

EXPLORATORY STUDY OF ASSOCIATION OF NEGATIVE PROBLEM ORIENTATION AND DEMOGRAPHIC VARIABLES IN YOUNG ADULTS

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ABSTRACT

This research explores the negative problem orientation (NPO) among young adults. Young adults face a range of difficult challenges, failure to meet these challenges may at times lead to self-doubt and ineffective problem-solving abilities, contributing to negative problem orientation. The study attempted to investigate negative orientation and its psychosocial correlates through cross-sectional research design. The sample of 291 young adults including male (58 %) and females (42%) were selected through purposive sampling technique from Lahore. The study employed a very detailed demographic questionnaire and Negative Problem Orientation Questionnaire (NPOQ). The research results revealed that many participants (42 %) were using negative problem orientation. Age and gender attributed to varying levels of negative problem orientation. Furthermore, negative problem orientation revealed an interesting pattern of relationship with psychological distress, age and education. The results underscore the importance of addressing negative problem orientation in interventions aimed at reducing microaggressions and improving psychological well-being among emerging adults.

Keywords: Young adults, Negative problem orientation, Depression, Anxiety, Stress.

INTRODUCTION

Negative problem orientation has been identified as an elemental construct to understand the deficits of effective social problem solving (Lin et al., 2022) and psychological well being as it contributes to development and maintenance of psychological disorders (Lee & Woodruff-Borden, 2018; Otero et al., 2024). Negative problem orientation refers to a cognitive mindset characterized by a tendency to focus on problems rather than solutions, to perceive difficulties as insurmountable obstacles, and to engage in negative thinking patterns that hinder effective problem-solving (Robichaud & Dugas, 2005). Individuals with a negative problem

orientation may exhibit pessimism, hopelessness, and a lack of confidence in their ability to overcome challenges (Ciarrochi et al., 2009). Focus on Problems is what people with a negative problem orientation tend to dwell by keep thinking about the problems, setbacks, and obstacles rather than focusing on potential solutions or opportunities. They may become preoccupied with what is going wrong in their lives or in each situation, which can lead to a heightened sense of stress, anxiety, and frustration (Clarke et al., 2016). Negative problem orientation is often characterized by cognitive biases such as catastrophizing (expecting the worst

possible outcome), black-and-white thinking (seeing situations as either completely good or completely bad), and self-criticism (blaming oneself for problems or failures). These cognitive distortions can exacerbate feelings of hopelessness and undermine self-esteem (Fergus et al., 2014).

Those with a negative problem orientation may perceive even small difficulties as overwhelming and impossible to overcome. This perception can lead to feelings of helplessness and resignation, making it difficult to take proactive steps to address issues or pursue goals (Clarke et al., 2016). Avoidance of problem solving rather than actively seeking solutions or taking steps to address challenges becomes characteristic of individuals with a negative problem orientation. This makes them get engaged in avoidance behaviors or escape mechanisms, such as procrastination, denial, or substance abuse. These coping strategies provide temporary relief but do not effectively address the underlying issues, perpetuating a cycle of negativity and avoidance (Zumberg et al., 2008).

Negative problem orientation can have significant consequences for individual well-being and functioning. It can contribute to increased vulnerability towards various psychological disorders particularly stress, anxiety, obsessive compulsive problems, depression, as well as impaired interpersonal relationships and hinder academic or professional success. Moreover, chronic negativity in thinking and behavioral patterns can undermine resilience and adaptive coping mechanisms, making it even more challenging to navigate future difficulties (Ciarrochi et al., 2009).

Research into the role of problem-solving in psychological distress highlights negative problem orientation as a critical factor, initially identified by D'Zurilla and Goldfried (1971). In the context of affective and anxiety disorders, negative problem orientation consistently emerges as a predictor of depressive symptoms and excessive worry in both clinical and non-clinical populations (Fergus et al., 2014). As such, problem-solving training has been integrated into therapeutic strategies for generalized anxiety disorder (GAD) and

depression, traumatic reactions with a particular emphasis on addressing negative problem orientation (Dugas et al., 1989; Nezu & Perri, 1989; Nezu et al., 2012; Fergus et al., 2014). Notably, interventions targeting negative problem orientation have shown promising results in improving treatment outcomes for depression (Nezu & Perri, 1989). For individuals with a negative problem orientation, dealing with bullying and aggressive behaviors can be very challenging and may exacerbate feelings of helplessness and hopelessness (Douds & Hout, 2020; Williams et al., 2019; Williams, 2021) further contributing to psychological distress (Robinson-Perez et al., 2019; Sou et al., 2010; Davey, 1994).

