



The Psychosocial and Mental Health Dimensions of Pakistani Smokers

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Abstract:

The current study aims to investigate the relationship between heavy smokers' social adjustment, life satisfaction, and mental health, as well as their gender and socioeconomic status. In this study, correlational and comparative group designs were used to test the hypotheses. A sample of 120 chain smokers by using a convenient sampling technique was taken from the city of Faisalabad, Pakistan. The participants were divided into two groups: male and female smokers. The social adjustment scale (SAS; Cooper, Osborn, and Gath, 1977), the life satisfaction scale (Mehmood, 2013), and the General Health Questionnaire-28 (GHQ) (Goldberg, 1978) were used. These analyses were validated by using the Statistical Package for Social Sciences version 24 (SPSS-24). The study revealed a significant relationship between social adjustment, life satisfaction, and mental health among heavy smokers. Similarly, the independent sample t-test revealed a significant mean difference in social adjustment, life satisfaction, and mental health between male and female chain smokers. It has also resulted that there is a significant mean difference between higher and lower socio-economic heavy smokers on study variables. Findings have theoretical and managerial implications, as well as new research directions for scholars.

Keywords: Social adjustment, life satisfaction, mental health, and heavy smokers.

INTRODUCTION

The present study is aimed to investigate the relationship between social adjustment, life satisfaction, and mental health among heavy smokers. Smoking is the inhalation of the smoke of burning tobacco encased in cigarettes, pipes, and cigars. Casual smoking is the act of smoking only occasionally, usually in a social situation or to relieve stress. A smoking habit is a physical addiction

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to tobacco products. Many health experts now regard habitual smoking as a psychological addiction, too, and one with serious health consequences. Smoking is a dangerous health problem. Every year, it is estimated that about six million people experience smoking-related problems in the world (Leidi, 2009).

Smoking is a practice in which a substance is burned and the resulting smoke breathed in to be tasted or inhaled. Most commonly the substance is the dried leaves of the tobacco plant which has been rolled into rice paper into a small, round cylinder called "Cigarette". Causal smoking is the act of full smoking only occasionally, usually in social situation or to relieve stress. This type of smokers is called chippers. Chippers are defined as individuals who smoke at least two days per week and no more than five cigarettes during the days that they do smoke (Sayete, Martin, Wertz, Shiffman, & Parrott, 2001). Due to smoking many premature deaths are reported. Today smoking is one of the burning issues in the debate of health sector. According to National Institute for Health and Care Excellence in England, the prevalence rate of smoking is 16 years and it is increase in 27percent to 21percent. According to some surveys, 40percent of males and 8percent of females are regular smokers (Zaman, Irfan & Irsha 2002). Pakistan has the highest consumption of tobacco in South Asia (Shaikh & Kamal, 2004).

Most people start to smoke before they show signs of depression so it is unclear whether smoking leads to depression or depression encourages people to start smoking. The most likely explanation is that there is a complex relationship between the two unipolar depression, also known as major depression, is characterized by intense sadness or irritability, disrupted concentration, sleep, eating, and energy levels, and feelings of hopelessness and suicidal thoughts. Major depression in youth is not simply a phase of development; rather, it is a serious psychological problem that shows stability over time and can significantly interfere with children's ability to function. Depressed youth have a lowered ability to function in daily life, with 85-87percent of adolescents with depressive disorders rated as having major impairments in functioning (Cusi et al., 2012).

Life Satisfaction

Satisfaction with life is connected with the condition that a person experiences in his life phases such as (school/college, job, family, etc.) which makes the positive feelings, much of the experiences of those feelings indicate the negative actions (Diener, 2000). Life satisfaction can reflect experiences that have influenced a person in a positive route. These experiences have the ability to inspire people to chase and come to their goals. (Bailey, Eng, Frisch & Snyder, 2007). There are two kinds of emotions that may influence how people perceive their lives. Hope and optimism both consist of cognitive processes that are usually oriented towards the reaching of goals and the perception of those goals. Additionally, optimism is linked to higher life satisfaction, whereas pessimism is related to symptoms in depression (Chang & Sanna, 2001).

Social Adjustment

Social Adjustment may take place by adapting the self to the environment or by changing the environment (Khasawneh, 2021). Social adjustment is the ability of a solo to interact with his environment in a constructive and good route. It is conceived as harmonious relationships of a solo with his social surroundings. Liking other people and then having reciprocal feelings towards them are among the most important aspects of social life. Good relations can have a significant effect on a

person's well-being. Much of people's activity is concerned with adjusting, fitting, or regulating the environment they attempt to adjust in.

