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Stronger Together: How Family Quality of Life, Hope, and Social Support Alleviate Psychological Distress in Families Experiencing Disability

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Abstract: *The current study aimed to explore the role of perceived social support, family quality of life, and hope in mitigating psychological distress among adults, particularly in the context of families with members who have disabilities. Specifically, this research examined whether individuals with a family member with a disability may experience higher levels of distress and how social support, hope, and family quality of life may contribute to alleviating depression, anxiety, and stress symptoms. The convenient sample comprised 161 adults aged 18 to 73 (M age = 38.26, SD = 10.24, 55.3% females). Of the respondents, 39.1% reported having a family member with a disability in their close (nuclear) family. Results indicated that higher perceived social support, hope, and family quality of life may contribute to lower psychological distress. However, contrary to our assumption, participants who had a family member with disabilities reported marginally significantly lower psychological distress. We discuss these results in the light of their potential practical implications, arguing that the interventions aimed to reduce psychological distress should be multi-faceted, addressing both internal (like family quality of life and hope) and external factors (such as support systems tailored to the unique challenges of different family contexts).*

Keywords: *disability; distress; social support; family quality of life; hope.*

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Introduction

Psychological distress, which encompasses symptoms of anxiety, depression, and stress (Lovibond & Lovibond, 1995), can severely affect an individual's physical and mental health, impairing their ability to function in daily life, maintain relationships, and perform in work or educational settings (Barry et al., 2020). Psychological distress can impair cognitive functioning (Jokela, 2022) and social interactions (Santini et al., 2015), making it difficult for individuals to maintain a balanced and healthy life. Persistent distress can increase vulnerability to mental health disorders and significantly reduce one's quality of life (Rapaport et al., 2005). Moreover, when left unaddressed, the cumulative impact of psychological distress can trigger physical health problems, including sleep disturbances, weakened immunity, and chronic conditions such as hypertension (Barry et al., 2020). Therefore, understanding the underlying causes and mechanisms of psychological distress is essential for developing interventions that promote mental well-being. Furthermore, given its pervasive nature, examining psychological distress can help address a major public health concern, leading to the development of support systems and mental health programs aimed at mitigating its impact on individuals and society.

The relationship between psychological distress and disability has been widely researched. Living with or caring for a family member with a disability can introduce unique psychological challenges, and individuals in such contexts may face heightened levels of anxiety, depression, and stress, collectively known as psychological distress (Dawson et al., 2016). These mental health concerns are influenced by both risk and protective factors, with a variety of individual and social elements playing significant roles in moderating or exacerbating distress (Sun et al., 2021). Protective factors, such as perceived high social support, a strong sense of hope, and family-related quality of life, might buffer the effects of psychological distress, particularly in families dealing with disabilities (Erkuş & Gümüş, 2024; Fusar-Poli et al., 2022).

At the same time, family dynamics and social networks can either alleviate or intensify this emotional toll (George et al., 2020). Social support from friends, relatives, or community members has been previously associated with better mental health outcomes, acting as a key protective factor (Zhong et al., 2020). Moreover, a high perceived family quality of life – which includes emotional, financial, and relational well-being within the family unit, may contribute to a more resilient environment, reducing the

likelihood of severe psychological distress (Cheng et al., 2024). In this context, it is important to explore how these factors interact.

An increasing number of studies have shown that psychological distress may be significantly higher among individuals who care for people with disabilities, such as parents of children with disabilities (Maftei et al., 2024), compared to those who do not interact with disability daily, given such family contexts. For instance, research has consistently shown that parents of children with Autism Spectrum Disorder (ASD) experience significant psychological distress, including high levels of depression, anxiety, and stress (Shepherd et al., 2021), mainly due to the unique and demanding caregiving challenges they face daily (Yorke et al., 2018). Furthermore, individuals in countries such as the one we conducted the present study in, i.e., Romania, a cultural space transitioning from segregated to inclusive systems for people with atypical development, usually face a wide range of complex challenges and daily stressors (Estes et al., 2013). These difficulties are compounded by the ongoing societal and institutional shifts, making it harder for families with members with disabilities to navigate the evolving landscape of support services. As Romania moves from a segregated approach to a more inclusive framework for people with disabilities, family members must contend not only with the unique needs of their kin with disabilities but also with systemic barriers and cultural attitudes that have yet to fully embrace inclusion (Maftei et al., 2023).