Negative problem orientation encompasses a cognitive-emotional schema concerning social problems, characterized by beliefs regarding perceived threats, doubt in problem-solving ability, and pessimism about outcomes (D'Zurilla & Nezu, 1999). Recent efforts have sought to disentangle negative problem orientation from broader negative beliefs, resulting in a cognitive measure specifically targeting this construct (Robichaud & Dugas, 2004; Xiao et al., 2020).

Literature has shown that individuals with negative problem orientation mostly have low self-esteem and low self-confidence. It also has varying pattern of associations across different personality traits (Elliott et al., 1994; Jonason & Webster, 2010; Lin et al., 2022). Literature has shown mixed findings as far as the age and gender differences in experience of negative problem orientation are concerned reporting no gender differences in wholistic experience, however, reporting significant gender differences across sub dimensions of negative problem orientation (Aburezeq & Laszlo, 2022; Humphrey, 2016). The significance of negative problem orientation in improving the psychological well-being and reducing the levels of psychological distress of particularly young adults made clinicians and researchers study this construct at a deeper level (Xiao et al., 2020). In the context of the country we are living in, there is even more limited research, and it is imperative to know about the study variables and how they influence one another for the wellbeing of society.

The study followed on the two main objectives - To assess the negative problem orientation phenomena in young adults and to explore the association of negative problem orientation with various demographic variables.

METHODOLOGY

The current paper was extracted from a larger research project and followed a cross-sectional design to explore the study objectives.

Participants

Sample comprised 292 adults between 18 and 29 years of age selected through non probability purposive sampling technique from different universities in Lahore. The sample included both men and women and sample size was determined through g-power analysis.

Measures

The research data was collected using the following measures

Demographic questionnaire - a detailed demographic questionnaire was employed which recorded personal information of the participants from demographic information to their medical and psychiatric history.

Negative Problem Orientation Questionnaire (NPOQ) English version developed by Robichaud & Dugas (2005) was used to assess negative problem orientation practiced by the participants. The NPOQ consisted of 12 statements frequently used to investigate negative problem orientation through a composite score and three domains namely perceived threat, self-inefficacy, and negative outcome expectancy. English version of NPOQ that was translated into English in 2005 (Robichaud & Dugas, 2005) was used in the present study. The NPOQ demonstrated good internal consistency with Cronbach's $\alpha = .95$.

Procedure

Firstly, approval was obtained from the relevant ethical and research review bodies., after which, formal approval was taken from the relevant authorities and individual participants for data collection. The researcher collected data in person through a survey booklet compiled together specifically for this project. All participants were provided the copy of the same booklet presenting the data collection tools in the same exact order. The measures were self report measures, yet the researcher remained present incase participants needed some assistance or clarity regarding filling in the booklet. After collecting data, all the participants were thanked for their participation. Serious consideration was given to follow all the relevant ethical guidelines as the study was duly approved by the Ethical Review Committee (ERC), and Institutional review board (IRB). Formal permissions were obtained to use the scales from authors, participants were given relevant details about the study, informed about their rights regarding participation and withdrawal. Their privacy was respected and maintained, no inviolacy was involved.

Results

The data was cleansed and analyzed using Statistical Package for Social Sciences through various stactical procedures. Other than the descriptive statistical analyses, the study employed Pearson Product-Moment Correlation and t- test as main inferential statistical analyses. The 12 items measure of NPO demonstrates a high internal consistency ($\alpha = .89$) in the present sample. Almost 42 percent participants scored in the moderately high levels of negative problem orientation with male participants scoring higher on negative problem orientation compared to female participants.