Social adjustment is an effort made by a single to cope with the standards, values, and needs of a society to be accepted. It can be defined as a psychological process. It involves coping with brand-new quality and value. In the technical language of psychology getting along with the members of society as the best one can, is named as adjustment. Full participation of single in the activities of society is feasible only if the interpersonal relationship of the single and society are in finished harmony with each other. Full participation depends on a single's social adjustment. Social adjustment is the preparation and adaptation of teenage people to their occupational and economic status, in such a manner that their social and domestic needs are met (Dong, 2012).

Park et al. (2019) reported that social adjustment refers to the extent to which an object fits the purpose to which it is involved; the term social adjustment implies a cause-and-effect relationship. The study of humankind's adjustment possesses a problem in that kind of degree and adjustment achieved by a single usually dependent upon a multiplicity of causes such as family education, experience, etc.

Mental Health

According to the World Health Organization (WHO), mental health is "a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to his or her community." This definition, while representing substantial progress with honor to moving away from the conceptualization of mental health as a state of absence of mental illness, raises several concerns and lends itself to potential misunderstandings when it identifies positive feelings and positive functioning as key factors for mental health. In fact, regarding well-being as a key aspect of mental health is strenuous to reconcile with the many challenging life situations in which a well-being may even be unhealthy: most people would consider as mentally unhealthy a solo experiencing a state of well-being while killing several persons during a war action and would regard as healthy a person feeling desperate after being fired from his/her job in a situation in which occupational opportunities are scarce. People in good mental health are often sad, unwell, furious, or unhappy, and this is part of a fully lived life for humankind being. Despite this, mental health has often been conceptualized as a purely positive effect, marked by feelings of happiness and a sense of mastery over the environment (Silvania, et al 2015) The basic ability to function in social roles and to participate in meaningful social interactions is an important aspect of mental health and particularly contributes to resilience against distress; however, social exclusion and stigmatization often impair social participation, so any definition of mental health alluding to this aspect has to elude "blaming the victim" and to carefully analyze social patterns of stigmatization, discrimination, and exclusion of that impair participation (Heinz & Kluge 2011). In 1982 united states surgeon general reported that cigarette smoking is the main c use of death and cancer. This statement was true today. In the United States, the tobacco used produced 1 to 5 deaths daily (Lawrence et al., 2019).

The American Psychologist stated Smokers often report that cigarettes assist relieve from feelings of stress. However, the stress steps of adult smokers are slightly higher than those of nonsmokers, adolescent smokers report increasing steps of stress as they develop constant patterns of smoking,

and smoking cessation leads to reduced stress. Far from acting as an assistant for mood regulation, nicotine dependency seems to exacerbate stress. This is confirmed in the daily mood patterns described by smokers, with normal moods during smoking and worsening moods between cigarettes. Thus, the apparent relaxant effect of smoking only reflects the reversal of the tension and irritability that develop during nicotine depletion. Dependent smokers need nicotine to remain feeling normal (Rosso & Chitnis, 2020).

LITERATURE REVIEW

Lois (2011) researched the topic of psychological distress and health-related belief in adult smokers. It was a cross-sectional study in which the total sample was 168. A standard measure of psychological distress named as Kessler Psychological Distress Scale was used. The results revealed that the health-related beliefs of smokers are better than non-smokers. But the level of psychological distress is very high in smokers.

Timimi, Haji, and Mohammad (2010) explored the difference in the quality of life of smokers and nonsmokers. The total sample size was 254 male smokers and 127 nonsmokers. The result showed that the quality of life of smokers was poor when they were compared with the quality of life of nonsmokers. Jayasinghe, et al (2013) conducted a study to explore the gender difference in health-related quality of life. It was a survey in which the sample size was 2181. The result showed that there was a significant difference in health-related quality of life between smokers and nonsmokers.

Alan and Thoma (2011) researched the topic of water pipe tobacco smoking and its effect on health. It was limited-moment research in which the total sample size was 188. World Health Organization health-related grade of life scale was used to measure the grade of life of the subjects. The result of the study showed that there is a significant difference in the grade of life between pipe smokers and non-pipe smokers. Furthermore, the study showed severe physical diseases like mouth cancer, lung cancer, and high blood pressure in pipe smokers.