Psychological distress, hope, and psychological distress

As a psychological construct associated with optimism and positive expectations for the future, hope plays a significant role in buffering the effects of psychological distress (Moss-Pech et al., 2021). Individuals who maintain a hopeful outlook are generally more resilient in the face of stressors, as hope encourages adaptive coping strategies and fosters emotional stability (Ciarrochi et al., 2015). As previous research often suggested, hope is a protective factor against depression and anxiety symptoms, helping individuals reframe challenges and view them as surmountable (Shin et al., 2020). When discussing psychological distress, hope is an internal resource that can mitigate negative emotional experiences by instilling a sense of purpose, agency, and confidence in overcoming adversity (Griggs & Crawford, 2017; Valle et al., 2006). This makes hope not only a significant variable related to one's emotional health but also a target for therapeutic interventions aimed at reducing psychological distress.

In families with disabilities, the interplay between hope and psychological distress is particularly important, as these families often experience heightened levels of stress, anxiety, and emotional strain (Maftei et al., 2024). For families caring for a member with a disability, hope can serve as a critical protective factor, offering emotional strength and resilience amidst ongoing challenges (Lloyd & Hastings, 2009). Hope enables family members to look beyond immediate difficulties and focus on long-term improvements, whether related to the health of their loved one or the family's overall quality of life (Wang et al., 2020). Therefore, fostering hope within these families is highly important for reducing distress. Providing access to social support, community resources, and therapeutic interventions that nurture a hopeful outlook can significantly improve emotional well-being and help navigate the complex dynamics of disability-related stress (Kashani et al., 2014).

Perceived family quality of life and distress

Perceived family quality of life refers to an individual's subjective evaluation of their family's well-being, cohesion, and functioning (Samuel et al., 2012). It encompasses various aspects, including emotional support, communication, shared responsibilities, financial stability, and overall relational harmony (Zuna et al., 2010). A high perceived family quality of life can significantly protect against psychological distress (Staunton et al., 2023), offering emotional security and a stable environment where individuals can cope more effectively with stress (Holm et al., 2009). When family members feel connected, supported, and able to rely on each other during challenging times, they are more likely to experience lower levels of anxiety, depression, and stress. This positive family dynamic fosters resilience, helping individuals manage external stressors more successfully and reducing the likelihood of developing chronic psychological distress.

In families with a member who has a disability or health impairments, perceived family quality of life takes on a heightened importance, as these families often face unique stressors (Götze et al., 2014). The additional caregiving responsibilities, financial burdens, and emotional toll that come with managing a disability can create significant strain. However, families with strong cohesion, mutual support, flexibility, and effective communication are better equipped to navigate these challenges (Koutra et al., 2016). A positive family environment, where members work together to share responsibilities and provide emotional support, can buffer the psychological distress associated with disability. In contrast, a lack of family support or a dysfunctional family dynamic can exacerbate stress,

leading to increased feelings of isolation, burnout, and emotional distress (Tramonti et al., 2020).

The present study

The current study aimed to investigate the role of perceived social support, family quality of life, and hope in mitigating psychological distress among adults, particularly in the context of families with members who have disabilities. By examining these protective factors, this research seeks to deepen our understanding of how psychological distress is influenced by disability and the broader family and social environment. Specifically, our study examines whether individuals with a family member with a disability may experience higher levels of distress and how social support, hope, and family quality of life contribute to alleviating distress. Thus, we formulated the following hypotheses: *H1*. Psychological distress would be higher among participants reporting having a family member with a disability compared to those who do not; *H2*. Higher perceived social support, hope, and family quality of life would be negatively associated with psychological distress.

Method

Participants and procedure

The convenient sample comprised 161 adults aged 18 to 73 (*M* age = 38.26, *SD* = 10.2476). Of the respondents, 55.3% (*N* = 89) identified as females, while 44.7% (*N* = 72) identified as males. The inclusion criteria were related to age (> 18 years old). The survey was addressed to both adults who had a family member with a disability and those who did not. Sixty-three participants (39.1%) reported having a family member with a disability, while 60.9% (*N* = 98) reported they did not have a member with a disability in their close (nuclear) family.

A web-based questionnaire was disseminated via social media platforms (e.g., Facebook and WhatsApp) and personal email invitations. Participants were informed about the study's requirements, potential incentives, and their right to withdraw at any time. Additionally, we assured participants that their responses would be anonymous and used exclusively for research purposes. The study protocol adhered to the ethical guidelines of the authors' affiliated university and the 2013 Helsinki Declaration. Upon providing informed consent, participants completed the questionnaire in approximately 10 minutes.