Table 1: Descriptive Characteristics of the Study Sample (N=291)

Demographic Variables	F	Percentage
Gender		
Male	170	58
Female	121	42
Family System		

Nuclear	212	73
Joint	79	27
Education		
Intermediate	28	10
Bachelors	219	75
Post Graduate	44	15

The male (58 %) participants outnumbered females in the present sample and most participants belonged to nuclear system. A large majority of the sample was single (93%) but also included married (7 %) participants. Most of the participants were completing their studies and were unemployed (74 %) compared to those who

were employed (26%). A large proportion earned a graduate degree (75%).

The history of the study sample indicated that a 68 percent participants had a of clinically significant depression, 45 % reported the history of clinically significant anxiety and 40 percent participants reported significant history of experiencing stress.

Table 2: Correlation of Negative Problem Orientation and Demographic Variables

	1	2	3	4	5	6	7	8	9
1.NPO									
2.Age	-.20**								
3.Employment	.14	.16**							
4.Education	-.17**	.46**	-.24**						
5.Family System	.09	.07	.10	-.14*					
6.Marital Status	-.03	.19**	-.18**	.02	-.11				
7.Depression	.33*	-.04	-.004	.03	-.02	-.02			
8.Stress	.29**	-.013	-.07	-.19**	.08	.36**	.36**		
9.Anxiety	.28**	.15*	-.03	-.09	.01	.41**	.39**	.45**	

**p<0.01,*p<0.05

Negative problem orientation (NPO) revealed some interesting patterns of association when related with various demographic variables. NPO was found to be higher in married participants (p>0.05) and those who were younger in age (p< .01) and low in education (p< .01). Further,

NPO was observed to be higher in among those who experienced significant amounts of stress (p< .01), had history of clinically significant depression (p< .05) and anxiety (p< .01). However, the strongest association was seen between NPO and depression compared to other two psychological disturbances.

Table 3: Negative Problem Orientation Scores of Male and Female Participants

	Male		Female		t	p
	M	SD	M	SD		
NPO	33.85	11.20	34.07	9.93	.17	.86

The results indicated that there was no significant difference in Negative problem orientation scores between male and female

participants (p> .05) suggesting that gender did not significantly impact NPO in the present sample.

Table 4: Means, Standard Deviations, and t-test values for Negative Problem Orientation and Age

	Age Group 18-23		Age Group 24-29		t	p
	M	SD	M	SD		
NPO	35.08	10.33	29.81	9.96	3.56	.00

Note. NPO = Negative Problem Orientation
The results indicate a significant difference in NPO scores between the two age groups. Participants aged 18-23 years have significantly higher NPO scores compared to those aged between 24 and 29 years

(p< .01) suggesting that younger individuals tend to have used negative problem orientation more often.

DISCUSSION

Negative problem orientation refers to a cognitive and emotional predisposition characterized by a tendency to focus on difficulties, obstacles, and potential negative outcomes rather than solutions or opportunities for growth. Individuals with a negative problem orientation often perceive challenges as overwhelming and insurmountable, leading to feelings of pessimism, hopelessness, and helplessness (Ladoucuer et al., 1998). Negative problem orientation is often believed to contribute negatively to an individual's functioning and adversely impacts the performance (Kuperminc et al., 2001). Present study was an attempt to explore negative problem orientation in young adults and to investigate its association with psychosocial factors.

The participants were young adults as negative problem orientation is generally believed to be most evident among adolescents and young adults who are deeply affected by this strategy (Spence et al., 2002). Therefore, the selection of the age group to study this phenomenon was supported by the literature. Emerging adulthood, typically defined as the period from late teens through the twenties, is characterized by significant life transitions and developmental challenges. Arnett (2000) describes this phase as a time of identity exploration, instability, and self-focus. These challenges can create a context of uncertainty and stress, which may exacerbate negative orientations toward problem-solving.

Initially the negative problem orientation questionnaire was conceptualized as a unidimensional measure (Robichaud & Dugas, 2005) and later presented as a tridimensional model with three sub dimensions attached to it (Xiao et al., 2020). The present study however used the original conceptualization and treated negative problem orientation as a unidimensional construct. The reason was that we couldn't find much research on negative problem orientation in Pakistan and as one of the preliminary studies in this area it was decided to first explore the phenomenon in its original form to get the grounding information.