Baker et al. (2007) investigated the characteristics of smokers with psychotic disorders and the implications for smoking interventions of smokers. Reported data from 298 smokers with an ICD-10 psychotic disorder residing in the community (56.7% with schizophrenia or schizoaffective disorder), including an examination of their demographic and clinical characteristics, smoking behaviors, the severity of nicotine dependence, level of change, and reasons for smoking and of quitting. Standardized self-report instruments were used, in conjunction with structured interviews, as part of the first phase of a randomized controlled trial. On average participants smoked 30 cigarettes per day, commenced smoking daily at about 18 years of age (5 years before illness onset), and had made 2-3 quit attempts in their lifetime.

Williams and Douglas (2004) researched the topic of addressing tobacco among individuals with a mental illness or addiction. Studies of genetics, neuron imaging, and nicotinic receptors support a neurobiological link between tobacco use and alcohol dependence, drug dependence, schizophrenia, depression, attention-deficit hyperactivity disorder (ADHD), and anxiety disorders. Smoking is a dangerous health problem. Every year it is estimated that about six million people experience smoking-related problems in the world. The analysis showed that psychological distress

is also a cause of smoking. Smoking badly affects our bodies and mental illness (Zikriya et al., 2021; Xue et al., 2021). Their effect shows depression deficit hyperactivity disorder and anxiety disorders.

Rationale of the Study

Pakistan is one of the emerging countries in the world with a very high smoking rate, which is increasing with time. As a result, smokers appear to be suffering from a variety of psychological and physiological issues in this situation. This issue was chosen because it is essential for today's society, which has been overrun by the curse of smoking.

Objective of the Study

To find out relationship between social adjustment, life satisfaction, and mental health among heavy smokers. To explore gender differences in social adjustment, life satisfaction, and mental health among heavy smokers. To explore the socio-economic status difference in social adjustment, life satisfaction, and mental health among heavy smokers.

Hypothesis

There would be a significant relationship between social adjustment, Life satisfaction, and Mental health among heavy smokers. There would be a significant gender difference between male adult heavy smokers and female adult heavy smokers in social adjustment. There would be a significant socioeconomic status difference between lower-economic heavy smokers and lower-economic heavy smokers in social adjustment.

MATERIALS & METHODS

Participant

The sample study consisted of one hundred and twenty participants. The 120 participants were divided into two groups based on gender such as male smokers and female smokers. The socio-economic status of participants was also divided into two groups i.e., higher socio-economic status heavy smokers and lower socio-economic status heavy smokers.

Research Design

Correlation and comparative group design were used in this study.

Inclusion & Exclusion Criteria

Those males who smoke 20 or more cigarettes per day were included, whereas Females were excluded.

Social Adjustment Scale (SAS; Cooper, Osborn & Gath, 1977)

A self-report social adjustment scale (cooper, Osborn & Gath, 1977) is a 45 items self-report scale used to measure the expressive and instrumental performance over the past two weeks in the six role areas. (1) Work, either as a paid worker, unpaid homemaker, or student. (2) Social and leisure activities. (3) Relationships with extended family. (4) Role as a marital partner. (5) Parental role and (6) Role within the family unit, including perceptions about economic functioning. The questions within each area cover four expressive and instrumental categories: Performance at expected tasks; the amount of friction with people; finer aspects of interpersonal relations; and

feelings and satisfaction. Each question is rated on a five-point scale from which role areas means and an overall mean can be obtained, with higher scores denoting greater impairment. Role areas not relevant to the respondent can be skipped. Overall means are based on all items completed by the respondent. Scores for the starred questions 1,2,4 & 5,9,10,11 & 12,17,18,19,20 & 21,22,27,& 28,29,32,34 & 37,41,43,44 and 44 are reversed so responses to these questions rated 5,4,3,,2,1 rather than 1,2,3,4,5. A high score on the scale indicates better social adjustment. The reliability coefficient of the scale was .99 in the current study.

Life Satisfaction Scale (Mehmood 2013)

The life satisfaction scale was developed by Mehmood (2013). The scale measured life satisfaction. This scale was developed on the five-point Likert scaling method. There are 21 items on this scale. The strongly agree (SA) scored 4, strongly disagree (SD) scored 0. These are the negative items on the scale (4,7,9,10,11,12,18,20). These scored reverse strongly agree (SA) scored 0, strongly disagree (SD) scored 4.

General Health Questionnaire -28 (GHQ) (Goldberg 1978)

GHQ-28 is the measure of adult mental health and is developed by Goldberg in 1978. GHQ-28 consists of 28 questions designed for evaluating general health recently. The question is divided into four 7 question groups that lead to the assessment of the following subscale; somatic symptoms, anxiety symptoms, social functioning, and depressive symptoms.

