appraisal of their ability to deal with challenging environments (Bandora, 1997). Furthermore, environmental mastery dimension of Multidimensional Model of Well-being (Ryff, 1995) can also be understood to imply the extent to which people are capable of to solving the complexity of their surrounding environment.

Social cognitive theory explains the influences of human cognition on behavior. First of all, situation as one of concepts is explained as how people perceive their environment; for instance, whether they perceive a certain situation as pleasant or stressful. Secondly, emotion control as another important construct depicts the techniques that people use to handle the emotional and psychological states regarding the acquisition of a new behavior (Bandura, 1986). Ultimately, in terms of self-efficacy (Bandura, 1997), the ability to cope with challenging environments are proximal determinants of affective arousal, cognitive processing, and behavior. Cognitive emotion regulation also refers to cognitive coping strategies (self-blame, other-blame, rumination, catastrophizing, positive refocusing, planning, positive reappraisal, putting into perspective and acceptance) that people use after experiencing an unpleasant condition (Garnefski & Kraaij, 2006). Hence, appropriate management of daily stress is significantly related to higher level of psychological well-being (Chida & Stepto, 2008; Collins et al., 2008).

There has been increasing interest in the role of social support as a coping resource (Zimet et al., 1988). Thoirs (1986) suggested that social support operates primarily as "coping assistance". Based on what was depicted in emotion control (techniques that people use to handle the emotional and psychological states regarding the acquisition of a new behavior) (Bandura, 1986), social support could be a technique that people use to control the emotional and psychological states based on their behavioral capacity.

Models such as stress-buffering and main effect underpin concepts of social support. Stress- buffering (Cohen, Gottlieb, & Underwood, 2000) refers to the conditions under which people are at risk for which social support maybe a predictive agent that contributes to that condition. Another model regarding social support is the main effect, which refers to the fact that having strong social support facilitates students' overall psychological well-being, regardless of any negative situations (Cohen et al., 2000). Pearlin et al. (1981) proposed that by enhancing self-esteem and a sense of control over the environment, social support helps to engender positive emotional experiences, whereby reducing the negative effects of stress.

https://doi.org/10.15405/ejsbs.186
eISSN: 2301-2218 / Corresponding Author: Soheila Panahi
Selection & Peer-review under responsibility of the Editors

Based on Ryff and Singer's Model of Psychological Well-being (2006), individuals need to be accepted and be at peace with themselves because enhanced self-acceptance and self-esteem is necessary for their psychological well-being (Ryff & Singer, 1996). Research on activity participation has repeatedly demonstrated the significant positive effects on people's body image, self-perception, and global self-esteem (Fox, 2000; Moses et al., 1989). However, an individual's expectations, beliefs, and self-perceptions are important personal factors in social cognitive theory.

In addition, autonomy refers to the ability to feel independent and belief that one has choice over one's life decisions. People need to feel that they have influence what happens to them and that external forces do not control them. Participation in exercise can help a person to promote a sense of autonomy in various ways such as planning to lose weight, and engaging in individual programs. This is a kind of self-control (personal regulation of goal-directed behavior or performance) that is emphasized in social cognitive theory.

Environmental mastery refers to a person's belief and confidence in their ability to negotiate their environmental surroundings. Exercise can enhance self-esteem, give a person the confidence to leave his or her inner world and integrate himself/herself into society (Ryff, 2006) as individuals are surrounded by social or physical conditions and environmental factors such as expectations, beliefs, and people's cognitive competencies are developed within an environment (Bandura, 1986). Likewise, there is evidence supporting the fact that mastering a sense of environmental efficacy enables the production and maintenance of positive emotions (Netz et al., 2005).

Based on Ryff and Singer's model regarding physical activity, social connections and the development of positive relationships are among the most important components of well-being. Again, the literature is rich with documentation of group-based exercise interventions and the bonds that are created via working and sweating with a team which might enhance behavioral capacity such as improved social skills and knowledge of people to achieve psychological well- being (Bandura, 1986).

