A CORRELATIONAL STUDY OF THE INFLUENCE OF PERCEIVED SOCIAL SUPPORT ON STRESS COPING STRATEGIES AMONG YOUNG ADULTS

A

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"**A CORRELATIONAL STUDY OF THE INFLUENCE OF PERCEIVED SOCIAL SUPPORT ON STRESS COPING STRATEGIES AMONG YOUNG ADULTS**" submitted in partial fulfillment of the requirements for the award of the Degree of Bachelor of Arts (Honours with Research) in Psychology, to MIER College of Education (Autonomous), is an authentic record of my own research work carried out under the supervision of Dr. Neha Jaral.

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b) Has not been submitted by me for the award of any other Degree/Diploma/Certificate of any University or Institution.
c) All sources of information used in this study have been duly acknowledged.

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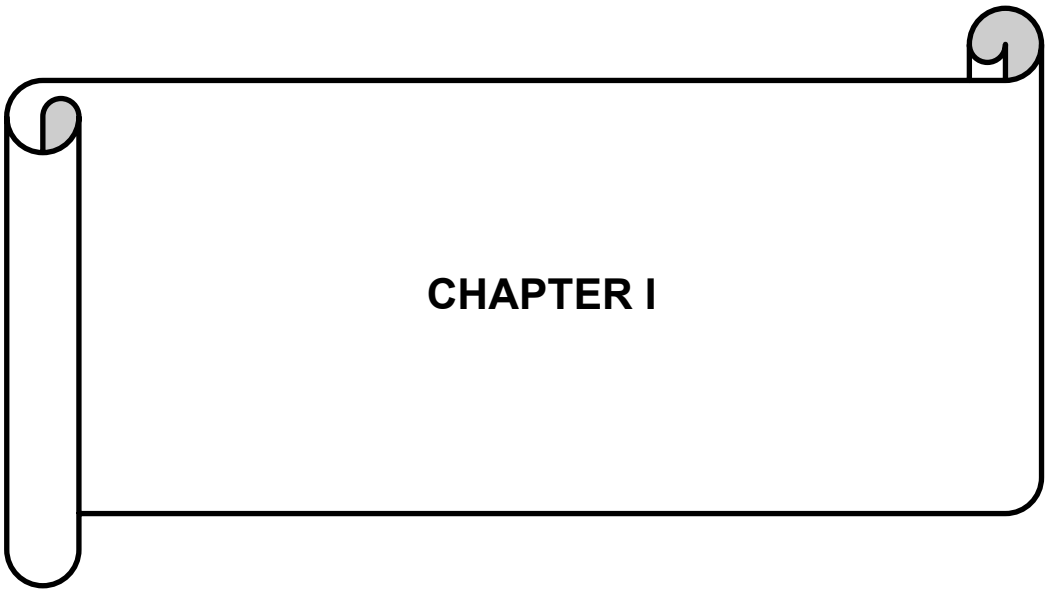
LIST OF ABBREVIATION

MSPSS	Multidimensional Scale of Perceived Social Support
COPE	Coping Orientation to Problems Experienced
SPSS	Statistical Package for the Social Sciences
SD	Standard Deviation
M	Mean
t	*t*-value
p	Probability value
VSD	Very Strongly Disagree
SD	Strongly Disagree
MD	Mildly Disagree
N	Neutral
MA	Mildly Agree
SA	Strongly Agree
VSA	Very Strongly Agree
Not at all	I haven't been doing this at all
A lot	I've been doing this a lot

ABSTRACT

The present study investigated the relationship between perceived social support and stress coping strategies among young adults aged 18 to 25 years. A quantitative correlational research design was employed with a sample of 150 participants (75 males and 75 females) selected through simple random sampling. Data were collected using the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al. (1988) and the Brief COPE Inventory developed by Carver (1997). Pearson's product moment correlation coefficient was used to examine the relationship between perceived social support and coping strategies, while independent samples t tests were conducted to assess gender differences. The findings revealed a statistically significant positive correlation between perceived social support and coping strategies ($r = .272$, $p = .001$), indicating that higher perceived support is associated with greater engagement in coping responses. No significant gender difference was found in perceived social support ($t(148) = -1.636$, $p = .104$). However, a significant gender difference was observed in coping strategies ($t(148) = 4.935$, $p < .001$), with female participants reporting higher coping strategy use than males. These findings highlight the role of perceived social support as an important psychological resource that facilitates adaptive coping among young adults. The study also emphasizes the need for gender sensitive interventions to strengthen coping skills and support systems, thereby promoting mental well being during this developmental stage.

Keywords: perceived social support, coping strategies, young adults, gender differences, MSPSS, Brief COPE, correlational study



CHAPTER I

CHAPTER I

INTRODUCTION

Stress coping strategies among young adults have gained increasing attention in psychological research, particularly in relation to perceived social support. Young adulthood is a critical developmental stage characterized by academic pressure, career uncertainty, and changing social roles, making effective coping essential for psychological well being. Perceived social support, defined as an individual's belief about the availability and quality of support from family, friends, and significant others, has been identified as a key protective factor. Unlike objective support, perceived support focuses on how supported an individual feels, which is more strongly linked to mental health outcomes. It includes emotional, instrumental, and informational support, all of which help buffer stress by providing reassurance, resources, and guidance. Research shows that higher perceived social support is associated with lower stress, anxiety, and depression among young adults (Acoba et al., 2024).

Perceived social support also plays a significant role in shaping coping strategies. Coping is commonly categorized into problem focused, emotion focused, and avoidant strategies. Studies suggest that higher perceived support is positively associated with problem focused coping and negatively associated with avoidant coping. Individuals who feel supported are more likely to seek solutions and assistance rather than withdraw or deny stressors. Gender differences have also been observed, with women often relying more on emotion focused coping, influenced by social and cultural factors (Khan et al., 2024).

Longitudinal research further supports the protective role of perceived social support, showing that it predicts lower levels of depression, anxiety, and suicidal ideation over time (Scardera et al., 2020). Psychological factors such as self esteem and perceived stress also influence this relationship, acting as mediators and moderators (Feng et al., 2019). Additionally, social support enhances resilience, enabling individuals to adapt effectively to stress and adversity, thereby promoting overall well being (Ioannou et al., 2019).

1.1 PERCEIVED SOCIAL SUPPORT

Perceived social support refers to an individual's subjective belief that supportive resources are available, dependable, and adequate when needed, and that these resources can assist in coping with stress and everyday challenges; social support has been defined as the "provision of psychological and material resources intended to benefit an individual's ability to cope with stress" as defined by Cohen.

This concept focuses on how people think and feel about the support around them rather than the actual amount of help they receive. Two individuals may have similar social networks, yet one may feel highly supported while the other feels alone. This difference lies in perception, which makes perceived social

support a deeply personal experience shaped by past interactions, trust, and emotional closeness with others. It includes the belief that family members, friends, or close partners will be there to listen, help, or offer guidance when problems arise. Rather than focusing on how often support is given, perceived social support highlights whether individuals feel that support would be available if they needed it. This sense of availability itself can be comforting and reassuring, even when support is not actively used. Perceived social support plays an important role in how individuals deal with stress and life demands. When people believe they are supported, they are more likely to approach problems calmly and feel less overwhelmed by difficulties. This belief can reduce feelings of loneliness, fear, and helplessness, which often increase stress. Supportive beliefs also help individuals manage emotions more effectively, as they feel understood and valued by others. As a result, they may experience better emotional balance and greater satisfaction with life. Perceived social support also influences coping behavior. Individuals who feel supported are more likely to use healthy coping methods such as talking about their feelings, seeking advice, or trying to solve problems directly. They may feel more confident in asking for help and less ashamed of their struggles. In contrast, those who feel unsupported may avoid sharing their concerns and rely on unhealthy coping methods, which can worsen stress. Importantly, perceived social support is not limited to protecting individuals from stress. It also helps them grow and adjust positively to life changes. Supportive relationships can encourage individuals to explore new opportunities, take healthy risks, and develop a stronger sense of self. Knowing that someone believes in them can motivate individuals to work through challenges and learn from difficult experiences. This kind of support can strengthen confidence, hope, and inner strength over time. Perceived social support is also meaningful in everyday life, not only during major crises. Feeling supported in daily routines, decisions, and small struggles helps maintain overall mental well-being. It creates a sense of belonging and connection, which is essential for emotional health. Therefore, perceived social support is a broad and valuable resource that helps individuals manage stress, maintain emotional balance, and achieve positive psychological functioning across different life situations (Feeney and Collins, 2014).

Perceived social support refers to an individual's subjective evaluation of the availability, adequacy, and reliability of support from significant sources such as family, friends, and intimate partners. Unlike objective measures of social networks, perceived social support emphasizes personal beliefs and interpretations regarding whether help would be accessible during times of need. This perception plays a crucial role in shaping how young adults cope with stress, regulate emotions, and maintain psychological well-being. Emotional, instrumental, and informational forms of support together serve to reduce the negative impact of stress and promote resilience in the face of life challenges. Emotional support involves expressions of empathy, care, reassurance, and understanding, which help individuals feel valued and accepted. Instrumental support includes tangible assistance such as financial help, shared

responsibilities, or practical problem-solving. Informational support refers to advice, guidance, or feedback that aids decision-making and enhances a sense of control over stressful situations. For young adults navigating academic demands, career uncertainty, and evolving relationships, these forms of support can be particularly meaningful. When individuals believe that such support is readily available, they are more likely to appraise stressful events as manageable rather than overwhelming, thereby reducing emotional distress and fostering adaptive coping (Armstrong, 2009).

Perceived social support is widely recognized as a key protective factor in psychological adjustment and overall well-being. Research consistently demonstrates that individuals with higher levels of perceived support report lower levels of stress, anxiety, and depressive symptoms, along with greater life satisfaction and emotional stability. Importantly, it is the perception of support, rather than the actual frequency of support received, that most strongly predicts mental health outcomes. This distinction underscores the cognitive and interpretive nature of perceived social support, highlighting how beliefs about social availability shape emotional responses to stress. Community psychology perspectives further emphasize the role of social support in promoting mental health within broader social and environmental contexts. From this viewpoint, perceived social support contributes to a sense of belonging, competence, and control within one's social ecology. Supportive social environments not only buffer individuals against stress but also empower them to engage more effectively with their surroundings. For young adults, feeling supported within their families, peer groups, or academic and workplace communities can enhance confidence and motivation, enabling them to cope more effectively with developmental challenges and transitions. Building on early theoretical foundations, later researchers refined the conceptualization and measurement of perceived social support, recognizing its multidimensional nature. Support is now commonly assessed across distinct domains, including family, friends, and significant others, acknowledging that different sources may fulfill different psychological needs. For instance, family support may provide stability and unconditional acceptance, while peer support may offer shared understanding and validation of experiences. Support from significant others often plays a unique role in emotional regulation and identity development during young adulthood. These advances in assessment have helped clarify how various sources of support contribute to coping and resilience in nuanced ways (Jason et al., 2007).

Perceived social support refers to an individual's belief that help, care, and understanding are available from important people in their life when needed. Gregory Zimet, Nancy Dahlem, Sara Zimet, and Gordon Farley explained this concept while developing the Multidimensional Scale of Perceived Social Support, which focuses on how supported people feel rather than how much help they actually receive. According to their work, perceived social support is based on a person's own view of the availability and quality of support from three main sources: family, friends, and significant others. This means that

support is not measured by counting how many people are present in someone's life or how often help is given, but by how strongly a person believes that these people are caring, dependable, and willing to help during difficult times. Two individuals may have similar social networks, yet one may feel highly supported while the other feels unsupported, showing that perception plays a central role. The study highlighted that perceived social support is closely linked to emotional well-being, as individuals who report higher levels of perceived support tend to experience lower levels of stress, anxiety, and depressive symptoms. Feeling supported can provide a sense of comfort and security, which helps individuals manage daily stress and life challenges more effectively. When people believe that someone is available to listen to them, understand their problems, or offer guidance, they are more likely to feel confident in facing difficulties. This belief can reduce feelings of loneliness and helplessness, even if support is not actively used. Perceived social support also influences coping behavior, as individuals who feel supported are more likely to share their feelings, seek advice, and use healthy ways to deal with problems. In contrast, those who feel unsupported may avoid seeking help and may struggle more with emotional difficulties. The authors also emphasized that perceived social support is a stable and meaningful psychological resource that can protect individuals from the negative effects of stress. It not only helps during major life crises but also plays an important role in everyday situations, such as handling academic pressure, relationship issues, or personal setbacks. Support from family can provide a sense of safety and belonging, support from friends can offer companionship and understanding, and support from significant others can provide emotional closeness and reassurance. Together, these sources contribute to an overall feeling of being valued and cared for. Thus, perceived social support is an important factor in maintaining emotional balance and positive mental health, as it shapes how individuals view their relationships and their ability to cope with life's demands. Overall, the work of Zimet and colleagues shows that believing support is available can be just as important as receiving actual support, making perceived social support a key concept in understanding psychological well-being and adjustment (Zimet et al., 1988).

Further research has highlighted that perceived social support functions not only as a coping resource but also as a core component of resilience across the lifespan. Individuals with strong perceptions of support are better equipped to withstand chronic or high-intensity stress, as they are more likely to employ adaptive coping strategies such as problem-solving, emotional expression, and help-seeking. In contrast, low perceived social support has been associated with maladaptive coping patterns, including avoidance, withdrawal, and rumination, which may increase vulnerability to psychological distress. This evidence has informed contemporary views that enhancing perceived social support should be a central goal of mental health interventions, particularly for populations exposed to ongoing stressors.