Findings of the present study did not support gender as a contributor to varying levels of negative problem orientation as was reported in some recent studies with males being higher on all dimension of negative problem orientation (Lin et al., 2022). Present study indicated that females scored slightly higher than male participants but the score difference was not large enough to reach statistical significance. One reason behind this opposite score trend might be that the young females in our country face more social problems and might be holding more negative beliefs about social problems leading to ineffective problem solving and consequently reflected in higher scores on negative problem orientation.

Results showed that there is a difference in negative problem orientation across different age groups with younger participants being higher on negative problem orientation, this aligns with the findings of previous studies (Lin et al., 2022). Younger adults, still navigating these transitions, might lack the fully developed coping mechanisms and life experience that help mitigate NPO. Cognitive and emotional regulation continues to mature into the mid-twenties, with significant development occurring in the prefrontal cortex, which is responsible for executive functions such as planning, decision-making, and problem-solving (Casey et al., 2005). Younger adults, therefore, might not yet have fully developed the cognitive capabilities necessary for effective problem-solving, leading to a more negative orientation when faced with challenges. This ongoing development can partly explain why younger adults struggle more with problem orientation compared to older adults who have reached full cognitive maturity. Research by Heppner et al. (2004) found that older adults generally exhibit more positive problem-solving orientations compared to younger adults. This study suggests that with age comes the accumulation of problem-solving experiences, which helps develop a more positive outlook towards challenges. Similarly, Blanchard-Fields et al. (2007) found that older adults tend to use more adaptive problem-solving strategies

compared to younger adults, who are more likely to use maladaptive strategies that can lead to higher levels of NPO. Younger adults are more likely to perceive problems as threats and doubt their problem-solving abilities, resulting in a higher NPO. The stress-coping model by Lazarus and Folkman (1984) posits that high stress levels can overwhelm an individual's coping resources, leading to maladaptive coping strategies such as NPO. The developmental stage of emerging adulthood often includes stressors related to career choices, relationships, and identity formation, which can further contribute to higher NPO among younger adults.

Social problem solving ability is generally linked with psychological adaptation that can predict quality and life and functioning, literature has reported that lack of effective social problem solving is reflected through negative problem orientation and may attribute to various psychological disturbances (D'Zurilla et al., 2004; Stephanou & Oikonomou, 2018). Negative Problem Orientation (NPO) refers to a pessimistic cognitive stance toward problem-solving, characterized by viewing problems as threats, doubting one's problem-solving abilities, and expecting negative outcomes (D'Zurilla et al., 2002). These characteristic features can also be seen as associated features of psychologically distressing conditions such as depression, stress and anxiety (Beck & Clark, 1997). Therefore, the significantly positive association between these psychological conditions and NPO found in this study makes sense and aligns with previous research indicating that individuals who experience psychological distress are more likely to employ negative problem orientation (Chan et al, 2018; Hirsch et al., 2020; Lyubomirsky et al., 1999). These studies concluded that individuals who suffer from psychological distress are more likely to be emotionally overwhelmed when facing problems and lack effective problem solving skills (Elliott et al., 1994; Fergus & Wu, 2010; Hearn et al., 2017; Hong & Lee, 2021). Those who suffer from anxiety and stress sometimes have exaggerated perception of threat leading to various cognitive distortions which significantly impact their

problem solving approach resulting in developing negative problem orientation (Beck & Clark, 1997). These findings are consistent with the current study's results, where higher NPO scores were observed among individuals with history of psychological distress (Clarke et al., 2017; Wang et al., 2018).

Although the present study provided some significant findings it has several limitations. The sample was limited and data was only collected from one city which might have affected the generalizability of the results. Another limitation was the use of self report measures which might have involved specific response biases effecting the validity of the findings further. Another limitation was that the sample predominantly included educated population, future researches should consider taking individuals with lower educational level to compare them with those with higher educational levels.

This study advances our knowledge of negative problem orientation in Pakistani young adults. The findings will provide affective assistance to better understand the distinct expression of this essential construct and it correlates in Pakistani context. Mental health professionals, educationists and researchers may use these findings to ascertain the needs of their clientele to develop effective strategies to improve problem-solving skills.

Conclusion

Negative problem orientation is an essential component of functioning and well being even in non clinical clientele. Various personal characteristics relate with negative problem orientation significantly with varying pattern of association.

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