The purpose in life component of psychological well-being touches upon the perceived meaningfulness of life. Haan, Kaplan, and Syme (1989) found a significant relationship between maintaining purpose, a sense of personal growth, and physical activity. Additionally, self-control like personal regulation of goal-directed performance can be a key indicator of developing purpose in life (Bandura, 1986). Moreover, Hefferon, Grealy, and Mutrie (2008) found that exercise was a key contributor to the attainment of personal and psychological growth among women. In this regard, Merleau-Ponty (2005) argued that all humans are embodied creatures, where our experiences are not only physical, but also phenomenological,

https://doi.org/10.15405/ejsbs.186
eISSN: 2301-2218 / Corresponding Author: Soheila Panahi
Selection & Peer-review under responsibility of the Editors

and our bodies ultimately affect our emotions, feelings, and experiences. Thus, the body and how we use it will inevitably affect our experience of growth. As mentioned in social cognitive theory, individuals are influenced not only by physical activity but also by social conditions. The theoretical framework of this study is based on these theories.

3. Purpose and significance of the study

Based on the above discussion, the purpose of the current study was to investigate the connection between cognitive coping strategies of graduate students and their circumstances i.e stressors in order to determine which coping strategies were primarily used by the students in dealing with their circumstances. As the psychological well being of students is the foundation for their academic success, knowing how students deal with stressors would enable educators and policy makers to devise and implement the appropriate interventions to create a conducive learning climate for graduate students.

4. Methodology

A descriptive correlation research design was utilized in this study and the target population was graduate students of a Malaysian university. Proportional sampling technique was applied to select the sample. Likewise, from among sixteen faculties, random sampling was used to select graduate students of 6 faculties (without considering curricular differences as a parameter) which were Agriculture, Science, Engineering, Modern Languages, Educational Studies, and Medicine. Thus, the total sample size calculated based on Cohen (1988) was 534 respondents.

In this study, Ryff's (1989) Psychological Well-Being scale was adopted. It is one of the most widely applied scales to assess psychological well-being. This scale is divided into 6 different components (Ryff, 1989) which are analyzed independently. The response required is based on a 6-point Likert scale, ranging from strongly disagree (1) to strongly agree (6). Cognitive emotion regulation was measured using the Cognitive Emotion Regulation Questionnaire (CERQ; Garnefski, Kraaij, & Spinhoven, 2001). CERQ includes 36 items consisting of nine conceptually different and separate subscales, each of which is composed of four items. The items were designed according 5-point Likert scale ranging from 1 (almost never) to 5 (almost always). The Multidimensional Perceived Social Support Questionnaire (Zimet, 1988) was adapted to measure social support of graduates. This scale consists of 12 items and three specific subscales related to friends, families and significant others with each subscale having four questions. The International Physical Activity Questionnaire (IPAQ) (WHO, 2010) was used to assess the physical activity of participants. The IPAQ is a self-report

https://doi.org/10.15405/ejsbs.186
eISSN: 2301-2218 / Corresponding Author: Soheila Panahi
Selection & Peer-review under responsibility of the Editors

instrument which included seven items evaluating physical activities (taking at least 10 minutes) including vigorous activity, moderate activity and walking.

5. Results

5.1. Predictors of Psychological Well-being

The standardized regression analysis revealed that planning had a significantly positive effect on psychological well-being (β =.29, CR = 6.359, P < 0.001), followed by catastrophysing (β = -.213, CR = -4.834, P < 0.001), significant others' support (β = .20, CR = 5.377, P < 0.001), reappraisal (β = .16, CR = 3.471, P < 0.001), other-blame (β = -.14, CR = -3.522, P < 0.001), acceptance (β = -.133, CR = -3.449, P < 0.001), self-blame (β = -.11, CR = -2.704, P = 0.007), P < 0.05), putting into perspective (β = .090, CR = 2.388, P = 0.017), friend support (β = .08, CR = 2.273, and walking physical activity (β = .08, CR = 2.385, P = 0.017). On the other hand, psychological well-being was not found to be significantly influenced by respondents' rumination, refocusing, family support, moderate and vigorous physical activities (See Table 1).

Table 1. Regression Weight of CER, PSS, and PA on Psychological Well-being (SEM)