Perceived social support reflects stable cognitive schemas about the availability of others, which influence how individuals interpret and respond to stress. According to this perspective, individuals who believe they are supported approach challenges with greater confidence and optimism, even when actual support is not immediately utilized. Such beliefs can reduce anticipatory anxiety and promote a sense of security, allowing individuals to focus their cognitive and emotional resources on effective coping rather than on fears of isolation or abandonment (Sarason et al., 1987).

Early theoretical work on social support also underscored the mechanisms through which support exerts its beneficial effects. Cohen and Wills' influential stress-buffering model proposed that perceived social support protects mental health in two primary ways. First, it may have a direct effect by enhancing positive emotions, self-esteem, and a sense of self-worth. Second, it may moderate the relationship between stress and psychological outcomes by reducing the perceived severity of stressors or increasing confidence in one's ability to manage them. This model clarified why individuals with high perceived support often report lower distress even during stressful circumstances. A critical contribution of Cohen and Wills' framework was the distinction between perceived support and received support. While received support refers to actual supportive actions, perceived support reflects the belief that such help would be available if needed. Research has consistently shown that perceived support is a stronger predictor of mental health outcomes than received support, as unsolicited or mismatched assistance may sometimes increase stress. In contrast, simply knowing that help is available can foster emotional security and reduce feelings of vulnerability, even when individuals choose to cope independently. Perceived social support is very important in the way young adults handle stress and deal with everyday challenges. When young people feel that they are supported by family, friends, or others around them, they are better able to manage difficult situations. Emotional support helps them feel understood, cared for, and less alone during stressful times. Practical support, such as help with tasks or problem solving, makes challenges feel more manageable. Guidance and advice also help them understand problems better and make better decisions. Because of this support, stress feels less overwhelming and young adults are more likely to stay calm and hopeful. Over time, this strengthens their ability to recover from setbacks and face new challenges with confidence. It also helps protect their mental health by reducing feelings of anxiety, sadness, and pressure. For these reasons, it is important to recognize and improve perceived social support when planning programs or strategies to help young adults develop healthy ways of coping and maintain good mental well being during this important stage of life (Cohen and Wills, 1985).

1.2 COPING STRATEGIES

The term "coping strategies" was popularized by psychologists Richard Lazarus and Susan Folkman. Coping strategies refer to the cognitive, emotional, and behavioral efforts individuals use to manage internal and external demands that are perceived as stressful or overwhelming. During young adulthood, coping strategies play a particularly critical role, as this developmental stage is marked by frequent transitions, heightened expectations, and increased responsibility. How young adults cope with stress not only influences their immediate emotional well-being but also shapes long-term patterns of psychological adjustment, resilience, and life satisfaction. Adaptive coping strategies among young adults can be broadly categorized into three groups: active coping, internal coping, and withdrawal. Active coping involves direct efforts to address or change the stressor itself. This may include problem-solving, planning, seeking information, or taking concrete actions to reduce stress. Internal coping, on the other hand, focuses on managing one's emotional and cognitive responses to stress. Strategies such as positive reappraisal, acceptance, self-reflection, and emotional regulation fall within this category. Research consistently shows that both active and internal coping strategies are associated with higher levels of life satisfaction, better emotional regulation, and lower levels of psychological distress. In contrast, withdrawal coping involves disengagement from the stressor or emotional experience. This may include avoidance, denial, social withdrawal, procrastination, or substance use. While withdrawal strategies may offer temporary relief from distress, they are generally associated with poorer psychological outcomes over time. Milas found that withdrawal coping patterns correlate strongly with increased depressive symptoms, reduced life satisfaction, and greater emotional difficulties among young adults. This highlights the importance of encouraging coping strategies that promote engagement and emotional processing rather than avoidance (Milas, 2021).

Coping strategies are how people deal with stressful situations, and these strategies include both the thoughts they use and the actions they take to manage problems that make them feel stressed or overwhelmed. The study explains that coping is a natural and necessary process because stress is a regular part of life, and without ways to manage it, stress can build up and affect emotional and physical health. Coping is not a fixed response but a process that changes over time as people face different situations. Individuals cope by trying to change the situation causing stress, by changing how they think about it, or by managing the emotions linked to it. The study also highlights that coping strategies depend on the nature of the stressor and the person's own experiences, personality, and resources. When a stressful situation can be controlled or changed, people are more likely to use coping strategies that focus on solving the problem. These may include planning, seeking information, making decisions, or taking direct steps to reduce the source of stress. Such strategies can help individuals feel more in control and reduce stress when the situation allows for change. However, not all stressful situations can be fixed. In

situations that cannot be changed, such as serious illness, loss, or long-term difficulties, people often rely more on coping strategies that focus on managing emotions. These strategies help individuals deal with feelings like sadness, fear, or frustration and may involve talking to others, accepting the situation, finding comfort in relationships, distracting themselves, or trying to view the situation in a more positive way. Furthermore, it makes it clear that no coping strategy is always good or always bad. The usefulness of a coping strategy depends on how well it fits the situation. For example, trying to solve an unsolvable problem may increase stress, while accepting the situation and focusing on emotional support may help reduce distress. Coping strategies are also influenced by social support and the environment. People who feel supported by family, friends, or close others often cope better because they can share their worries, receive advice, or feel understood. Social support can make stressful situations feel less threatening and help individuals feel less alone. It also emphasizes that coping is not something that happens only once. It is an ongoing process in which people may shift from one strategy to another as situations change or as they learn what works best for them. Individuals often use more than one coping strategy at the same time, especially when dealing with complex or long-lasting stress. Overall, coping strategies are flexible tools that help people manage stress in everyday life as well as during major challenges. Understanding coping as a process helps explain why people respond differently to stress and why adapting coping strategies over time is important for emotional well-being (Stephenson and DeLongis, 2020).

One important point is that how people cope is not only about the stress itself, but also about their ability to plan, focus, and control their responses. These abilities help a person choose and use coping strategies that work best for them. Younger adults often use more avoidance coping strategies, which means trying to stay away from thinking about the problem or acting as if it is not there. For example, a young person might distract themselves with a game or ignore a stressful task instead of facing it head-on. Avoiding stress in this way is often linked with more feelings of sadness or depression, which suggests that avoidance may not help a person feel better over time. In contrast, people who have better control over their attention and thoughts are more likely to use coping strategies that are direct and effective rather than avoiding problems. This shows that as people develop better self-control and planning skills, they can handle stress in ways that reduce negative feelings and improve well-being. Some coping strategies may be connected with mental processes, and if someone has trouble with planning and controlling their actions, they might fall back on coping styles that are avoidant and less helpful, which could lead to more emotional struggles. On the other hand, people who are able to focus better and manage their thoughts may find ways to deal with stress more directly, such as thinking about solutions, seeking advice, or asking for help. Overall, coping strategies are not just about the stress someone experiences, but also about the mental processes they use to handle that stress. Understanding the difference between types of coping strategies and how they relate to thinking skills can help people improve the way they

manage stress. It also shows that not all ways of coping are equally helpful and that avoiding problems may sometimes make emotional difficulties worse. Coping strategies are therefore an important part of everyday life, influencing how people respond to challenges and maintain their emotional health (Nieto et al., 2019).

Coping strategies among young adults are increasingly recognized as essential mechanisms through which individuals manage the psychological demands imposed by stressful situations. These strategies encompass a wide range of cognitive and behavioral efforts aimed at regulating emotions, solving problems, and seeking social support. Young adults face diverse stressors, including academic pressures, career uncertainty, financial strain, interpersonal conflicts, and identity-related concerns. Effective coping allows individuals to navigate these challenges while maintaining emotional balance and psychological well-being. A widely used framework in coping research distinguishes between problem-focused and emotion-focused coping strategies. Problem-focused coping involves efforts to directly address or modify the source of stress. Examples include time management, goal setting, seeking practical solutions, and taking action to remove or reduce stressors. Emotion-focused coping, in contrast, aims to manage the emotional distress associated with stress rather than altering the stressor itself. This includes strategies such as emotional expression, relaxation techniques, cognitive reframing, and seeking emotional support. Both types of coping are important and adaptive, depending on the nature of the stressor and the individual's perceived level of control. When stressors are controllable, such as academic workload or work-related challenges, problem-focused coping tends to be more effective in reducing stress and improving outcomes. However, when stressors are uncontrollable or unavoidable, such as chronic illness, loss, or broader societal crises, emotion-focused coping becomes particularly valuable. In such situations, attempts to directly change the stressor may increase frustration, whereas strategies that promote acceptance, emotional regulation, and meaning-making can reduce distress and foster psychological adjustment. This highlights the importance of flexibility in coping, rather than reliance on a single coping style. The effectiveness of coping strategies is also influenced by individual differences, including personality traits, past experiences, perceived self-efficacy, and available social support. Young adults who believe in their ability to handle challenges are more likely to engage in active and adaptive coping. In contrast, those with lower confidence or limited support may rely more heavily on avoidance or withdrawal strategies. Over time, repeated use of maladaptive coping can reinforce negative emotional patterns, increasing vulnerability to anxiety, depression, and stress-related disorders (Compas et al., 2017).

Coping strategies are the various actions and reactions that people use to deal with difficult or stressful situations, and they help individuals respond when something unpleasant or challenging happens. In several studies, coping is described as behaviour that animals use when faced with bad or aversive

circumstances, such as trying to escape, reduce, or remove the source of stress; this idea highlights how an organism actively tries to deal with stress rather than simply enduring it. From a broader psychological perspective, coping strategies involve both the actions people take and the ways they think that allow them to handle stress in daily life. Some coping strategies focus on solving the problem that is causing stress. For example, if someone is stressed about their schoolwork, they might make a study plan, ask for help from a teacher, or find extra resources to better understand the material. These actions are called problem-focused coping because they aim to change or manage the stressful situation directly. Other coping strategies focus on dealing with the feelings that come from stress rather than the situation itself. This is known as emotion-focused coping and can include activities such as talking to a friend about how one feels, doing something relaxing like walking or listening to music, or trying to think about the situation in a more positive way. These strategies help a person feel calmer and less overwhelmed by their stress, especially when the situation cannot be changed immediately. The article also shows that coping is not always successful, and in some cases, animals (and by extension humans) may use strategies that do not help in reducing the stressor, which can lead to more frustration or unhealthy behaviour. In human coping research, it is understood that some strategies are more helpful than others depending on the type of stress faced and the individual's resources. For example, actively seeking information and planning can be very useful when one has control over the stressor, while seeking emotional support may be more helpful when the stressor is out of one's control. People may also use avoidant coping, such as ignoring the problem or distracting themselves, which might reduce stress temporarily but may not solve the issue in the long run. Over time, individuals learn to use different coping strategies based on what works for them and what does not. Learning and practicing healthy coping methods, such as staying connected with supportive people, developing good problem-solving skills, and managing emotions in healthy ways, can improve how a person handles stress. Support from family, friends, and community can also influence the choice and effectiveness of coping strategies because having others around can make stressful situations feel less threatening. Overall, coping strategies are important because they shape how people respond to both everyday challenges and major life stressors, and they include both ways of acting and ways of thinking that help maintain balance and reduce distress (Wechsler, 1995).

Coping strategies are not limited to a single response but include a wide range of behaviors and mental efforts that help a person manage stress either immediately or over time. Some coping strategies focus on dealing directly with the problem, such as trying to understand the situation better, working harder to improve performance, or asking a teacher, parent, or friend for help. Other strategies focus on managing emotions, such as talking about feelings, crying, calming oneself, or engaging in enjoyable activities to reduce tension. There are also coping strategies that involve avoidance, where the individual may try not

to think about the problem, distract themselves, or stay away from the stressful situation. Research discussed in the Journal of Clinical Child Psychology highlights that children use many different coping strategies depending on how they understand the stress they are facing and what options they believe are available to them. The study aimed to identify common coping responses in children and organize them into meaningful groups in order to better understand how young people manage stress. This approach helped show that coping is an active process and that children are not passive when faced with difficulties. Coping strategies are important because they influence emotional adjustment and overall well-being. Children who use coping strategies such as problem solving, seeking support, or expressing emotions appropriately are more likely to feel confident and emotionally balanced. These strategies can help reduce distress and promote a sense of control over challenging situations. On the other hand, relying too much on avoidance or denial may provide temporary relief but often does not resolve the problem, which can lead to continued stress or emotional difficulties. The research also suggests that no single coping strategy is always good or bad. The usefulness of a coping strategy depends on the situation and how often it is used. For example, trying to solve a problem can be helpful when the situation can be changed, while emotion-focused coping may be more useful when the situation is beyond one's control. Learning how and when to use different coping strategies is an important part of emotional development. Understanding coping strategies in children helps parents, teachers, and mental health professionals support healthier ways of dealing with stress. By encouraging effective coping, adults can help children build confidence, resilience, and better emotional skills that will support them throughout life. Identifying these coping patterns also allows early support for children who may rely on less helpful strategies. The study asserts that a child's long-term psychological health is determined less by the presence of hardship and more by the adaptive mechanisms used to navigate it, positioning these coping tools as the essential bridge between experiencing stress and achieving lasting emotional resilience (Curry and Russ, 1985).