Measures

Psychological distress. We used the Romanian version (Foti et al., 2023) of the DASS-21 scale (Lovibond & Lovibond, 1995) to measure participants' depression, anxiety, and stress symptoms over the past week. Responses were given on a Likert scale ranging from 0 (did not apply at all) to 3 (very applicable). Example items included "I couldn't seem to experience any positive feeling at all" (depression), "I was aware of dryness of my mouth" (anxiety), and "I found it hard to wind down" (stress). In the present study, we used the overall score, which measured overall psychological distress. Higher scores indicated greater psychological distress. The Cronbach's alpha for this study's scale (i.e., total score) was .89.

Perceived social support. We used the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988), consisting of 12 items, each measuring a dimension of perceived social support: *family* (e.g., My family really tries to help me), *friends* (e.g., My friends really try to help me), and *significant others* (There is a special person who is around when I need them). Responses were coded using a 7-point Likert scale, where 1 = strongly disagree and 7 = strongly agree. To obtain the total score for perceived social support – which we used in the present study - we summed the items, with higher scores indicating a high level of perceived social support. Cronbach's Alpha indicated good internal reliability for the overall score, $\alpha = 0.96$.

Family Quality of Life. We used 11 items from the Beach Center Family Quality of Life Scale developed by (Hoffman et al., 2006). More specifically, we measured *Physical/Material Well-Being* with five items (e.g., My family has a way to take care of our expenses), and *Family Interaction* with six items (e.g., My family members show that they love and care for each other). Responses were coded using a 5-point Likert scale, where 1 = not important and 5 = very important. To obtain the total family quality of life score, we summed the items, with higher scores representing a higher perceived level of family quality of life. Cronbach's Alpha indicated good internal reliability for the overall score, $\alpha = 0.95$, and for each dimension, *physical/material well-being*: $\alpha = 0.88$, and interaction: $\alpha = 0.96$.

Hope. We used the 12-item Adult Hope Scale (Snyder et al., 1991), divided into two subscales that align with Snyder's cognitive model of hope: (1) *Agency* (e.g., I energetically pursue my goals; Cronbach's $\alpha = 0.92$), which reflects goal-directed energy, and (2) *Pathways* (e.g., I can think of many ways to get out of a jam; Cronbach's $\alpha = 0.89$), which pertains to planning ways to accomplish goals. Four of the 12 items belong to the *Agency* subscale, and another 4 are part of the *Pathways* subscale. The remaining four items serve as fillers. Each item is rated on an 8-point Likert scale, ranging from *definitely*

false (1) to *definitely true* (8). We used the scale's total score, which had a good internal consistency of 0.95.

Participants also filled out a questionnaire related to demographic variables (age, gender, the presence of a family member with a disability, the type of disability).

Results

Overview of Data Analysis

We analyzed the data using version 26 of the SPSS software. As all items were mandatory, thus there were no missing data. Initially, assumptions were assessed through descriptive univariate analysis (see Table 2). To evaluate the normality of the distributions, we calculated skewness and kurtosis values (Kim, 2013). The descriptive statistics for the primary variables are detailed in Table 1.

Table 1. *Descriptive statistics for the main variables (N = 161)*

Variable	M	SD	Min	Max	Skewness	Kurtosis
Psychological distress	19.62	7.05	3	43	.63	1.05
Perceived social support	58.75	18.49	12	84	-.32	-1.03
Family Quality of Life	43.19	10.42	24	55	-.32	-1.50
Hope	45.54	13.75	10	64	-.38	-1.19

Associations between the main variables

We examined the associations between the primary variables in the overall sample and separately, depending on the targeted groups (i.e., participants with a family member with a disability and participants who did not report having one). In the overall sample (i.e., regardless of participants' status – with or without a family member with a disability), psychological distress was significantly associated with the perceived social support (r = -.18, p = .02), family quality of life (r = -.33, p < .001), hope (r = -.28, p <.001), and age (r = -.24, p < .001) (see Table 2).