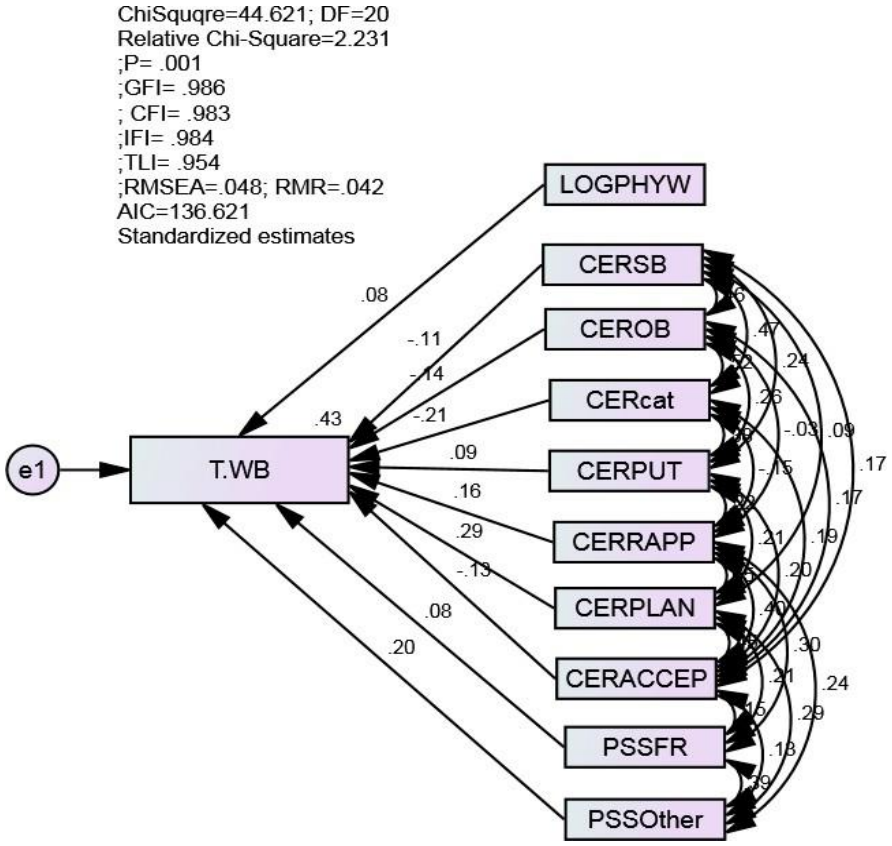
Hypothesized relationships	Unstandardized regression weight Estimate (B)	S.E.	Standardized regression weight (β)	C.R.	P
T.wb <--- Walking	.022	.009	.078	2.385	.017
T.wb <---Self blame	-.054	.020	-.107	-2.704	.007
T.wb <--- Other-blame	-.076	.021	-.142	-3.522	.000*
T.wb <---Catastrophising	-.091	.019	-.213	-4.834	.000*
T.wb <--- Putting into perspective	.045	.019	.090	2.388	.017
T.wb <---Reappraisal	.079	.023	.164	3.471	.000*
T.wb <---Planning	.154	.024	.291	6.359	.000*
T.wb <--Acceptance	-.069	.020	-.133	-3.449	.000*
T.wb <--- Friend	.032	.014	.084	2.273	.023
T.wb <--- Others	.059	.011	.200	5.377	.000

Note: T.wb = Total psychological well-being, CER = Cognitive emotion regulation; PSS = Perceived social support; PA = Physical activity: 000** = P < .001

https://doi.org/10.15405/ejsbs.186
eISSN: 2301-2218 / Corresponding Author: Soheila Panahi
Selection & Peer-review under responsibility of the Editors

5.2. Goodness of Fit

As illustrated in Figure 1 below, the following results were obtained: Goodness of Fit index (GFI) = .99, Comparative Fit Index (CFI) = .98, normed fit index or NFI = .97, root mean square residual (RMR) or standardized RMR = .042 and root mean square error of approximation (RMSEA) = .048. In this relation, it was determined that P value = 0.001, DF = 20, $\chi 2$ (CMIN) = 44.621, and CMIN/df = 2.23. Based on this, it is concluded that the model fits the data.



Note: T.WB = Total psychological well-being, LOGPHYW = Walking, CERSB = Self-blame, CEROB = Other-blame, CERCAT = Catastrophising, CERPUT = Putting into perspective, CERAPP = Reappraisal, CERPLAN = Planning, CERACCEP = Acceptance, CERRUM = Rumination, CERREFC = Refocusing, PSSFR = Friend, PSSOther = Significant Others

Figure 1. Structural model for contribution of cognitive emotion regulation, social support, and physical activity components on psychological well being

https://doi.org/10.15405/ejsbs.186
eISSN: 2301-2218 / Corresponding Author: Soheila Panahi
Selection & Peer-review under responsibility of the Editors

6. Discussion

Based on the current findings, the psychological well-being of graduate students is primarily influenced by planning. One obvious way in which planning may contribute to psychological well- being is through facilitating goal attainment (MacLeod, Coates, & Hetherton, 2008). There is emerging empirical evidence that planning for goals is strongly linked to well-being. High levels of well-being have been found to be associated with high levels of planning for personal goals.