1.3 YOUNG ADULTHOOD

Young adulthood is a stage of life that takes place roughly between the ages of 18 and 25 and is seen as a distinct period between the end of being a teenager and full adult life. The term "young adulthood" was first coined by Jeffrey Jensen Arnett to describe this unique developmental stage. In today's world, many young people spend more time in education, delay getting married, and delay starting a family compared with past generations, which has made this period longer and different from what it used to be. During this time, young people are exploring different possibilities in their lives and trying to figure out who they are and what they want to do with work, education, relationships, and where they live. Some young adults are in college or university, some have started working, and others are doing both at

the same time. Because of this mix of activities, life in young adulthood can feel unstable and uncertain, with changes in jobs, education, or relationships happening often. Young adulthood is not the same as adolescence because young adults have finished physical growth and are no longer in secondary school or under legal restrictions of minors. It is also not the same as the later years of adult life because many have not yet taken on long-term commitments like stable jobs, long-term romantic partnerships, or raising children. Instead, young adulthood is a time of trying out different roles and making choices that will shape the rest of adult life. These experiences help young adults learn how to make decisions for themselves, build skills, and gain independence. At the same time, this period can also include stress and mental health challenges because of pressures to succeed, financial responsibilities, uncertain futures, and the feeling of being caught between being a teenager and a full adult. For mental health providers and others who work with young people, it is important to understand that young adults are capable of directing their own lives and making independent choices, but they may also need support as they navigate changes and responsibilities. Recognizing young adulthood as its own stage helps in understanding the unique needs and strengths of people in this age group rather than treating them simply as older teenagers or younger adults. This stage of life has implications not only for mental health but also for social policies, education systems, and health services, because the kinds of challenges and transitions young adults face differ from those of adolescents or older adults. Viewing young adulthood as a distinct period allows society to better support people in their early years of independent life, helping them make successful transitions into stable and healthy adult roles, whether that is in education, work, family life, or community involvement (Arnett, Žukauskienė, and Sugimura, 2014).

Young adulthood represents a distinct and complex developmental phase marked by profound biological, psychological, and social changes. Individuals in this age group are often navigating major life transitions, including completing education, entering the workforce, forming intimate relationships, and achieving financial independence. These transitions require young adults to make long-term decisions that can shape their future trajectories, often in the absence of full emotional, financial, or social stability. The simultaneous presence of opportunity and uncertainty makes this period particularly demanding. While young adults experience increased autonomy and freedom compared to adolescence, they are also exposed to heightened stressors related to performance expectations, role transitions, and social comparisons. The increased autonomy characteristic of young adulthood brings both benefits and challenges. On one hand, greater independence allows individuals to explore personal interests, values, and life goals. On the other hand, this autonomy often comes with reduced external structure and guidance, requiring young adults to rely heavily on their own coping resources. Academic pressures, job insecurity, competitive work environments, financial strain, and evolving interpersonal relationships can all contribute to elevated stress levels. Without effective coping strategies, these stressors may

accumulate and negatively impact mental health, self-esteem, and overall life satisfaction. Young adults face distinct psychosocial stressors that differ from those experienced in adolescence or later adulthood, underscoring the need for adaptive coping responses to prevent long-term psychological difficulties. Coping strategies during young adulthood play a critical role in determining how individuals respond to stress. Adaptive coping methods, such as problem-solving, seeking social support, cognitive reappraisal, and emotion regulation, are associated with better psychological outcomes and resilience. In contrast, maladaptive coping strategies, including avoidance, denial, rumination, and substance use, may provide short-term relief but often exacerbate stress and contribute to mental health problems over time. Because coping styles are still developing during this stage, young adulthood represents a sensitive period in which individuals learn patterns of stress management that may persist into later life. Interventions that promote flexible and adaptive coping can therefore have lasting benefits for mental health and well-being (Milas et al., 2021).

In young adulthood, high levels of perceived stress have been consistently associated with a range of negative mental health outcomes, including anxiety, depression, emotional dysregulation, and engagement in maladaptive behaviors such as substance use or avoidance-based coping. This stage of life is often marked by significant transitions, including academic demands, career uncertainty, evolving relationships, and increasing independence, all of which can contribute to heightened stress levels. As a result, the way young adults interpret and respond to stress becomes critically important for their overall psychological well-being. The concept of perceived stress emphasizes that it is not only the presence of stressors that matters, but also how individuals evaluate and make sense of these experiences. This appraisal process plays a central role in determining whether a situation is viewed as a manageable challenge or as a threatening and overwhelming experience. When stress is perceived as unmanageable, individuals are more likely to experience psychological distress and engage in ineffective coping strategies, which may further intensify their difficulties. Therefore, understanding how young adults perceive stress and the coping mechanisms they employ is essential for promoting mental health and resilience. By examining these patterns, researchers and practitioners can identify risk factors as well as protective strategies that support adaptive functioning. Such insights are valuable for developing targeted interventions, preventive mental health programs, and support systems that are specifically tailored to the unique developmental needs of young adults (Acoba et al., 2024).

1.4 NEED AND SIGNIFICANCE OF THE STUDY

Young adulthood, typically spanning ages 18 to 25, is a crucial developmental phase marked by rapid psychosocial changes, increasing academic and personal responsibilities, and heightened exposure to stressors that make individuals more vulnerable to mental health concerns such as anxiety and

depression. In this context, perceived social support becomes a key protective factor, as it can shape how young adults evaluate stress and choose coping strategies. This study, therefore, examines how support from family, friends, and significant others influences the use of problem-focused, emotion-focused, and dysfunctional coping strategies, highlighting the unique cultural and social dynamics present in the Indian setting where support systems often play a central role in well-being. By exploring mediating psychological factors such as self-esteem and perceived stress, the research aims to provide insights that can guide clinicians, counsellors, and policymakers in developing culturally sensitive interventions that strengthen adaptive coping and resilience among young adults. Using a quantitative approach with standardized tools and including both male and female participants, the study ultimately seeks to enhance understanding of stress management patterns and contribute to more effective mental health promotion strategies for this age group.

1.5 THEORETICAL FRAMEWORK

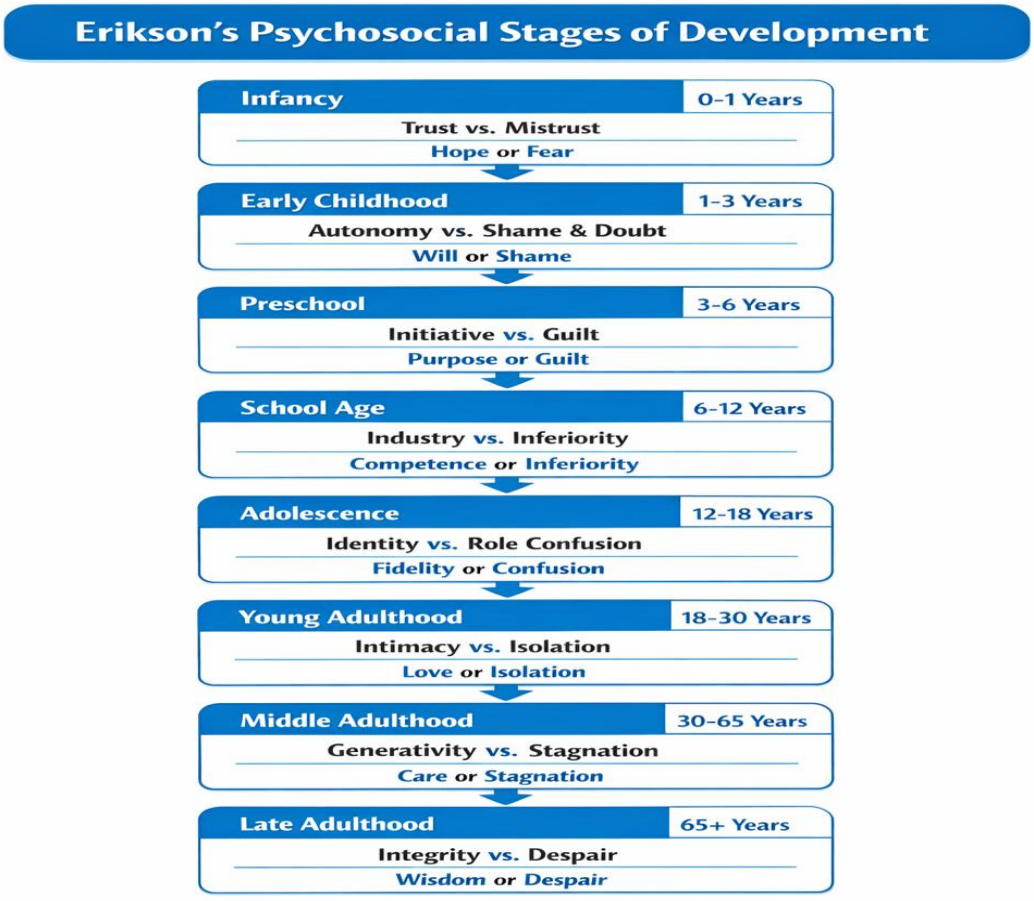


Figure 1.1: Erikson's psychosocial stages of human development.

The present study is based on Erik H. Erikson's Psychosocial Model of Development, proposed in 1950. This model explains human development across the lifespan by focusing on the interaction between a person's inner experiences and the social environment around them. Erikson believed that development happens through a series of stages, and at each stage, individuals face a key challenge that needs to be managed for healthy growth.

Erikson described eight stages of development, with each stage involving a psychosocial conflict. When these conflicts are handled well, individuals develop positive qualities such as trust, independence, confidence, identity, and the ability to form close relationships. When these conflicts are not resolved properly, difficulties may arise that affect emotional adjustment and coping later in life.

A main strength of the psychosocial model is its focus on the link between the individual and society. Erikson emphasized that development does not happen in isolation. Instead, it is

shaped by relationships and social experiences, especially support from family, friends, and others. This idea is important for understanding stress and coping, as it shows how both personal feelings and social support influence mental health.

Young adulthood is an important stage in Erikson's model. The main challenge during this stage is intimacy versus isolation, which relates to forming close and meaningful relationships. This stage depends strongly on the successful resolution of the earlier stage of identity versus role confusion, which occurs during adolescence. A clear sense of identity helps young adults feel confident, seek support, and cope better with stress. On the other hand, unresolved identity issues may increase confusion, stress, and poor coping.

In the context of this study, the psychosocial model helps explain the role of perceived social support in coping among young adults. Perceived social support refers to the belief that help, care, and understanding are available from others. When young adults feel supported by family, friends, or significant people in their lives, they are more likely to feel secure and valued.

Supportive relationships help young adults manage common challenges, including academic pressure, career decisions, and changes in personal relationships. When young adults feel supported, they are more likely to use positive coping strategies that promote emotional well-being and resilience. These strategies include:

1. **Trying to solve problems:** Feeling supported gives young adults confidence to actively face challenges rather than avoid them. They are more likely to identify solutions, plan steps, and take constructive action to overcome difficulties.
2. **Talking openly about feelings:** Supportive relationships provide a safe space for expressing emotions. Sharing worries, fears, or frustrations with trusted friends or family can reduce emotional burden and help individuals process their experiences more effectively.

3. **Seeking advice or reassurance when needed:** Young adults who perceive support are more comfortable asking for guidance or confirmation when making important decisions. This helps them gain perspective, reduce uncertainty, and make informed choices without feeling overwhelmed.

These coping methods support emotional well-being and healthy adjustment. In contrast, when young adults feel that support is lacking, they may experience loneliness, self-doubt, and emotional stress. Without support, stress may feel harder to manage, and young adults may avoid problems or withdraw from others. Such coping patterns can increase emotional difficulties over time.

The psychosocial model explains that the way young adults cope with stress is influenced by both their past experiences and their present social environment. Those who grew up with stable care, encouragement, and understanding often develop confidence and trust, which helps them face stress in healthier ways. These early experiences shape how individuals see themselves and others, and this directly affects how they respond to pressure and challenges later in life. At the same time, Erikson emphasized that development does not stop after childhood or adolescence. Even if a person faced neglect, conflict, or lack of support earlier in life, positive and supportive relationships during young adulthood can still make a difference. Friends, family members, teachers, or partners can help rebuild confidence, provide emotional safety, and guide young adults toward better ways of handling stress. Overall, Erikson's Psychosocial Model offers a helpful way to understand how young adults experience stress and learn to cope with it. The model explains that social relationships play a major role in building emotional security, which affects how individuals deal with difficult situations. During young adulthood, supportive relationships help individuals feel accepted, valued, and understood, which strengthens their ability to face stress. In this study, perceived social support is seen as an important factor in shaping stress responses. When young adults believe they have people they can rely on for care, guidance, and help, they are more likely to manage stress in healthy and positive ways. This support helps them stay emotionally balanced and confident while facing challenges.

The present study seeks to fill important gaps in existing research. Limited attention has been given to the association between different sources of perceived social support and various coping strategies among young adults. Much of the available literature focuses on adolescents or combines age groups, which restricts insight into age specific coping patterns. Furthermore, there is insufficient clarity regarding how social support influences coping choices. This correlational study explores the relationship between perceived social support and coping strategies in young adults, offering implications for both theory and mental health practice.

1.6 STATEMENT OF THE PROBLEM

Young adulthood, spanning approximately the ages of 18 to 25 years, is a developmentally significant period marked by considerable psychological, academic, and social demands. During this stage, individuals navigate major life transitions such as higher education, career entry, identity formation, and the development of intimate relationships. These simultaneous pressures expose young adults to elevated and often chronic levels of stress, making the availability and utilization of effective coping strategies a matter of critical importance for their mental health and overall well-being.