Table 2. *Associations between the main variables (N = 161) – overall sample*

Variable	1	2	3	4
1. Psychological distress	-			
2. Perceived social support	-.18*	-		
3. Family Quality of Life	-.33**	.71**	-	
4. Hope	-.28**	.70**	.89**	-
5. Age	-.24*	.11	.13	.08

*Note: *p < .05; **p < .001*

In the sample of participants who reported having a family member with a disability, results suggested that psychological distress was significantly associated with perceived social support (r = -.25, p = .04), family quality of life (r = -.30, p = .01), hope (r = -.27, p = .03), and age (r = -.28, p = .02). All correlations were negative, suggesting that all these variables might act as protective factors against psychological distress (see Table 3).

Table 3. *Associations between the main variables (N = 63) – participants with a family member with a disability*

Variable	1	2	3	4
1. Psychological distress	-			
2. Perceived social support	-.25*	-		
3. Family Quality of Life	-.30*	.75**	-	
4. Hope	-.27*	.72**	.85**	-
5. Age	-.28*	.46**	.37**	.41**

*Note: *p < .05; **p < .001*

In the sample of participants who reported not having a family member with a disability, results suggested that psychological distress was significantly associated with family quality of life (r = -.34, p < .001), hope (r = -.28, p = .005), and age (r = -.20, p = .04), but it was not associated with perceived social support (r = -.14, p = .14). This might mean that the perceived social support has a different meaning (i.e., as a protective factor) when discussing psychological distress among individuals who do not interact with disability in closed family contexts (see Table 4).

Table 4. *Associations between the main variables (N = 98) – participants without a family member with a disability*

Variable	1	2	3	4
1. Psychological distress	-			
2. Perceived social support	-.14	-		
3. Family Quality of Life	-.34**	.70**	-	
4. Hope	-.28*	.69**	.90**	-
5. Age	-.27*	-.04	.00	-.07

*Note: *p < .05; **p < .001*

Next, we compared the two groups to examine the potential differences regarding psychological distress based on their status (i.e., participants with a family member with a disability and participants who did not report having one. Independent T-test results suggested marginally significant differences in this regard, t(159) = 1.91, p = .05: interestingly, participants who had a family member with disabilities reported marginally

significantly lower psychological distress (M = 18.38) than those with a family member with disabilities (M = 20.42).

We also examined the data regarding the potential differences in psychological distress based on participants' self-reported gender. However, Independent T-test results suggested no significant differences, $t(159) = .40$, $p = .68$.

Regression analysis *predicting psychological distress* (depending on participants' status, i.e., participants with a family member with a disability and participants who did not report having one

Next, we conducted regression analyses to predict psychological distress. We performed the analyses in the overall sample and separately (depending on the participants' status).

a. Regression predicting psychological distress – overall sample

Results suggested that age (β = -.20, $p = .007$) and family quality of life (β = -2.59, $p = .01$) significantly predicted psychological distress. At the same time, the perceived social support and hope were not significant predictors (both p-s > 0.05). The proposed model explained 14.2% of the variance of the dependent variable (see Table 5).

Table 5. *Regression predicting psychological distress (N = 161) – overall sample*

Variable	B	SE	β
Age	-.13	.04	-.20*
Perceived social support	.05	.04	.13
Family Quality of Life	-.29	.11	-.44*
Hope	.01	.08	.03
R^2		.16	
ΔR^2		.14	

*Note: *p < .05; **p < .001*

b. Regression predicting psychological distress – participants with a family member with a disability

Results suggested that none of the proposed predictors were significant (all p-s > 0.05). The proposed model was not significant, F (4; 62) = 2.08, $p = .09$ (see Table 6).

Table 6. *Hierarchical regression predicting psychological distress (N = 63) – participants with a family member with a disability*

Variable	B	SE	β
Age	-.11	.08	-.20
Perceived social support	.00	.07	.02
Family Quality of Life	-.15	.16	-.23
Hope	-.00	.11	-.00
R^2		.12	
ΔR^2		.06	

*Note: *p < .05; **p < .001*

c. Regression predicting psychological distress – participants without a family member with a disability

Results suggested that both age (β = -.19, p = .04) and family quality of life (β = -.44, p = .05) significantly predicted psychological distress, while hope was not a significant predictor (p > 0.05). The proposed model explained 13.7% of the variance of the dependent variable (see Table 7).