All of the questions are equally weighted on a scale of 0-3 the cut-off score is 23/24 and the final score would be 84. A global GHQ score equal to and greater than 23 signals poor general health in recent. It takes about 8 minutes to fill out the questionnaire and 3 additional minutes to score it. For the current study Urdu version of GHQ-28 translated and adapted by Riaz and Reza (1998) will be used.

Procedure

A purposive sampling technique was used to select the sample. A sample of 120 smokers was selected through purposive sampling. Data was collected from the respondent participants. Data were collected from different areas of Faisalabad. Participants meeting the inclusion criteria were approached and informed consent was obtained. Urdu Versions of the scales were administered for the convenience of participants. A questionnaire holding the demographic variables and important information was filled out by the participant's Smokers. A brief description was given about the purpose of the data collection and participants were assured that the data collected from them is only be used for research purposes and will be kept confidential.

Statistical Analysis

Statistical Package for Social Sciences (SPSS-20) was used for the analysis of data.

RESULTS

The present research aimed to examine social adjustment, life satisfaction, and mental health among heavy smokers. A sample consisted of (N=120) heavy smokers taken from different areas of Faisalabad. Similarly, demographic variables, like age was divided into two groups i.e., male and female. Furthermore, the socioeconomic status of the heavy smoker was also divided into two

groups such as higher socioeconomic status and lower socioeconomic status smokers. A purposive sampling technique was used to collect the data. In this present study, the translated Urdu version of the social adjustment Life satisfaction and General Health Questionnaire (GHQ-28) was used. SPSS-20 was used to find the results. In the present chapter, the results of the study are given in the form of tables.

Table 1

Social Adjustment, Life Satisfaction, and Mental Health Correlate to family income (N=120).

Variables	GHQ	SA	LS	Family income.
GHQ	-	.32**	.59**	-.05
SA		-	.45**	-.27**
LS			-	-.15
Family income				-

** $p < .01$, Correlation is significant at the 0.01 level (2-tailed), SA= Social Adjustment, LS = Life Satisfaction, MH = Mental Health.

The result of Pearson product-moment correlation analysis revealed that this hypothesis is supported by results that are significant at $p < 0.01$ level. It is clear from table 1 that there is a strong significant relationship between social adjustment, life satisfaction, and mental health among heavy smokers related to family income.

Table 2

The difference in male heavy smokers and female heavy smokers on SA= Social Adjustment, LS = Life Satisfaction, MH = Mental Health. (N=120).

DV	Male		Women		t	P	LL	UL
	M	SD	M	SD				
MH	72.33	6.33	68.31	7.72	5.42	.003	9.66	0.33
SA	112.23	10.22	118.22	9.28	3.32	.004	10.23	1.22
SL	46.34	8.29	48.43	7.32	4.43	.009	8.34	0.34

Note; M= mean, SD= Standard deviation, t= test value, p = significant value, SA= Social Adjustment, LS = Life Satisfaction, MH = Mental Health.

Table 2 indicated that there is a significant difference in the mean score of male adults (M= 72.33, SD= 6.33) and female adults (M=68.31, SD = 7.72) heavy smokers on social MH, similarly, males heavy smokers have a higher level of mean than women. There is a significant difference in the mean score of male adults (M= 112.23 SD=10.22) and female adults (M=118.22 SD = 9.28) heavy smokers on social adjustment, furthermore, level of social adjustment is higher in females than male heavy smokers. There is significant difference in the mean score of male adults (M= 46.34 SD= 8.29) and female adults (M=46.34, SD = 7.32) heavy smokers on life satisfaction, although females have higher levels of life satisfaction than males.

Table No 3

Independent sample t-test for socio-economic differences in *heavy smokers on study variable* (N=120).

Lower SES	Higher SES
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<i>DV</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>P</i>	<i>LL</i>	<i>UL</i>
MH	62.31	7.33	67.76	6.61	4.02	.007	11.04	0.05
SA	117.23	12.28	111.82	13.34	4.36	.003	16.63	3.84
SL	44.31	6.21	49.92	5.62	5.03	.08	22.37	0.24

Note; M= mean, SD= Standard deviation, t= test value, p= significant value, SA= Social Adjustment, LS = Life Satisfaction, MH = Mental Health.