Perceived social support, defined as an individual's subjective belief that help, care, and understanding are accessible from significant others such as family, friends, and intimate partners, has been widely recognized as a key psychological resource that enables adaptive coping. Theoretical frameworks such as Cohen and Wills' (1985) Stress-Buffering Model propose that perceived social support protects mental health by equipping individuals with the emotional, informational, and practical resources necessary to manage stress effectively. Despite the theoretical importance of this relationship, empirical evidence examining how perceived social support specifically influences the range and type of coping strategies employed by young adults in the Indian context remains limited.

Furthermore, gender is known to be a meaningful moderating variable in both the perception of social support and the selection of coping strategies, yet gender-comparative studies among young adults in Jammu remain sparse. Most existing research either focuses on adolescent populations or merges them with young adults, obscuring the developmental specificity of this life stage. There is also a lack of studies that simultaneously examine perceived social support across multiple sources, namely family, friends, and significant others, in relation to distinct categories of coping behavior including problem-focused, emotion-focused, and dysfunctional coping strategies.

The present study therefore seeks to investigate the relationship between perceived social support and stress coping strategies among young adults aged 18 to 25 years in Jammu, and to examine whether gender-based differences exist in either of these constructs. By addressing these gaps, the study aims to contribute empirical evidence that can inform culturally relevant mental health interventions for young adults in this region.

1.7 OPERATIONAL DEFINITIONS

Perceived Social Support: In the present study, perceived social support refers to the individual's subjective perception of the availability, adequacy, and reliability of support from three distinct sources: family, friends, and a significant other. It is operationally defined as the total score obtained by a participant on the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet, Dahlem, Zimet, and Farley (1988). Higher scores on the MSPSS indicate a greater perception of

available social support. The MSPSS is a 12-item self-report instrument rated on a seven-point Likert scale ranging from 1 (Very Strongly Disagree) to 7 (Very Strongly Agree).

Stress Coping Strategies: In the present study, stress coping strategies refer to the cognitive, emotional, and behavioral efforts employed by an individual to manage internal and external demands perceived as stressful or overwhelming. Coping strategies are operationally defined as the total score obtained on the Brief COPE Inventory developed by Carver (1997). The Brief COPE is a 28-item self-report measure rated on a four-point scale ranging from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot), assessing a broad range of coping responses including active coping, emotional support seeking, denial, substance use, self-blame, acceptance, and behavioral disengagement, among others. Higher scores reflect greater overall use of coping strategies.

Young Adults: For the purpose of this study, young adults are operationally defined as individuals between the ages of 18 and 25 years, consistent with Arnett's (2006) conceptualization of emerging adulthood as a distinct developmental stage characterized by identity exploration, instability, and the transition from adolescence to full adult responsibilities.

Gender: In the present study, gender is operationally defined as the self-reported biological sex of the participant, categorized as male or female, as indicated on the demographic section of the questionnaire.

1.8 OBJECTIVES OF THE STUDY

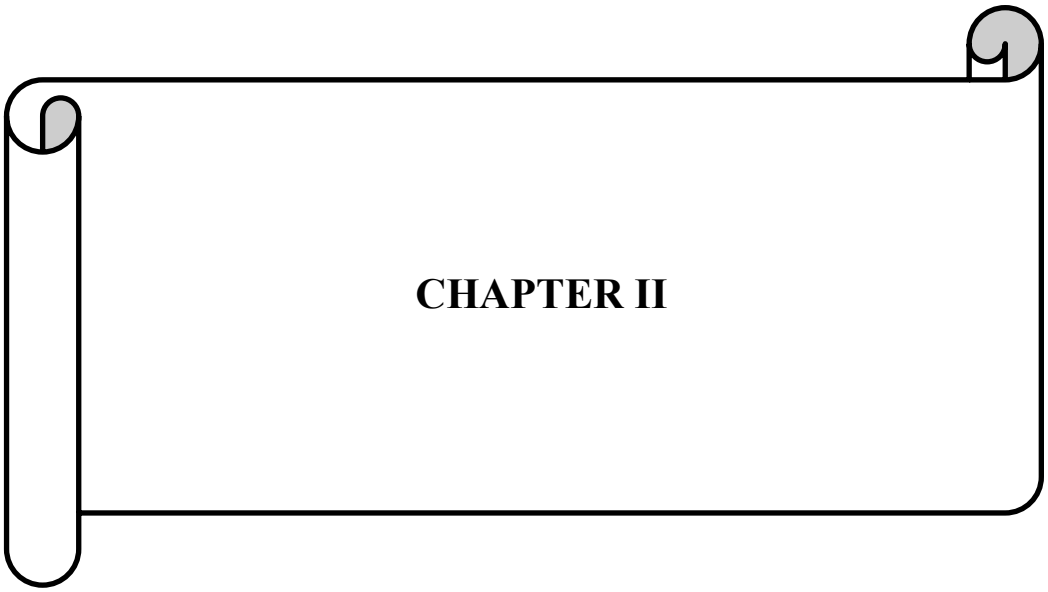
1. To examine the relationship between perceived social support and stress coping strategies among young adults.
2. To investigate the difference between male and female on perceived social support among young adults.
3. To explore the difference between male and female on stress coping strategies among young adults.

1.9 HYPOTHESIS OF THE STUDY

1. (Ho_1): There is no significant relationship between perceived social support and the use of stress coping strategies among young adults.
2. (Ho_2): There is no significant difference between male and female in perceived social support among young adults.
3. (Ho_3): There is no significant difference between male and female in stress coping strategies among young adults.

1.10 DELIMITATIONS OF THE STUDY

1. The sample size is limited to 150 participants.
2. Only individuals from Jammu were included.
3. The study focused solely on young adults aged 18 to 25.



CHAPTER II

CHAPTER II

REVIEW OF LITERATURE

2.1 INTRODUCTION



Figure 2.2: Literature Review

A literature review is a detailed overview of previous research conducted on a specific topic. It involves studying academic books, journals, and other relevant sources related to the chosen area of study. The review presents a summary, description, critical evaluation, and unbiased explanation of existing research. Its main purpose is to identify what is already known, determine whether the topic has been sufficiently studied, and prevent repetition of earlier work.

2.2 STUDIES ON PERCEIVED SOCIAL SUPPORT AMONG YOUNG ADULTS

Bourne and Keane (2025) studied "The Psychology of Social Media Use: Implications for Self-Esteem, Anxiety, Depression, and Perceived Social Support in Young Adults" to examine relationships among social media use, psychological well-being, and perceived social support. The study included a sample of 500 young adults aged 18 to 35 years from diverse backgrounds. A cross-sectional quantitative research design was used. Data were collected through self-report questionnaires, including the Social Media Use Questionnaire, Rosenberg Self-Esteem Scale, Patient Health Questionnaire-9, Generalized Anxiety Disorder-7, and Perceived Social Support Scale. Statistical techniques involved descriptive

statistics, Pearson correlations, and multiple regression analyses to explore associations among social media use, self-esteem, anxiety, depression, and perceived social support.

Jomon et al. (2025) studied "Relationship between Inter-Parental Conflict, Social Support, and Resilience Among Young Adults" to examine associations among inter-parental conflict, social support, and resilience. The study included a sample of 206 young adults selected through purposive sampling. A quantitative research design was adopted. Data were collected using the Children's Perception of Interparental Conflict Scale, the Multidimensional Scale of Perceived Social Support, and the Resilience Scale. Participants included males and females aged 18 to 25 years with varied educational levels. Statistical techniques included correlation analysis and tests for group differences to explore the relationships among inter-parental conflict, social support, and resilience outcomes.

Hamid, Khan, Hamid, Gul, and Niaz (2025) studied "Social Support, Loneliness and Emotion Regulation among Young Adolescents Living in Hostels" to examine relationships among social support, loneliness, and emotion regulation in adolescents. The study included a sample of 100 adolescents living in hostels, selected through purposive sampling. A correlational research design was used. Data were collected using the Multidimensional Scale of Perceived Social Support, UCLA Loneliness Scale, and the Emotion Regulation Questionnaire. Participants included 15 girls and 75 boys residing in hostels. Statistical techniques involved Pearson correlation, simple linear regression, and independent-sample t-tests to explore relationships among social support, loneliness, and emotion regulation, highlighting gender differences and the predictive role of social support in adolescent adjustment.

Chen (2025) studied "Impact Of Family And Social Support In Enhancing The Psychological Well-Being Of Young Adults In China" to examine how social support and family support relate to the quality of life and psychological well-being of young adults in China. A quantitative cross-sectional design was used, including young adults from China and considering demographic factors such as living conditions, family relationships, and social interactions within the Chinese cultural context. Statistical analyses examined the relationships between family support, social support, and well-being. Results showed that both family and social support played a significant role in promoting resilience, emotional stability, and life satisfaction among young adults.

Acoba et al. (2024) studied "Social Support And Mental Health: The Mediating Role Of Perceived Stress" to examine the relationship between social support, perceived stress, and mental health among young adults. Using a quantitative cross-sectional design, the study included participants aged 18 to 25 years from diverse backgrounds. Demographic variables included age and sources of support, such as family and significant others. Data were analyzed using mediation analysis to explore how perceived

stress explained the link between social support and mental health outcomes. Results indicated that higher social support reduced perceived stress, which in turn lowered anxiety and depressive symptoms.

Xie et al. (2024) studied "How Social Support And Resilience Impact Mental Health: The Moderating Role Of Time In Isolation During The COVID-19 Pandemic" to examine how social support and resilience influence mental health, considering the moderating role of time spent in isolation during the COVID-19 pandemic. The study employed a cross-sectional survey design, collecting data from 1,024 adults aged 18–65 years across China. Participants completed self-report measures assessing perceived social support, resilience, and mental health outcomes. Moderation analyses showed that higher social support and resilience were linked to better mental health, with effects varying by isolation duration.

Gan et al. (2020) studied "Perceived Social Support And Life Satisfaction Of Malaysian Chinese Young Adults: The Mediating Effect Of Loneliness" to examine how social support influences life satisfaction through loneliness. Using a quantitative cross-sectional correlational design, the study included 275 Malaysian Chinese young adults (age 18 to 24 years), both males and females. Standardized self-report questionnaires measured perceived social support, loneliness, and life satisfaction. Data were analyzed using correlation and mediation analyses with regression-based methods. Results indicated that higher perceived social support reduced loneliness, which in turn enhanced life satisfaction, highlighting the indirect role of social support in young adults' well-being.

Breuer et al. (2017) studied "How Do Young Adults With Cancer Perceive Social Support?" to explore perceptions of social support among young adults with cancer. The study included a sample of 18 young adult cancer patients selected through purposive sampling. Participants were adolescents and young adults undergoing cancer treatment. A qualitative research design was used. Data were collected through in-depth semi-structured interviews. Demographic details reflected young adults receiving support from family, friends, or partners. Qualitative content analysis was applied, with inter-rater reliability reported as 0.87, to identify themes related to emotional, instrumental, informational, and non-helpful social support experiences within psychosocial oncology care settings.

Dawson and Pooley (2013) studied "Resilience: The Role Of Optimism, Perceived Parental Autonomy Support And Perceived Social Support In First Year University Students" to examine predictors of resilience among first-year university students in Australia. The study used a two-stage quantitative approach with samples of 95 participants in Stage One and 103 participants in Stage Two, recruited from a university student population. A correlational research design was employed using survey measures of optimism, perceived parental autonomy support, perceived social support, and resilience. Participants were first-year undergraduate students. Data were analyzed using multiple regression techniques to explore the predictive relationships among the variables.

Kong, Zhao, and You (2012) studied “Social Support Mediates The Impact Of Emotional Intelligence On Mental Distress And Life Satisfaction In Chinese Young Adults” to examine the mediating role of social support between emotional intelligence, mental distress, and life satisfaction. The study included a sample of 678 Chinese young adults aged 18 to 35 years. A quantitative cross-sectional research design was used. Data were collected using the Wong Law Emotional Intelligence Scale, the Multi-Dimensional Scale of Perceived Social Support, the Satisfaction with Life Scale, and the General Health Questionnaire. Statistical techniques included path analysis and multi-group analysis to explore gender-specific differences in social support acquisition and its impact on mental health and life satisfaction.

Taylor (2011) studied “Social Support: A Review” to examine theoretical frameworks and empirical evidence on the role of social support in health outcomes. The study employed a qualitative review method using a narrative design, synthesizing findings from multiple empirical studies. The review included diverse adult populations across various contexts, though no specific sample size was used due to its secondary research nature. Taylor discussed demographic variations, including age and gender, in social support experiences and primarily summarized descriptive and integrative statistics reported in the original studies.

Whitney (2010) studied “Social Supports Among College Students And Measures Of Alcohol Use, Perceived Stress, Satisfaction With Life, Emotional Intelligence, And Coping” to examine the role of social support in relation to alcohol use, perceived stress, life satisfaction, emotional intelligence, and coping. The study employed a quantitative cross-sectional survey design. A total of 252 undergraduate students aged 18–24, including both males and females from various disciplines, participated. Standardized self-report questionnaires assessed all variables. Data were analyzed using correlational and regression techniques to explore relationships between social support and psychological and behavioral outcomes.

Ozbay et al. (2008) studied “Social Support And Resilience To Stress Across The Life Span: A Neurobiologic Framework” to examine how social support influences resilience to stress. The study employed a literature review method with a narrative design, synthesizing existing neurobiological and psychological research. No primary sample was involved, but findings across diverse age groups spanning childhood to older adulthood were analyzed. The review focused on gender, age, and social context differences in stress response, drawing on statistical techniques from cited studies, including correlation and regression analyses, to link social support with resilience outcomes.