Table 7. *Hierarchical regression predicting psychological distress (N = 98) – participants without a family member with a disability*

Variable	B	SE	β
Age	-.13	.06	-.19*
Family Quality of Life	-.30	.15	-.44*
Hope	.05	.12	.10
R^2		.16	
ΔR^2		.13	

*Note: *p < .05; **p < .001*

Discussion

The present study examined the protective roles of perceived social support, family quality of life, and hope against psychological distress. We were interested in examining these links in a sample of Romanian adults who participated in our study, both from a general point of view (i.e., in the overall sample) and from a more specific perspective, i.e., by comparing these relations between participants who had a family member with a disability and those who did not. Based on the available literature, we assumed that psychological distress would be higher among participants reporting having a family member with a disability compared to those who do not and that the examined variables (i.e., perceived social support, hope, and family quality of life) would be negatively associated with psychological distress, acting as protective factors against depression, anxiety, and stress symptoms.

Results partially confirmed our hypotheses. Data suggested that, indeed, there were marginally significant differences between participants having a family member with a disability and those who reported not having one. However, contrary to our assumption, participants who had a family member with disabilities reported marginally significantly lower psychological distress, contradicting previous research in this area. One of the potential explanations in this regard might be related to the post-traumatic growth theories (Tedeschi & Calhoun, 1996). More specifically, participants interacting with disability in close family circles may have learned new meanings and possibilities and experienced spiritual change and personal strength- directly or indirectly. Through the lenses of the posttraumatic growth theory, we can interpret these findings with the vicarious trauma potential effects: if having a family member with a disability may act as a traumatic event/experience for the participants in our sample, through the lenses of posttraumatic growth, one may experience personal growth following this exposure. On the same note, the Caregiver Identity theory (Eifert et al., 2015; Montgomery & Kosloski, 2013) suggests that a caregiving role may shift a person's sense of identity, which may, in turn, influence their psychological well-being. For those caring for a family member with a disability, caregiving may become an integrated part of their identity, and this sense of purpose or meaning can reduce distress, as previous studies suggest in the context of various illnesses (Winger et al., 2016). Studies in caregiving often reveal that while caregiving is demanding, many caregivers may find personal meaning, purpose, and fulfillment, which can buffer against stress and negative emotions. The caregiving role, while challenging, might also give individuals a heightened sense of purpose, resilience, and a source of emotional satisfaction that lowers psychological distress (Polenick et al., 2018).

The Resilience Theory (see Masten, 2018 for an overview) may provide a similar explanation: individuals and families facing chronic stressors (and managing a disability - especially when lacking the necessary social, financial, and emotional support) may develop stronger coping mechanisms over time. Instead of experiencing perpetual distress, these individuals may adapt to their circumstances and learn to handle stress more effectively. Families with a member with a disability may have had more time to develop strategies for managing the ongoing demands of caregiving, which could result in lower reported psychological distress compared to those without such challenges. In contrast, individuals without this experience might be less practiced in coping with stress and, therefore, more vulnerable to psychological distress when confronted with general life

stressors (Murray & Doren, 2013). Nevertheless, future research is needed to better understand resilience among individuals with close family members having a disability, given its complex ramifications and explanatory mechanisms (Iacob et al., 2020).

Psychological distress was negatively associated with perceived social support, family quality of life, hope in the overall sample, and similar findings emerged when we examined these associations among participants who reported having a family member with a disability. However, among participants who do not have a family member with a disability, psychological distress was not associated with perceived social support. The significant associations between family quality of life (i.e., physical/material well-being and the perceived quality of family interactions) and psychological distress (in both the overall sample and among the two targeted groups) indicated that this specific factor seems to play a significant role in the well-being of individuals who do not experience the additional stressors of disability within their families. A stronger sense of well-being within the family and a hopeful outlook likely provide emotional stability and resilience, reducing one's vulnerability to anxiety, depression, and stress.

Further, the significant, albeit weaker, relationship between age and psychological distress suggests that younger individuals may experience more psychological distress (regardless of their status), and this could reflect developmental changes in coping strategies, resilience, or life priorities. Interestingly, perceived social support was not significantly associated with psychological distress among participants who did not report having a family member with a disability. For this category of individuals, i.e., those who do not experience the complexity of managing disability within the family, social support may not play as central a role in mitigating psychological distress as it does for those facing the demands of caregiving or navigating the needs of a family member with a disability. Among these individuals, psychological distress may be more related to internal factors such as personal goals (Moberly & Dickson, 2018), family dynamics, and self-perception (Koutra et al., 2016) rather than the external support they receive from friends or broader social networks. Also, this result may suggest that the meaning and importance of social support may change when disability is present in a family. For families without disability, the emotional burden may not be as intense or specific as for families dealing with disability, where social support could be essential for managing day-to-day responsibilities and emotional strain. In contrast, social support may be less critical to family functioning without these particular stressors, hence its weaker or non-significant relationship to distress. This points to the idea that perceived social support may have more protective value in contexts where the challenges

are more acute or chronic, as is the case with disability in the family. Therefore, the protective role of social support might be context-dependent, becoming more relevant and impactful in families facing the heightened stressors associated with disability. Nevertheless, these potential explanations need validation in a more extensive future longitudinal approach.