Likewise, the findings of this study showed that catastrophyzing and self-blame negatively influenced psychological well-being of graduates. Martin and Dahlen (2005) stated that responses such as catastrophysing and self-blame are associated with more intense emotional problems, whereas responses such as positive reappraisal are related to fewer problems in adolescence. In addition, it has been shown that catastrophyzing was the most important predictor of psychological maladjustment in adolescents (Garnefski et al., 2009). In the present research, positive reappraisal is shown to have a significant positive effect on psychological well-being, which is supported by previous studies such as those conducted by Martin and Dahlen (2005) and Haga et al., (2009). Li and Lambert (2007) in their study found that self-blame had the highest negative standardized regression weight (β) which made it the most significant predictor on well being. Furthermore, other-blame had significant and negative contribution to psychological well-being of the respondents. In contrast, Garnefski, Baan, and Kraaij (2005) found positive relationships between other-blame and psychological distress. The results, imply that graduates need to use positive appraisal (as adaptive strategy) than self-blame (as maladaptive strategy) in order to promote their psychological well-being.

The findings of the present study also showed that the strategy of putting into perspective influenced psychological well-being of graduate students positively. This concurs with Kraaij et al. (2008) who concluded less use of positive refocusing, positive reappraisal, putting into perspective, and more use of catastrophyzing and other-blame, was related to more symptoms of depression and anxiety.

As derived from the squared multiple correlation results, it was found that, in addition to putting into perspective, psychological well-being among graduate students was influenced by significant others. The finding is supported by Dunn and Brien (2009), who revealed social support from significant others is a significant predictor of psychological well-being. Additionally, the findings of Rothon, Goodwin, and Stansfeld (2011), Kockar (2004) and Gulact, (2010) showed that support from family was the significant predictor of psychological well-being. In this regard, Arafa et al. (2003) indicated that negative family and friend support were significant predictors of low psychological well-being. As evidenced, different findings

https://doi.org/10.15405/ejsbs.186
eISSN: 2301-2218 / Corresponding Author: Soheila Panahi
Selection & Peer-review under responsibility of the Editors

show differences in the levels of social support that might be due to the diversity inherent in the socio-cultural structure of societies. With regard to what has been discovered above, the sample in this study used more adaptive than maladaptive strategies except with acceptance which is explained below.

The findings of the present study revealed that acceptance negatively influenced the psychological well-being of the respondents. According to Garnefski and Kraaij (2006), depression scores and acceptance have a positive relationship since the acceptance scores of a sample of psychiatric adults were rather high. Wilson (1996) cited that the reason behind these results could be explained by the theory that differentiates between the passive form of acceptance, i.e. resignation to negative events and active form of acceptance, i.e. the self-admiration process. In this study, the passive form of acceptance is discussed as a commonly considered form of negative adjustment with poor results (Wilson, 1996).

Another study illustrated that the acceptance subscale might not be the appropriate form of adaptive coping (Garnefski et al., 2001). There was some support for the acceptance adaptive role in that it had positive correlation both with adaptive anger control, and stress, anger suppression and depression. The reason could be that the acceptance subscale includes some elements, and there are some degrees of hopelessness in items such as "I think I have to take it as it is and I cannot change it." Thus, acceptance can be adaptive only in special circumstances. However, acceptance might be a moderate character among the nine cognitive emotion regulation constructs, for example in comparison with catastrophyzing and positive reappraisal, which are more extreme features of maladaptive and adaptive strategies. Then, it supposedly fluctuates among adaptive and maladaptive strategies, based on characteristics of a particular society and respondents.

In the current study, walking was found to be a significant predictor of psychological well-being among graduate students. Lampinen et al. (2006) suggested that psychological well-being in later life is associated with activity and mobility status, which should become targets for preventive measures. The findings of Bray and Born (2004) did not provide strong evidence that increases in physical activity (such as exercise) reliably promote improvements in psychological well-being among elderly people living at home. It might be because youths are naturally supposed to have enough physical activity, which is sufficient for their psychological well-being. To the knowledge of the present authors, no study has so far provided a detailed analysis of effect of moderate physical activity on psychological well-being.