Bovier et al. (2004) studied “Perceived Stress, Internal Resources, And Social Support As Determinants Of Mental Health Among Young Adults” to examine how stress, personal resources, and social support influence mental health. The study employed a cross-sectional survey design, collecting data from 1,626 young adults aged 18–25 years. Standardized self-report questionnaires assessed perceived stress, coping

resources, social support, and mental health outcomes. Multiple regression analyses were used to determine the relative contribution of each factor. Findings highlighted that higher perceived stress was linked to poorer mental health, whereas strong internal resources and social support served as protective factors.

2.3 STUDIES ON COPING STRATEGIES AND STRESS AMONG YOUNG ADULTS

Çifçioğlu et al. (2025) studied the relationship between psychological resilience and stress-coping strategies in 223 young adults (146 women, 77 men) using a cross-sectional survey design in the study "Psychological Resilience and Stress Coping Strategies in Young Adults" conducted in Turkey (ages 18–37). Data were collected via standardized self-report instruments: a socio-demographic form, the Psychological Resilience Scale, and the Stress Coping Strategies Scale. Demographics included gender, age, and educational level. Correlational and comparative statistical techniques (e.g., comparative analyses and correlation tests) were applied to examine associations and differences in resilience and coping across groups.

Complementing this, Pimenta et al. (2024) studied "Young People's Coping Strategies When Dealing With Their Own And A Friend's Symptoms Of Poor Mental Health: A Qualitative Study" to explore coping strategies among adolescents and young adults. The study used a qualitative method with semi-structured interviews and a thematic analysis design. Forty participants aged 18–24 years, balanced across gender, were recruited from community and educational settings. Data were analyzed using thematic analysis, highlighting adaptive and maladaptive coping strategies. Findings emphasized the role of social support, emotional regulation, and avoidance in managing personal and peer mental health challenges.

Hong et al. (2018) studied "Childhood Maltreatment And Perceived Stress In Young Adults: The Role Of Emotion Regulation Strategies, Self-Efficacy, And Resilience" to examine the relationship between childhood maltreatment and perceived stress in young adults. The study included a sample of 267 college-going young adults (age 18 to 24 years). A quantitative cross-sectional research design was used. Data were collected using self-report questionnaires assessing childhood maltreatment, emotion regulation strategies, emotion regulation self-efficacy, resilience, and perceived stress. Participants included males and females with a mean age of approximately 19 years from diverse ethnic backgrounds. Statistical techniques included mediation analysis, gender-specific analyses, and correlational analyses to examine complex psychosocial relationships in young adulthood.

Martínez et al. (2016) studied "Subjective Memory Complaints, Perceived Stress And Coping Strategies In Young Adults" to examine the contribution of perceived stress and coping strategies on subjective

memory complaints in healthy young adults. The study included a sample of 299 university students, of whom 71.6% were women, with a mean age of 22.54 years. A quantitative research design was used. Memory complaints were measured with the Memory Failures Questionnaire, perceived stress with the Perceived Stress Scale, and coping strategies with the Coping Strategies Inventory. Results indicated that perceived stress and positive problem-focused coping strategies contributed most to memory complaints, while negative emotion- and problem-focused coping also had an effect. Positive emotion-focused coping did not contribute. Findings highlight the influence of stress on memory and the potential benefit of problem-focused coping strategies.

Mansouri et al. (2015) studied "Cigarette Smoking and Coping Strategies with Stress in Young Adults of Larestan" to examine relationships between smoking behavior, coping strategies, and stress among young adults. The study included a sample of 348 male smokers aged 20 to 40 years from Lar city, Iran. A descriptive-analytical research design was used. Data were collected using the Farsi version of the Ways of Coping Questionnaire (WCQ). Participants had varying educational levels, ranging from illiterate to middle school education. Statistical techniques included ANOVA, independent and paired t-tests, Kruskal-Wallis, chi-square, and Pearson correlation, highlighting the predominance of emotion-focused coping among smokers.

Sagone and De Caroli (2014) studied "A Correlational Study On Dispositional Resilience, Psychological Well-Being, And Coping Strategies In University Students" to examine the relationships between resilience, well-being, and coping. The study employed a quantitative survey method with a cross-sectional design. A total of 202 Italian university students aged 19–25 years participated. Standardized questionnaires assessed dispositional resilience, psychological well-being, and coping strategies. Data were analyzed using Pearson correlation coefficients and multiple regression analyses to explore associations among variables and identify predictors of psychological well-being and adaptive coping strategies.

Mahmoud, Staten, Hall, and Lennie (2012) studied "The Relationship among Young Adult College Students' Depression, Anxiety, Stress, Demographics, Life Satisfaction, and Coping Styles" to examine the predictive effects of coping styles, life satisfaction, and demographics on depression, anxiety, and stress. The study included a sample of 508 full-time undergraduate students aged 18 to 24 years. A quantitative cross-sectional research design was used. Data were collected using the Brief COPE Inventory, an adapted Brief Students' Multidimensional Life Satisfaction Scale, the Depression Anxiety and Stress Scale-21 (DASS-21), and a demographics questionnaire. Multiple regression analyses were conducted, highlighting maladaptive coping as the primary predictor of psychological distress.

Miedema, Hamilton, and Easley (2007) studied "From 'Invincibility' To 'Normalcy': Coping Strategies Of Young Adults During The Cancer Journey" to explore coping strategies among young adults

diagnosed with cancer. The study included a sample of 15 young adults at various stages of illness and treatment. A qualitative research design using Grounded Theory was employed. Data were collected through in-depth interviews examining experiences and coping strategies during the cancer journey. Data analysis focused on identifying patterns of coping strategies, and qualitative content analysis was used to develop a model illustrating the complexities and bidirectional nature of coping during cancer.

2.4 STUDIES ON THE INFLUENCE OF PERCEIVED SOCIAL SUPPORT ON STRESS COPING STRATEGIES AMONG YOUNG ADULTS

Hameed et al. (2024) studied "Navigating Psychotrauma: The Role of Perceived Social Support in Coping Strategies Among Young Adults" to examine the role of perceived social support in coping strategies among young adults experiencing psychotrauma. The study included a sample of 352 young adults recruited through convenience sampling from universities in Islamabad, Pakistan and Jalalabad, Afghanistan. A quantitative cross-sectional survey research design was used with standardized self-report instruments. Demographic variables included age, gender, education level, parental education and occupation, income, and trauma experience. Data were analyzed using inferential statistics, including correlation and regression analyses, to examine relationships among psychotrauma, perceived social support, and coping strategies.

Cao et al. (2024) studied "Impact Of Social Support On The Resilience Of Youth: Mediating Effects Of Coping Styles" to examine the role of social support in shaping coping and resilience among young people. The study used a mixed-methods approach with a cross-sectional design. Participants were youth aged 18–24 years. Data were analyzed using statistical mediation analysis to examine the effects of coping styles, along with qualitative analysis to understand contextual factors such as family norms, cultural values, and personality traits.

Rathakrishnan et al. (2022) studied "Perceived Social Support, Coping Strategies and Psychological Distress among University Students during the COVID-19 Pandemic: An Exploration Study for Social Sustainability in Sabah, Malaysia" to examine the relationships between social support, coping strategies, and psychological distress among university students. The sample comprised 385 active university students aged 20–23 (young adults) from a public university in Sabah, Malaysia, recruited online. A cross-sectional survey design was used, gathering data via an online questionnaire including DASS-21, Brief COPE, and MSPSS measures. Demographics focused on university students without clinical disabilities. Analyses involved descriptive statistics and Pearson correlation to examine relationships between social support, coping, and distress.

Vasquez et al. (2022) studied "Examining Academic Self-Efficacy And Perceived Social Support As Predictors For Coping With Stress In Peruvian University Students" to examine how academic self-

efficacy and perceived social support predict coping with stress among university students. The study employed a quantitative approach with a cross-sectional design. A total of 385 Peruvian university students participated, aged between 18 and 25 years, including both male and female students. Standardized questionnaires were used to measure academic self-efficacy, perceived social support, and coping with stress. Data were analyzed using multiple regression and correlation techniques to determine the predictive relationships between self-efficacy, social support, and coping strategies among the participants.

Huang et al. (2021) studied the impacts of coping style and perceived social support on undergraduate students' mental health during the early phases of the COVID-19 pandemic in China. The study employed a cross-sectional survey design using self-report questionnaires. A total of 11,787 students, aged between 18 and 25 years, from multiple universities participated, with demographics spanning gender, age, and academic year. Data were analyzed using descriptive statistics, correlation analyses, and multiple regression to explore relationships between coping strategies, social support, and mental health outcomes. The findings highlighted the protective role of adaptive coping and strong social support in mitigating psychological distress.

Vungkhanching et al. (2016) studied "Psychological Distress, Coping, And Perceived Social Support In Social Work Students" to examine the relationships between psychological distress, coping strategies, and perceived social support. The study employed a quantitative survey method with a cross-sectional design. A total of 200 social work students participated, including both undergraduate and postgraduate students aged 20–25 years. Data were collected using standardized self-report questionnaires assessing distress, coping, and social support. Correlation and multiple regression analyses were used to identify predictors of psychological distress in this student population.

Tremolada and Bonichini (2016) studied "Coping Strategies and Perceived Support in Adolescents and Young Adults: Predictive Model of Self-Reported Cognitive and Mood Problems" to examine the relationship between coping strategies, perceived social support, and self-reported cognitive and mood problems in adolescents and young adults. The study included 517 participants aged 18 to 25 years, recruited from secondary schools, association groups, and universities in the Veneto region of Italy. Using a cross-sectional predictive correlational design, participants completed self-report questionnaires. Data were analyzed using Structural Equation Modeling (SEM) in LISREL, showing good model fit and explaining 26% of variance in outcomes.

Tandon et al. (2013) studied "Coping, Stress, And Social Support Associations With Internalizing And Externalizing Behavior Among Urban Adolescents And Young Adults: Revelations From A Cluster Analysis" to examine the relationships among coping, stress, and social support with internalizing and externalizing behaviors. The study employed a cross-sectional survey method with a quantitative

correlational design. A total of 1,250 participants aged 18–24 years from urban communities with diverse demographic backgrounds were included. Cluster analysis was used to identify patterns of coping and social support and their association with behavioral outcomes.

Arulrajah et al. (2000) studied "Relationship Of Psychological Well-Being With Perceived Stress, Coping Styles, And Social Support Amongst University Undergraduates" to examine how psychological well-being relates to stress, coping styles, and social support. The study used a quantitative correlational design. A total of 120 undergraduate students aged 18–24 years, including both genders, participated. Standardized questionnaires assessed perceived stress, coping strategies, social support, and well-being. Data were analyzed using Pearson correlation coefficients and multiple regression analyses to explore the strength and direction of relationships between the variables.

However, key gaps remain. Few studies have explored how multidimensional perceived support (family, friends, significant others) relates to distinct coping types (problem-focused, emotion-focused, avoidance-based) in young adults. Most existing work either targets adolescents or merges them with young adults, obscuring developmental differences. Moreover, the mechanisms through which social support shapes coping choices through self-efficacy, perceived control, or resilience are still unclear.

This correlational study addresses these gaps by examining how specific dimensions of perceived social support influence coping strategy preferences among young adults, contributing to both theoretical understanding and practical applications in mental health promotion.

2.5 RESEARCH GAP

1. Limited research has focused specifically on young adults aged 18–25 years, despite this being a critical developmental stage associated with high stress and major life transitions.
2. Most previous studies have examined perceived social support and coping strategies separately rather than studying the relationship between the two variables together.
3. There is limited research available in the Indian context, particularly in Jammu, regarding perceived social support and stress coping strategies among young adults.
4. Existing international studies are largely based on Western populations, which limits the cultural applicability of findings to Indian young adults.
5. Very few studies have simultaneously examined gender differences in both perceived social support and stress coping strategies within the same study.
6. Previous research has mainly focused on mental health outcomes such as anxiety, depression, resilience, and life satisfaction, while comparatively less attention has been given to coping strategies among young adults.

7. There is insufficient clarity regarding how perceived social support from family, friends, and significant others influences the coping responses used by young adults.
8. Limited studies have explored whether higher perceived social support contributes to healthier and more adaptive coping strategies among male and female young adults.
9. Therefore, the present study attempts to fill these gaps by examining the relationship between perceived social support and stress coping strategies among young adults in Jammu while also exploring gender differences in both variables.

CHAPTER III

CHAPTER III

RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

The present study followed a quantitative research design to examine the relationship between perceived social support and stress coping strategies among young adults. A correlational design was used to assess the degree and direction of association between the variables without manipulating them. Quantitative methods allowed systematic measurement of perceived social support and coping strategies through standardized tools, enabling objective data collection and statistical analysis. This approach was appropriate as the study aimed to identify patterns and relationships rather than establish causality, ensuring reliability, precision, and generalizability of findings.

3.2 SAMPLING TECHNIQUE

In the present study, the investigator employed the Simple Random Sampling Technique for data collection to ensure that every individual in the target population had an equal and independent chance of being selected. This sampling method helped reduce selection bias and enhanced the representativeness of the sample. Participants were selected without any predefined order or preference, allowing the sample to reflect diverse characteristics of young adults. The use of simple random sampling strengthened the validity and generalizability of the findings, as the results could be more confidently applied to the wider population of young adults.

3.3 SAMPLE

Both male and female participants aged 18 to 25 years were randomly selected for the present study, as this age range represents the developmental stage of young adulthood. Inclusion of participants from both genders ensured a balanced and inclusive sample, allowing for broader representation and minimizing gender bias. A total sample size of 150 young adults (N = 150) was considered adequate for conducting correlational analysis, as it provides sufficient statistical power to detect meaningful relationships between perceived social support and coping strategies. This sample size also enhances the reliability and generalizability of the findings.