The current findings may offer important insights for mental health professionals, caregivers, policy-makers, and support organizations, especially since they seem to challenge the common assumptions regarding the higher psychological distress in people managing disabilities within their close families. One of the most important implications may be related to the need to promote well-being and resilience-building strategies not only in families with a disabled member but across all families. The lower distress levels among families dealing with disabilities may suggest that specific coping mechanisms, such as improved family cohesion, problem-solving skills, and emotional adaptability, could be learned and applied more broadly. Interventions aimed at fostering resilience, such as training in stress management, enhancing emotional regulation, or encouraging positive family dynamics, may benefit all families, particularly those dealing with high-stress environments (Boss et al., 2016). Further, our findings may also help reframe disability interactions and experiences related to caregiving as an opportunity for personal growth, resilience, and positive identity formation (Mayer, 2017). Such related supporting programs may benefit from emphasizing the positive aspects of interacting with caregiving for a family member with disabilities (if that is the case), such as the sense of accomplishment, purpose, and personal strength that many caregivers derive from their role, potentially leading to better mental health outcomes.

Limitations

Some limitations need to be discussed when interpreting the current results. First, our study relied on self-reported measures, which can be influenced by social desirability bias. For instance, participants may have underreported distress symptoms to present themselves in a more favorable light or to avoid feeling like they are failing in their caregiver role (for those who reported having a family member with a disability). This could lead to underestimations of psychological distress in some participants, particularly those in caregiving roles.

Next, our cross-sectional design makes it difficult to determine the causal relationships between variables. For instance, while the study suggests that family quality of life, hope, and other factors are associated with psychological distress, it cannot definitively establish whether these factors

reduce distress or if individuals with lower distress perceive these aspects of their lives more positively. Therefore, future longitudinal studies are needed to examine how these relationships develop over time. Further, we did not account for some important contextual factors influencing psychological distress., such as the type and severity of family members' disabilities and the availability of external resources (e.g., healthcare and financial support). Also, we did not differentiate between the experiences of those who are *direct caregivers* for a disabled family member and those who are not, and these caregiving roles may contribute to different levels and expressions of psychological distress. Also, our measure of social support did not capture the quality of social support, which may matter more when explaining the relationship between perceived social support and distress.

At the same time, we measured depression, anxiety, and stress using a self-reported measurement of these symptoms in the past week. This is an important limitation of the present study and a potential explanation for our counterintuitive findings, which contradict most of the previous research in the area. It is possible that, if we used a more general scale, for instance, an instrument that measures distress in the past month or the past year, results may have been different. Thus, future studies might benefit from examining these differences using different instruments and, if possible, experimental, longitudinal designs to shape a more comprehensive and clear image of these potential discrepancies. Finally, future studies may benefit from using a larger, more diverse sample to enhance the study's representativity.

Conclusions

Overall, the present findings highlight the complexity of psychological distress and its relation to family dynamics, potential caregiving roles, and social support. Also, our data suggests that the interventions aimed to reduce psychological distress should be multi-faceted, addressing both internal (like family quality of life and hope) and external factors (such as support systems tailored to the unique challenges of different family contexts). Focusing on resilience, identity shifts, positive reappraisal, and equitable access to resources, mental health professionals, policy-makers, and community organizations may reduce psychological distress and promote well-being across diverse populations more effectively.

Data Availability Statement (DAS): The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request.

Ethics statement

Before beginning the study, this study's protocol was designed concordantly with ethical requirements specific to the Faculty of Psychology and Educational Sciences, `Alexandru Ioan Cuza` University (Iasi, Romania). All participants voluntarily participated in the study and gave written informed consent following the Declaration of Helsinki and the national laws from Romania regarding ethical conduct in scientific research, technological development, and innovation. **Approval number**: 408/14.02.2022.

Conflict of interest: The authors declare that they have no known competing financial interests or personal relationships that could have influenced the work reported in this paper.

Data availability statement:

The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request.

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