Table 3 indicated that there is a significant difference in the mean score of higher economic status adults (M= 62.31, SD= 7.33) and lower economic status adults (M=67.76, SD = 6.61) heavy smokers on social MH, similarly level of social MH is higher in the higher socioeconomic status of heavy smoker than the lower economic status of a heavy smoker. There is a significant difference in the mean score of higher economic status adults (M= 117.23, SD=12.28) and lower economic status (M=111.82, SD = 13.34) heavy smokers on social adjustment, whereas smokers who belong to low economic status have a higher level of social adjustment than heavy smokers who belong to higher economic status. There is also a significant difference in the mean score of higher economic adults (M= 46.34 SD= 8.29) and lower economic status adults (M=46.34, SD = 7.32) heavy smokers on life satisfaction while higher economic smokers have higher levels of life satisfaction.

DISCUSSION

The purpose of the current research was to recognize the connection between social adjustment, life satisfaction, and mental health among heavy smokers. The present study is important because it provides an opportunity to examine the relationship between social adjustment, life satisfaction, and mental health among heavy smokers. Various researches carried out in different parts of the world related to smoking and check if these researches can indicate the relationship between social adjustment, life satisfaction, and mental health among heavy smokers. The present study was conducted to examine the relationship between social adjustment, life satisfaction and mental health among heavy smokers. This study finds out the difference between male heavy smokers and female heavy smokers.

The hypothesis is supported by the results that are significant at $p < 0.01$ level. It is clear from table 1 that there is a strong significant relationship between social adjustment, life satisfaction, and mental health. According to the results, it is clear that social adjustment, life satisfaction, and mental health related to family income among male heavy smokers and female heavy smokers are influenced by them. Biener (2004) conducted research that shows a significant relationship between social adjustment, life satisfaction, and mental health among smokers. Adler (1912) conducted a study that supports current study's results.

The second hypothesis stated that "There would be a significant difference between male and female heavy smokers in social adjustment, life satisfaction, and mental health" This hypothesis is supported by significant results. It is clear from Table 2 that there is a strong significant difference between male heavy smokers and female heavy smokers in social adjustment. According to the results, males are more socially adjusted than female smokers. Male smoker relations in society are better than the female smoker. According to the results, male smokers are well adjusted than female heavy smokers. Synder et al. (1985) conducted their study that males who smoke have a higher level of social adjustment, and mental health as compared to female heavy smokers. So, on the base of the above previous finding second hypothesis is accepted.

Similarly, hypothesis three stated that “There would be a significant difference between higher socio-economic heavy smokers and lower socio-economic heavy smokers in life satisfaction.” This hypothesis is supported by significant results. It is clear from table 3 that there is a significant difference between higher socioeconomic heavy smokers and lower socioeconomic heavy smokers in life satisfaction, social adjustment, and mental health. According to the results higher socio-economic heavy smokers ' life satisfaction, mental health and social adjustment are better than lower socio-economic heavy smokers. The higher socio-economic heavy smokers, people wanted to make the relationship with others and there will be a little tension related to the family. Previous findings revealed that in lower socio-economic family smoker burden is more than higher family smokers (Chang & Sanna, 2001). Celermaier, (1993) conducted research on lower socio-economic smokers who have poor mental health as a problem in their life. Crow (1956) also support current findings. It can be concluded that there is a direct relationship between personality traits and life satisfaction among lower and higher-economic-status addicts. So eventually the third hypothesis of the current study was accepted.

CONCLUSION

The present research was conducted to explore social adjustment, life satisfaction, and mental health among heavy smokers. The results of the study showed that there is a strong significant relationship between social adjustment, life satisfaction, and mental health among heavy smokers. In the same way the results of the independent sample- t-test showed a significant difference between male heavy smokers and female heavy smokers in social adjustment and life satisfaction as well as mental health. It also resulted that there is a significant socio-economic status between higher and lower socio-economic heavy smokers in social adjustment and life satisfaction as well as mental health.

Limitations of the study

- Work situations also affect psychological distress and health-related quality of life but in this present study, it was not taken into account.
- The sample should include other types of smoking.

Suggestions for future research

- Work situations should also be taken into account in future studies while measuring social adjustment, life satisfaction, and mental health among heavy smokers.

Implications of the study

- The present study will be used to understand the psychological impact of smoking on middle and younger age smokers.
- The findings of the present study will add to the existing knowledge of health professions.
- Findings will have a clinical significance due to their focus on psychological distress caused due to not only younger adults but middle adults smoking as well.

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