3.4 INCLUSION CRITERION

1. Young adults aged 18 to 25 years.

2. Individuals who can read and understand English, as the MSPSS and Brief COPE inventories are administered in English.
3. Participants who provide informed consent to take part in the study.

3.5 EXCLUSION CRITERION

1. Participants who are unable to access or complete the online survey format due to technological limitations.
2. Participants who did not consent or those who failed to complete the questionnaires were excluded from the study.
3. Individuals not fluent in English to avoid comprehension bias in responses.

3.6 PSYCHOLOGICAL RESEARCH TOOLS AND DESCRIPTION

3.6.1. Multidimensional Scale of Perceived Social Support (MSPSS):

The Multidimensional Scale of Perceived Social Support (MSPSS), developed by Gregory D. Zimet, Nancy W. Dahlem, Sara G. Zimet, and Gordon K. Farley in 1988, is a widely used 12-item self-report measure designed to assess an individual's perceived adequacy of social support from three sources including family, friends, and significant others. The scale uses a 7-point Likert format ranging from very strongly disagree to very strongly agree, with higher scores indicating greater perceived social support. The MSPSS has demonstrated excellent reliability, with high internal consistency across studies, typically reporting Cronbach's alpha values above 0.85 for the total scale and strong reliability for each subscale. Its validity is well established, with factor analytic studies consistently confirming the original three-factor structure, supporting strong construct validity. The scale has also shown good convergent and concurrent validity through meaningful associations with mental health outcomes such as stress, anxiety, depression, and well-being. Importantly, the MSPSS has been adapted and validated in diverse cultural contexts, including Indian populations, where it has retained strong psychometric properties, making it a reliable, valid, and culturally appropriate tool for assessing perceived social support among young adults.

3.6.2. Brief COPE Inventory:

The Brief COPE Inventory, developed by Charles S. Carver in 1997, is a widely used 28-item self-report measure designed to assess a broad range of coping strategies, including active coping, emotional and instrumental support, denial, substance use, and behavioral disengagement, rated on a 4-point Likert scale. The scale demonstrates good content and construct validity, as its subscales are theoretically

grounded in established coping frameworks and have been supported through factor analytic studies across diverse populations. The reliability of the Brief COPE has also been well established, with most subscales showing acceptable internal consistency coefficients, particularly when grouped into broader coping dimensions. Although some subscales show slightly lower reliability due to their brevity, the overall instrument is considered psychometrically sound. Its consistent performance across cultures, including Indian samples, supports its suitability for assessing coping strategies among young adults in research settings.

3.7 STATISTICAL ANALYSIS

Pearson's correlation analysis was employed to examine the strength and direction of the relationship between perceived social support and various types of coping strategies among young adults. This statistical technique is appropriate for assessing linear relationships between continuous variables and provides a clear indication of whether increases or decreases in perceived social support are associated with corresponding changes in coping patterns. Through this analysis, the study was able to identify the extent to which perceived social support is related to the use of problem-focused, emotion-focused, and dysfunctional coping strategies. The results helped clarify whether higher levels of perceived support are associated with more adaptive coping methods and reduced reliance on maladaptive coping approaches, thereby addressing the core objectives of the study.

CHAPTER IV

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

The present chapter deals with the analysis and interpretation of data collected from 150 young adults (aged 18 to 25 years) regarding their perceived social support and stress coping strategies. The data were analyzed using descriptive statistics, Pearson's product-moment correlation analysis, and independent samples t-test. The results are presented in tabular form with corresponding figures and interpretations.

4.1 DESCRIPTIVE STATISTICS

Table 4.1: Gender-wise Distribution of the Sample

Category	Frequency	Percent
Female	75	50%
Male	75	50%
Total (N)	150	100%

Note. The sample consists of 150 young adults within the age range of 18 to 25 years, representing the developmental stage of early adulthood. This age group was selected as it is often characterized by significant psychological, social, and academic transitions, making it particularly relevant for the study. The sample is evenly distributed in terms of gender, with female participants comprising 50% of the total sample and male participants also comprising 50%. This balanced representation ensures that the findings are not biased toward a particular gender and allows for a more comprehensive understanding of the variables under study across both groups.

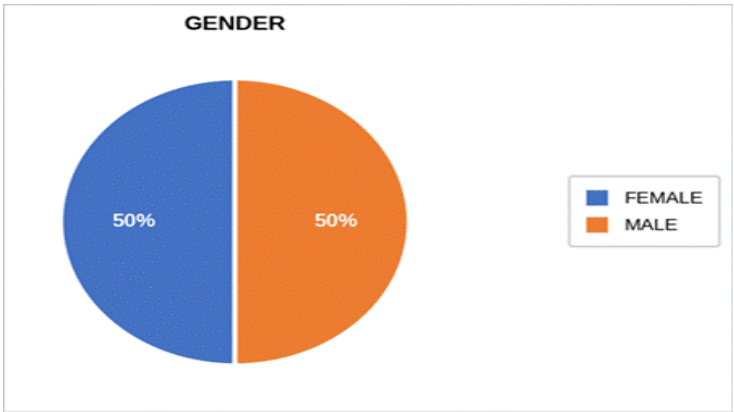


Figure 4.1: Gender-wise Distribution of the Sample

4.1.1. Interpretation of Table 1 and Figure 1 (Pie Chart):

Table 4.1 presents the gender-wise distribution of the sample. Out of a total of 150 participants, 75 were female young adults, constituting 50% of the sample, and 75 were male young adults, constituting 50% of the sample. The pie chart (Figure 4.1) visually represents this distribution, with both segments equally divided, reflecting a perfectly balanced gender composition. The sample is equally distributed across both genders, which ensures that gender-based comparisons in the subsequent analyses are meaningful, unbiased, and representative of the young adult population.

Table 4.2: Mean Scores by Gender (Perceived Social Support Scale — MSPSS)

Scale	Gender	N	Mean	Std. Deviation
Perceived Social Support Scale (MSPSS)	Female	75	66.05	13.39
	Male	75	70.32	18.18

Note. Mean and standard deviation scores on the Multidimensional Scale of Perceived Social Support (MSPSS) are reported for female (n = 75) and male (n = 75) young adults separately. Higher scores indicate greater perceived social support.

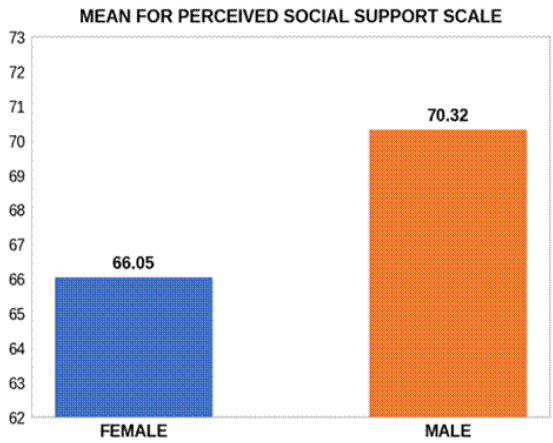


Figure 4.2: Mean Scores on Perceived Social Support Scale by Gender

Table 4.3: Mean Scores by Gender (Stress Coping Strategies — Brief COPE)

Scale	Gender	N	Mean	Std. Deviation
Brief COPE Inventory	Female	75	61.43	11.77
	Male	75	47.83	20.76

Note. Mean and standard deviation scores on the Brief COPE Inventory are reported for female (n = 75) and male (n = 75) young adults separately. Higher scores indicate greater use of coping strategies.

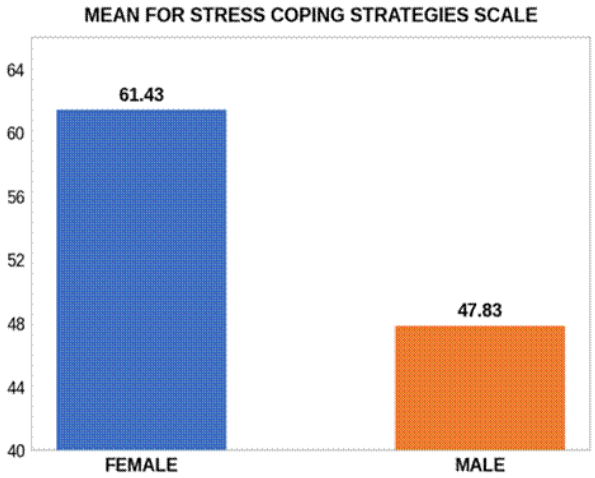


Figure 4.3: Mean Scores on Stress Coping Strategies Scale by Gender

4.1.2. Interpretation of Tables 2 and 3 (Bar Graphs — Descriptive Statistics):

Table 4.2 presents the mean scores and standard deviations of male and female young adults on the Multidimensional Scale of Perceived Social Support (MSPSS). Male young adults obtained a slightly higher mean score of 70.32 (SD = 18.18) compared to female young adults, who obtained a mean score of 66.05 (SD = 13.39). The bar graph (Figure 4.2) clearly illustrates this comparison, with the male bar standing marginally taller than the female bar. This suggests that male participants in the present sample reported slightly higher levels of perceived social support from family, friends, and significant others. However, the difference between the two means is relatively modest (4.27 points), suggesting that both groups experience broadly comparable levels of perceived social support.

Table 4.3 presents the mean scores and standard deviations of male and female young adults on the Brief COPE Inventory. Female young adults obtained a notably higher mean score of 61.43 (SD = 11.77) compared to male young adults, who obtained a mean score of 47.83 (SD = 20.76). The bar graph (Figure 4.3) visually highlights this difference, with the female bar standing considerably taller than the male bar. This suggests that female young adults in the present sample more actively deploy a variety of coping responses when dealing with stress. Whether this difference is statistically meaningful is examined through the t-test presented later in this chapter.

4.2 CORRELATION ANALYSIS

Table 4.4: Descriptive Statistics and Pearson Correlation for Perceived Social Support and Stress Coping Strategies

Variables	N	M	SD	1	2
Perceived Social Support	150	68.19	16.06	—	
Stress Coping Strategies	150	54.63	18.15	.272**	—

Note. N = 150. M = mean; SD = standard deviation. Pearson's product-moment correlation coefficients are reported.

****p < .01 (two-tailed).**

4.2.1. Interpretation of Table 4 (Correlation Analysis):

In order to examine the relationship between perceived social support and stress coping strategies, Pearson's product-moment correlation coefficient was computed. The results reveal a statistically significant positive correlation between perceived social support and stress coping strategies ($r = .272$, $p = .001$, $N = 150$).

This finding indicates that young adults who report higher levels of perceived social support tend to employ a greater range of coping strategies. Conversely, young adults with lower perceived social support tend to report lower engagement with coping strategies. Since the p-value (.001) is less than .01, this relationship is statistically significant at the 1% level, meaning it is a reliable and genuine finding and not a result of chance.

This positive association is consistent with the theoretical propositions of Cohen and Wills' (1985) stress-buffering model, which suggests that perceived social support promotes adaptive coping by providing emotional reassurance, practical guidance, and a sense of belonging. When young adults believe that supportive resources are available to them, they are more likely to actively engage with and manage stressors through a range of coping strategies rather than withdrawing or disengaging from challenges.

4.3 T-TEST ANALYSIS

Table 4.5 Mean and t-test Differences in Perceived Social Support by Gender

Variable	**Female**		**Male**		***t***	***df***	***p***	***d***
	M	*SD*	*M*	*SD*				
Perceived Social Support	66.05	13.39	70.32	18.18	-1.64	148	.104	-0.27

Note. M = Mean; SD = Standard Deviation; t = t-statistic; df = degrees of freedom; p = significance value; d = Cohen's d effect size.

4.3.1. Interpretation of Table 5 (T-Test — Perceived Social Support):

The results indicate that there is no statistically significant difference between male ($M = 70.32$, $SD = 18.18$) and female ($M = 66.05$, $SD = 13.39$) young adults on perceived social support ($t(148) = -1.636$, $p = .104$). The p-value of .104 is well above the significance threshold of .05, confirming that the difference in mean perceived social support scores between the two gender groups is not statistically

meaningful. The effect size (Cohen's d = −0.27) further confirms this, indicating only a small practical difference between the groups. Therefore, the null hypothesis, that there will be no significant difference in perceived social support between male and female young adults, is retained. Both male and female young adults appear to experience comparable levels of perceived social support in the present sample.

Table 4.6: Mean and t-test Differences in Stress Coping Strategies by Gender

Variable	**Group**	***n***	***M***	***SD***	***t***	***df***	***p***	***d***
Stress Coping Strategies	Female	75	61.43	11.77	4.94	148	< .001	0.81
	Male	75	47.83	20.76				

Note. M = Mean; SD = Standard Deviation; t = t-statistic; df = degrees of freedom; p = significance value; d = Cohen's d effect size.

***p < .001.**

4.3.2. Interpretation of Table 6 (T-Test — Stress Coping Strategies):

The results reveal a statistically significant difference between female (M = 61.43, SD = 11.77) and male (M = 47.83, SD = 20.76) young adults on stress coping strategies (t(148) = 4.935, p < .001). Since the p-value (.000) is less than .05, this difference is statistically significant. Female young adults scored significantly higher on overall coping strategy use than male young adults, indicating that female young adults in the present sample more actively deploy a variety of coping responses when dealing with stress. The effect size (Cohen's d = 0.81) reflects a large practical difference between the groups, indicating that this is not merely a statistically significant finding but one that carries meaningful real-world implications. Therefore, the null hypothesis, that there will be no significant difference in stress coping strategies between male and female young adults, is rejected.