7. Conclusion

In conclusion, the findings revealed that the 43% of psychological well-being of graduate students, is influenced by planning, catastrophyzing, significant others support, reappraisal, other- blame, acceptance, self-blame, putting into perspective, friend support and walking in that order. This means that planning is the most important predictor of psychological well-being among the graduates sampled in this study. Hence, this strategy should be promoted to support their psychological well-being. This current study offers some practical contributions and implications to educational planners. It is evident that in order to fulfill teaching purpose and to facilitate learning process, competent lecturers, teachers, and educators must promote psychological well-being among graduate students. Therefore, the learning process will be facilitated if educators create a conducive educational environment and they are supposed to act and function as a perfect role model in order to relieve examination stress from their students. To fulfill this aim, an appropriate training of the faculty is the most essential step. Teachers and educators are able to assist students to manage their academic stress, and to teach them how to apply coping strategies during teaching and process.

Acknowledgements

We are grateful to the cooperation of lecturers in providing the opportunity for data collection and graduate students who spent time to answer the questionnaires used in this study. The authors declare that they have no conflict of interest.

References

Bandura, A. (1977). *Social learning theory.* Englewood Clifs: Prentice-Hall.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs: Prentice Hall.

Bray, S. R., & Born, H. A. (2004). Transition to university and vigorous physical activity: Implications for health and psychological well-being. *Journal of American College Health, 52*(4), 181-188. https://doi.org/10.3200/JACH.52.4.181-188

Bray, S. R., & Kwan, M. Y. W. (2006). Physical activity is associated with better health and psychological well-being during transition to university life. *Journal of American College Health, 55*(2), 77-82. https://doi.org/10.3200/JACH.55.2.77-82

Chida, Y., & Steptoe, A. (2008). Positive psychological well-being and mortality: a quantitative review of prospective observational studies. *Psychosomatic Medicine, 70*(7), 741-756. https://doi.org/10.1097/PSY.0b013e31818105ba

Cohen, S., Gottlieb, B. H., & Underwood, L. G. (2000). Social relationships and health. In S. Cohen, B. H. Gottlieb & L. G. Underwood (Eds.), *Social support measurement and intervention: A guide for health and social scientists* (pp. 3-25). New York: Oxford University Press. https://doi.org/10.1093/med:psych/9780195126709.003.0001

Collins, A. L., Glei, D. A., & Goldman, N. (2009). The role of life satisfaction and depressive symptoms in all-cause mortality. *Psychology and aging*, *24*(3), 696. https://doi.org/10.1037/a0016777

Dunn, M. G., & O'Brien, K. M. (2009). Psychological Health and Meaning in Life. *Hispanic Journal of Behavioral Sciences*, *31*(2), 204-227. https://doi.org/10.1177/0739986309334799

Garnefski, N., Koopman, H., Kraaij, V., & ten Cate, R. (2009). Brief report: Cognitive emotion regulation strategies and psychological adjustment in adolescents with a chronic disease. *Journal of adolescence*, *32*(2), 449-454. https://doi.org/10.1016/j.adolescence.2008.01.003

Garnefski, N., & Kraaij, V. (2006). Cognitive emotion regulation questionnaire and development of a short 18-item version (CERQ-short). *Personality and individual differences*, *41*(6), 1045-1053. https://doi.org/10.1016/j.paid.2006.04.010

Garnefski, N., & Kraaij, V. (2007). The Cognitive Emotion Regulation Questionnaire: Psychometric features and prospective relationships with depration and and anxiety in adults. *European Journal of Psychological Assessment*, *23*, 141-149. https://doi.org/10.1027/1015-5759.23.3.141

Garnefski, N., Kraaij, V., & Spinhoven, P. (2001). Negative life events, cognitive emotion regulation and emotional problems. *Personality and individual differences*, *30*(8), 1311- 1327. https://doi.org/10.1016/S0191-8869(00)00113-6

Gulact, F. (2010). The effect of perceived social support on subjective well-being. *Procedia-Social and Behavioral Sciences*, *2*(2), 3844-3849. https://doi.org/10.1016/j.sbspro.2010.03.602

Haan, M. N., Kaplan, G. A., & Syme, S. L. (1989). Socioeconomic status and health: old observations and new thoughts. In D. S. G. D.S.Bunker, and B. H. Kehrer (Ed.), *Pathways to Health: The Role of Social Factors* (pp. 76-135). Menlo Park.