This finding is consistent with existing literature, which suggests that females tend to engage more in both emotion-focused and support-seeking coping strategies. Socialization patterns that encourage females to express emotions, seek help, and maintain social connections may contribute to their greater overall utilization of coping strategies. In contrast, male young adults may rely on fewer or different types of coping mechanisms, which is reflected in their lower overall Brief COPE scores in the present sample (Çifçioğlu et al., 2025).

4.4 SUMMARY OF FINDINGS

The findings of the present study revealed a statistically significant positive relationship between perceived social support and stress coping strategies among young adults ($r = .272$, $p = .001$), indicating that higher perceived social support is associated with better coping responses. The study further revealed no statistically significant gender difference in perceived social support, $t(148) = -1.636$, $p = .104$, suggesting that both male and female participants perceived relatively similar levels of support. However, a statistically significant gender difference was found in stress coping strategies, $t(148) = 4.935$, $p < .001$, with female participants ($M = 61.43$) reporting higher use of coping strategies compared to male participants ($M = 47.83$). Overall, the findings highlight the important role of perceived social support in promoting effective stress management and emotional well-being among young adults.

CHAPTER V

CHAPTER V

FINDINGS, CONCLUSION, FUTURE IMPLICATIONS & SUGGESTIONS

The purpose of the present chapter is to interpret and discuss the findings of the study in relation to the existing empirical and theoretical literature on perceived social support and stress coping strategies among young adults. The chapter further highlights the theoretical and practical implications of the findings, acknowledges the limitations of the study, and provides suggestions for future research.

The study was guided by three null hypotheses. The first null hypothesis (H01) stated that there is no significant relationship between perceived social support and stress coping strategies among young adults. The second null hypothesis (H02) stated that there is no significant difference between male and female on perceived social support among young adults. The third null hypothesis (H03) stated that there is no significant difference between male and female on stress coping strategies among young adults.

The findings revealed a statistically significant positive relationship between perceived social support and stress coping strategies among young adults, leading to the rejection of H01. The findings further indicated no significant gender difference in perceived social support, resulting in the acceptance of H02. However, a significant gender difference was observed in stress coping strategies, with female participants reporting higher use of coping strategies compared to male participants, leading to the rejection of H03. The findings of the study are discussed in the following sections in relation to each of these hypotheses.

5.1 REVIEW OF RELATED STUDIES

The following section presents a thematic review of twenty-five related empirical studies organised under five broad themes. This review situates the present study within the broader scholarly conversation on perceived social support and stress coping strategies, and provides context for interpreting the findings discussed subsequently in this chapter.

5.1.1. Social Support as a Buffer Against Stress

Hameed et al. (2024) examined the role of psycho-trauma and perceived social support in the coping strategies of 352 young adults from Pakistan and Afghanistan. Using the MSPSS and the Brief COPE Inventory, the study found that perceived social support accounted for 29% of the variance in coping strategies. Gender differences were also observed, with men scoring higher on problem-focused coping.

The study highlighted the central importance of perceived support in shaping how young adults respond to stressors and adversity.

Ioannou et al. (2019) investigated the relationship between perceived social support, perceived stress, self-esteem, and depressive symptoms in 344 young adults in Cyprus. Results revealed that perceived social support from family and friends was significantly related to lower depressive symptoms, and that self-esteem fully mediated the relationship between family support and depression. Importantly, perceived social support was found to be more protective under moderate levels of stress, suggesting that the stress-buffering function of social support is context-dependent rather than uniform.

McLean et al. (2023) conducted a study with 315 first-year university students in Ireland to examine the relationship between perceived social support and perceived stress at the start of their academic journey. Using the MSPSS and the Perceived Stress Scale, both male and female students reported moderate levels of social support and perceived stress. Higher levels of perceived social support were significantly associated with lower levels of perceived stress, with gender differences observed in both the level and the sources of social support accessed.

Kneavel (2021) examined gender differences in stress and the quality of social support in a community sample. The study found that gender moderated the relationship between stress and social support utilization, with women mobilizing social support more actively during stressful periods compared to men. The findings suggested that the nature of the relationship between social support and stress is not linear and varies meaningfully according to gender.

Cao et al. (2024) explored the mechanisms through which social support influences resilience in Chinese youth, with coping styles as potential mediators. A large sample of university students was assessed using standardized instruments. The results showed that mature coping styles significantly mediated the relationship between social support and resilience. This study underscored the idea that social support facilitates healthy coping, which in turn strengthens an individual's ability to withstand and recover from adversity.

5.1.2. Gender Differences in Social Support and Coping

Martínez-Hernáez et al. (2016) used a mixed-methods design to investigate the relationship between perceived social support and depression in 105 emerging adults, examining gender differences in preferred forms of support. Results showed that women had more close social ties, were more likely to actively mobilize social support during stress, and preferred emotional support as a coping strategy. Men, by contrast, favoured more instrumental forms of support. Despite higher social support mobilization among women, they also demonstrated a higher incidence of depressive symptoms, pointing to the complex interplay between social support and emotional vulnerability.

Matud (2004) examined gender differences in stress and coping styles in a large Spanish sample. Women reported significantly higher levels of emotional coping and greater use of avoidant coping, whereas men demonstrated higher levels of rational coping and detachment. The study also found that women perceived lower levels of social support despite reporting more frequent social contact, a finding that has important implications for understanding how support quality versus quantity affects coping outcomes.

Lee and Dik (2017) examined the associations among stress, gender, sources of social support, and health in emerging adults. Their findings revealed that different sources of social support, including friends, family, and romantic partners, differentially predicted well-being outcomes depending on gender. Friend support was a particularly significant buffer against stress-related outcomes for women, whereas instrumental support from significant others played a more prominent role among men.

Tam and Lim (2009) investigated how well perceived social support predicts coping capability among young adults, with a focus on gender differences. A sample of 300 respondents was assessed using the Perceived Social Support Scale and a coping measure. Results indicated a significant positive relationship between perceived social support and coping capability, and gender differences were apparent in the type of social support preferred and in the coping strategies employed by male and female young adults.

Matud et al. (2020) conducted a gender analysis of stress and psychological distress in a sample of emerging adults. Women reported higher levels of both stress and psychological distress. The study also found that coping and social support were the most frequently examined moderators of the relationship between social stress and health outcomes, with emotional and instrumental social support demonstrating protective effects on mental health for both genders, though the magnitude of effects differed.

5.1.3. Social Support, Coping, and Well-Being

Mecha et al. (2023) examined the associations between multiple dimensions of perceived social support, personal resilience factors, and rates of depression and anxiety in a sample of 500 Spanish emerging adults. Regression and mediation analyses showed that family support was the dimension most strongly associated with resilience. Different resilience factors, including coping persistence under stress, tolerance of negative affect, and positive appraisals, differentially mediated the association between social support and emotional psychopathology.

Huang and Zhang (2022) explored the relationships between perceived social support, psychological capital, and subjective well-being among college students during the COVID-19 pandemic period. The sample of Chinese university students demonstrated that perceived social support had a significant positive relationship with both psychological capital and subjective well-being. This study suggested

that in times of heightened stress, social support serves not only as a direct resource but also bolsters internal positive psychological states that enhance coping.

Cao et al. (2024) conducted a study on the impact of social support on the resilience of Chinese youth, focusing on the mediating role of coping styles. The findings indicated that social support positively and significantly predicted resilience through the mediation of mature coping styles. This study demonstrated that effective social support does not merely buffer stress but actively promotes the development of adaptive coping behaviors, which in turn builds longer-term psychological resilience.

Wilson et al. (2020) examined the pathways through which perceived social support contributes to psychological well-being, specifically the roles of mindfulness, self-compassion, and savoring as explanatory mechanisms. Using a structural equation modelling approach, the study found that perceived social support was associated with well-being primarily through its effects on mindfulness and self-compassion, suggesting that the benefits of perceived support extend beyond simple stress reduction to promoting positive inner resources that facilitate effective coping.

Alkhawaldeh et al. (2023) examined stress levels, stressors, and coping strategies in a convenience sample of 676 university students. The findings showed that students living alone used social support-based coping significantly less than those living with family or friends, and this was associated with higher levels of perceived stress. The study reinforced the idea that access to and utilization of social support in one's immediate environment is a meaningful determinant of whether social support translates into effective stress management.

5.1.4 Social Support, Coping, and Mental Health Outcomes

Parween and Mala (2025) investigated the role of coping strategies as mediators between life stressors and mental health outcomes among 150 young adults in India. Results indicated that individuals who employed adaptive coping strategies such as cognitive restructuring and problem-solving reported lower levels of anxiety and depression, while those relying on avoidance and self-blame showed heightened distress. The study highlighted the centrality of coping strategy selection in moderating the mental health impact of stressors experienced by young Indian adults.

Ye et al. (2020) examined resilience, social support, and coping as mediators between COVID-19-related stressful experiences and acute stress disorder among college students in China. Social support was found to buffer the relationship between stressful pandemic experiences and acute stress symptoms, with coping strategies further mediating this pathway. This study illustrated how perceived social support functions not in isolation but as part of an interconnected network of protective resources.

Brailovskaia et al. (2018) showed in a large-scale study that overall resilience levels mediated the association between higher perceived social support and lower rates of stress, depression, and anxiety.

This study confirmed the importance of resilience as a mechanism through which social support exerts its protective effects, providing an important conceptual link between external social resources and individual-level psychological outcomes.

Labrague et al. (2021) examined social and emotional loneliness among college students during the COVID-19 pandemic, focusing on the predictive role of coping behaviors, social support, and personal resilience. Social support and positive coping behaviors significantly predicted lower levels of loneliness and emotional distress. The study underscored the importance of maintaining and promoting social support systems during periods of environmental stress when individuals may be most vulnerable to poor coping outcomes.

Miranda and Cruz (2020) found that resilience mediated the relationship between optimism and well-being among Filipino university students, with perceived social support functioning as an important background resource that contributed to higher resilience. The study added to a growing body of literature demonstrating that positive psychological resources and social support jointly predict effective coping and mental health outcomes among young adults navigating academic stressors.

5.1.5 Contextual and Cultural Dimensions of Social Support and Coping

Medina and Caño (2019) conducted a study with Latina/o college-attending emerging adults to examine how sources of social support differentially predicted stress-related outcomes, with gender as a moderator. Results showed that friend support was negatively associated with loneliness, romantic partner support was negatively related to depressive symptoms, and family support was positively associated with self-rated physical health. Gender moderated several of these relationships, confirming that the effectiveness of social support as a coping resource depends substantially on its source and on the gender of the recipient.

Yildirim and Tanriverdi (as cited in a 2025 systematic review) found that perceived social support significantly predicted resilience, which in turn mediated increases in life satisfaction among college students. This longitudinal finding highlighted that social support contributes to well-being not only by reducing immediate distress but by building durable inner capacities, particularly the resilience needed to sustain effective coping over time.

Verma et al. (2021) reported findings from a study on depression, anxiety, and stress among higher education students in India during the COVID-19 pandemic. The study found high levels of psychological distress and examined coping strategies adopted by students to manage this burden. Social support-oriented coping was among the most commonly endorsed strategies, though its effectiveness varied across different types of stressors. The study reflected the relevance of social support-based

coping in the Indian cultural context, where family and community ties serve as primary stress-buffering resources.

Lele and Shinde (2024) conducted a correlational study on communication openness, anxiety, and stress among young adults in India. The study found that individuals with open communication styles, which are directly linked to the active utilization of social support, demonstrated significantly lower levels of anxiety and stress. In the Indian context, where family is the primary social institution, perceived support from family and open communication within it were identified as essential coping facilitators.

Cao et al. (2024) in a longitudinal study examined life satisfaction in emerging adulthood in relation to social support, resilience, and gender differences. Using the MSPSS and a cross-lagged panel design across three time points, the study found that perceived social support significantly predicted subsequent resilience, and resilience in turn predicted life satisfaction. Gender differences were observed, with female participants reporting higher social support at earlier time points, though these differences diminished over time as young adults developed independent social networks.

5.2 INTERPRETATION OF THE FINDINGS

The findings of the present study are interpreted in the context of the literature reviewed above and in Chapter II. While the sample was drawn from a specific regional and developmental context, namely young adults in Jammu, India, the patterns observed are consistent with and extend findings reported in the broader international literature.

5.2.1. Objective 1: To examine the relationship between perceived social support and stress coping strategies among young adults.

The first objective of the study was to examine the relationship between perceived social support and stress coping strategies among young adults. Pearson's Product Moment Correlation Coefficient was used to analyze the relationship between the two variables. The findings revealed a statistically significant positive correlation between perceived social support and stress coping strategies ($r = .272$, $p = .001$).

This indicates that young adults who reported higher levels of perceived social support also reported greater use of coping strategies. The findings suggest that support received from family, friends, and significant others may help young adults manage stressful situations more effectively by encouraging adaptive coping responses. Individuals who feel supported are more likely to seek guidance, express emotions openly, and engage in constructive ways of dealing with stress.

The findings are supported by previous studies. Hameed et al. (2024) found that perceived social support plays a significant role in promoting positive coping strategies among young adults experiencing

psychological stress. Similarly, Rathakrishnan et al. (2022) reported that higher social support was associated with healthier coping strategies and lower psychological distress among university students. Acoba et al. (2024) also highlighted that social support acts as a protective factor by reducing perceived stress and improving mental health outcomes.