Haga, S. M., Kraft, P., & Corby, E. K. (2009). Emotion regulation: Antecedents and well-being outcomes of cognitive reappraisal and expressive suppression in cross-cultural samples. *Journal of Happiness Studies*, *10*(3), 271-291. https://doi.org/10.1007/s10902-007-9080-3

Harrington, R., & Loffredo, D. A. (2010). Insight, rumination, and self-reflection as predictors of well-being. *The journal of psychology*, *145*(1), 39-57. https://doi.org/10.1080/00223980.2010.528072

Hawker, C. L. (2012). Physical activity and mental well-being in student nurses. *Nurse Education Today*, *32*(3), 325-331. https://doi.org/10.1016/j.nedt.2011.07.013

Hefferon, K., Grealy, M., & Mutrie, N. (2008). The perceived influence of an exercise class intervention on the process and outcomes of post-traumatic growth. *Mental Health and Physical Activity*, *1*(1), 32-39. https://doi.org/10.1016/j.mhpa.2008.06.003

Kaplan, G. A., Shema, S. J., & Leite, C. M. A. (2008). Socioeconomic determinants of psychological well-being: the role of income, income change, and income sources during the course of 29 years. *Annals of Epidemiology*, *18*(7), 531-537. https://doi.org/10.1016/j.annepidem.2008.03.006

Koçkar, A., & Gençöz, T. (2004). Personality, social support, and anxiety among adolescents preparing for university entrance examinations in turkey. *Current Psychology*, *23*(2), 138- 146. https://doi.org/10.1007/BF02903074

Kokko, K., Korkalainen, A., Lyyra, A.-L., & Feldt, T. (2012). Structure and Continuity of Well- Being in Mid-Adulthood: A Longitudinal Study. *Journal of Happiness Studies*, 1-16. https://doi.org/10.1007/s10902-011-9318-y

Lampinen, P., Heikkinen, R. L., Kauppinen, M., & Heikkinen, E. (2006). Activity as a predictor of mental well-being among older adults. *Aging and Mental Health, 10*(5), 454-466. https://doi.org/10.1080/13607860600640962

MacLeod, A. K., Coates, E., & Hetherton, J. (2008). Increasing well-being through teaching goal- setting and planning skills: results of a brief intervention. *Journal of Happiness Studies*, *9*(2), 185-196. https://doi.org/10.1007/s10902-007-9057-2

Martin, R. C., & Dahlen, E. R. (2005). Cognitive emotion regulation in the prediction of depression, anxiety, stress, and anger. *Personality and individual differences, 39*(7), 1249- 1260. https://doi.org/10.1016/j.paid.2005.06.004

Merleau-Ponty, M. (2005). *Phenomenology of Perception.* London: Routledge.

Netz, Y., & Raviv, S. (2004). Age Differences in Motivational Orientation Toward Physical Activity: An Application of Socialâ€". Cognitive Theory. *The Journal of Psychology: Interdisciplinary and Applied, 138*(1), 35-48. https://doi.org/10.3200/JRLP.138.1.35-48

Pearlin, L. I., Lieberman, M. A., Menaghan, E. G., & Mullan, J. T. (1981). The stress process. J*ournal of Health and Social behaviour, 22*, 337-356. https://doi.org/10.2307/2136676

Rothon, C., Goodwin, L., & Stansfeld, S. (2011). Family social support, community "social capital" and adolescents' mental health and educational outcomes: a longitudinal study in England. *Social Psychiatry and Psychiatric Epidemiology*, 1-13. https://doi.org/10.1007/s00127-011-0391-7

Ryff, C. D., & Singer, B. (1996). Psychological well-being: meaning, measurement, and implications for psychotherapy research. *Psychother. Psychosom., 65*, 14-23. https://doi.org/10.1159/000289026

Ryff, C. D., & Singer, B. H. (2006). Best news yet on the six-factor model of well-being. *Social Science Research*, *35*(4), 1103-1119. https://doi.org/10.1016/j.ssresearch.2006.01.002

Tajalli, P., Sobhi, A., & Ganbaripanah, A. (2010). The relationship between daily hassles and social support on mental health of university students. *Procedia - Social and Behavioral Sciences*, *5*(0), 99-103. https://doi.org/10.1016/j.sbspro.2010.07.058

Tan, M., & Karabulutlu, E. (2005). Social support and hopelessness in turkish patients with cancer. *Cancer Nursing, 28*, 236-240. https://doi.org/10.1097/00002820-200505000-00013

Thoirs, P. A. (1986). Social support as coping assistance. *Journal of Consulting and Clinical Psychology, 54*, 416-423. https://doi.org/10.1037/0022-006X.54.4.416

WHO. (2010). *Global Recommendations on Physical Activity for Health*. World Health Organization, Geneva.

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment, 52*, 30-41. https://doi.org/10.1207/s15327752jpa5201_2