Therefore, the findings of the present study indicate that perceived social support is positively associated with stress coping strategies among young adults.

5.2.2. Objective 2: To investigate the difference between male and female on perceived social support among young adults.

The second objective of the study was to investigate the difference between male and female on perceived social support among young adults. An independent samples t-test was conducted to examine gender differences in perceived social support. The findings revealed that there was no statistically significant difference between male and female participants in perceived social support ($t(148) = -1.636$, $p = .104$).

The results indicate that both male and female young adults perceived similar levels of support from family, friends, and significant others. This suggests that gender may not play a major role in influencing how social support is perceived among young adults within the present sample.

The findings are consistent with certain previous studies which reported minimal or non-significant gender differences in perceived social support among young adults. Similar social environments, academic experiences, and interpersonal relationships during young adulthood may contribute to comparable levels of perceived support among males and females.

Thus, the findings of the study conclude that there is no significant gender difference in perceived social support among young adults.

5.2.3. Objective 3: To explore the difference between male and female on stress coping strategies among young adults.

The third objective of the study was to explore the difference between male and female on stress coping strategies among young adults. An independent samples t-test was used to examine gender differences in stress coping strategies. The findings revealed a statistically significant difference between male and female participants in stress coping strategies ($t(148) = 4.935$, $p < .001$).

The results showed that female participants reported higher use of stress coping strategies compared to male participants. This suggests that females may be more likely to engage in emotional expression, seek social support, and use coping responses more actively when dealing with stress.

The findings are supported by previous research studies. Mahmoud et al. (2012) reported that female college students were more likely to use coping strategies and emotional coping responses compared to

males. Similarly, Pimenta et al. (2024) highlighted that females tend to rely more on emotional regulation and social support while managing stress and mental health challenges.

Therefore, the findings of the present study indicate a significant gender difference in stress coping strategies among young adults, with females demonstrating greater use of coping strategies than males.

5.3 IMPLICATIONS FOR THEORY AND RESEARCH

The findings of the present study carry implications for two theoretical frameworks that have been central to research on social support and coping: the Transactional Model of Stress and Coping and the Social Support Buffering Hypothesis.

5.3.1. Transactional Model of Stress and Coping

Lazarus and Folkman's (1984) Transactional Model of Stress and Coping proposes that the stress experience is shaped by cognitive appraisals of stressors and available resources, and that coping is an active, goal-directed process of managing the demands of stress. Within this model, perceived social support serves as a key resource that individuals draw upon during primary and secondary appraisal processes. The present study's finding of a significant positive correlation between perceived social support and coping strategy use is consistent with the model's proposition that greater perceived resources are associated with more active and varied coping efforts.

The finding that gender differences emerged for coping but not for social support is also theoretically interesting from this perspective. The transactional model emphasizes that coping is shaped not just by available resources but by how individuals appraise both the stressor and their own capacity to manage it. It is possible that, in the present sample, male and female young adults perceive similar amounts of social support but differ in their secondary appraisal of how effectively they can deploy this support, resulting in different levels of coping strategy use. Future research using qualitative methods or including measures of stress appraisal could test this interpretation directly.

5.3.2. Social Support Buffering Hypothesis

Cohen and Wills's (1985) Social Support Buffering Hypothesis proposes that social support moderates the relationship between stressors and negative health outcomes. The present study provides support for the direct effects component of this model, showing that higher perceived social support is associated with greater coping. Whether social support also serves a buffering function, reducing the negative impact of stress specifically at high levels of stress, remains a question for future research. Ioannou et al. (2019) found that social support was protective specifically under moderate levels of stress, suggesting that the buffering effect may be more nuanced than a simple main effect, an issue that deserves examination in Indian young adult samples.

5.4 IMPLICATIONS FOR PRACTICE

Beyond their theoretical significance, the findings of the present study carry several concrete implications for mental health practitioners, college counsellors, and institutional policymakers working with young adults.

First, the significant positive relationship between perceived social support and coping strategy use establishes social support as a meaningful and modifiable correlate of coping in young adulthood. Interventions designed to strengthen young adults' perception of available support from family, friends, and significant others may yield improvements in coping capacity. This could include structured social skill building programs, peer mentoring initiatives, and family engagement activities in college settings. Such programs are particularly warranted for young adults who score in the lower range of perceived social support, as the means table findings suggest these individuals have the most limited coping resources.

Second, the significant gender difference in coping strategy use, with male young adults employing a broader range of strategies, highlights the need for gender-sensitive mental health programming. Interventions for female young adults in Jammu might specifically target the expansion of coping strategy repertoires, helping young women to identify and use both emotion-focused and problem-focused coping approaches more flexibly. Martínez-Hernáez et al. (2016) suggest that women benefit particularly from emotionally supportive coping facilitation, while also noting the risk of over-reliance on rumination-based emotional coping.

Third, the absence of significant gender differences in perceived social support suggests that universal, rather than gender-targeted, social support enhancement programs may be appropriate for this population. Since young adults in Jammu regardless of gender report broadly similar levels of perceived support, programmes aimed at ensuring all young adults have access to quality social connections and feel confident in calling upon them during stress represent a sound prevention-focused approach.

Fourth, the cultural context of the Indian family system should be taken into account in designing these interventions. Lele and Shinde (2024) documented that young adults in India who perceive their family as supportive and communicate openly with family members experience significantly lower stress and anxiety. Interventions that strengthen family communication and family-based support, rather than relying solely on peer or professional support networks, are likely to be particularly effective in the Jammu context.

5.5 LIMITATIONS OF THE STUDY

While the present study contributes meaningfully to the understanding of perceived social support and stress coping strategies among young adults, the following limitations must be acknowledged:

1. The sample size is relatively small (N = 150), which limits the statistical power and generalizability of the findings to the broader young adult population across diverse cultural and regional contexts.
2. The study is restricted to young adults aged 18 to 25 years; findings may not be applicable to other developmental stages or age groups outside this range.
3. The cross-sectional research design prevents the establishment of causal relationships between perceived social support and stress coping strategies. Longitudinal designs would be necessary to determine the directionality of these associations over time.
4. Reliance on self-report measures introduces the possibility of social desirability bias, particularly in participants' reporting of their coping behavior and perceptions of social support availability.

5.6 RECOMMENDATIONS FOR FUTURE RESEARCH

Building on the findings and limitations described above, several directions for future research are recommended.

First, future studies should employ longitudinal designs to examine the directional relationship between perceived social support and coping strategies across time. Tracking the same young adults over the course of a semester or an academic year would help clarify whether increasing social support leads to improved coping or whether improvements in coping facilitate better utilization of available social support networks.

Second, future research should examine specific sources and types of social support as separate predictors of coping. Given that the literature consistently shows differential effects of family, friend, and significant other support (Medina & Caño, 2019; Martínez-Hernáez et al., 2016), examining these sources individually would yield a more nuanced and actionable understanding of which aspects of perceived support matter most for coping among young adults in India.

Third, given the significant gender difference in coping strategy use found in the present study, future research should explore the mechanisms underlying this difference. Measures of stress appraisal, self-efficacy, and emotion regulation could be included as potential mediators or moderators of the gender-coping relationship. This would move beyond simply documenting that men and women differ in coping to explaining the psychological pathways through which these differences emerge.

Fourth, future studies should compare perceived social support and coping strategy profiles across different populations of young adults, such as those in rural versus urban settings, employed versus full-time students, and those from different cultural or religious backgrounds within the Jammu region. Such comparisons would help identify subgroups at particular risk for poor coping due to insufficient perceived social support.

Finally, qualitative and mixed-method research designs would add important depth to the quantitative findings of the present study by capturing the subjective meanings that young adults in Jammu attach to their sources of social support and their experiences of coping with stress. In-depth interviews or focus groups could illuminate why certain individuals with apparently adequate social support still struggle to employ effective coping strategies, a phenomenon that cannot be fully explained by quantitative data alone.

5.7 CONCLUSION AND DISCUSSIONS

The present study examined perceived social support and stress coping strategies among 150 young adults in Jammu, India, with the aims of assessing the prevalence of these constructs, exploring gender-based differences in each, and investigating the relationship between them. The study addressed three null hypotheses through frequency analysis, descriptive statistics, an independent samples t-test, and Pearson correlation analysis.

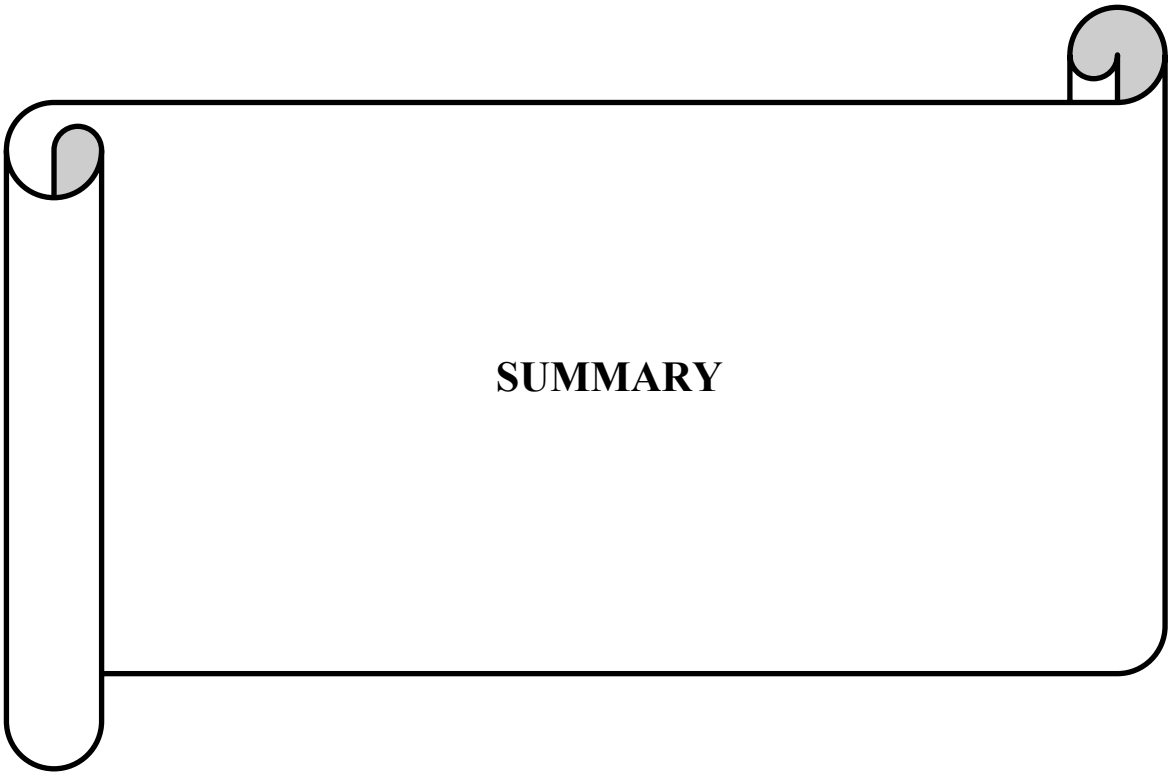
The study revealed meaningful variability in both perceived social support and coping strategy use across the sample, with descriptive statistics reflecting that young adults in Jammu differ substantially in how supported they feel and in how extensively they cope with stress. The mean scores for both variables were in the moderate range, with considerable standard deviations suggesting that targeted interventions are needed for subgroups at the lower end of both distributions.

With respect to gender, the study found a significant gender difference in stress coping strategies, with male young adults reporting significantly higher scores than females ($t = 4.935$, $p < .001$). This finding suggests that the way young men and women in this sample manage stress differs meaningfully, a result that carries implications for the design of gender-responsive mental health and wellness programming. No significant gender differences were found in perceived social support ($t = -1.636$, $p = .104$), indicating that young men and women in Jammu perceive broadly similar levels of support from their social networks.

The most important finding of the study is the statistically significant positive correlation between perceived social support and stress coping strategies ($r = .272$, $p = .001$). This finding establishes perceived social support as a significant and potentially modifiable correlate of coping in young adulthood. Young adults who feel more supported by family, friends, and significant others are also those who draw upon a wider range of coping strategies when facing stress, a pattern that is consistent across the international literature and now demonstrated in an Indian young adult sample.

In conclusion, the present study affirms that social support is not a passive background variable but an active psychological resource that equips young adults to engage more effectively with the stressors of daily life. Building and sustaining strong social support networks during the transition years of young

adulthood is not merely desirable for individual well-being but is central to the development of the psychological resilience and coping capacity that young adults need to flourish in academic, personal, and professional life. Mental health promotion efforts that attend to the quality and perceived availability of social support will contribute meaningfully to this goal.



SUMMARY

SUMMARY

The present study was undertaken to examine the relationship between perceived social support and stress coping strategies among young adults in Jammu, with a specific focus on gender-based differences. Young adulthood represents a crucial developmental stage characterized by major psychological, academic, social, and emotional transitions. During this period, individuals are exposed to various stressors related to education, career uncertainty, financial responsibilities, and interpersonal relationships, making effective coping strategies essential for psychological well-being. Perceived social support, particularly support received from family, friends, and significant others, has been widely recognized as an important protective factor that helps individuals manage stress and maintain emotional balance. Despite the growing importance of mental health concerns among young adults, limited research has examined the relationship between perceived social support and coping strategies within the Indian context, particularly among young adults in Jammu. The present study was designed to address this gap.

The problem was formally stated as a correlational study of perceived social support and stress coping strategies among young adults.

Three objectives guided the investigation, namely

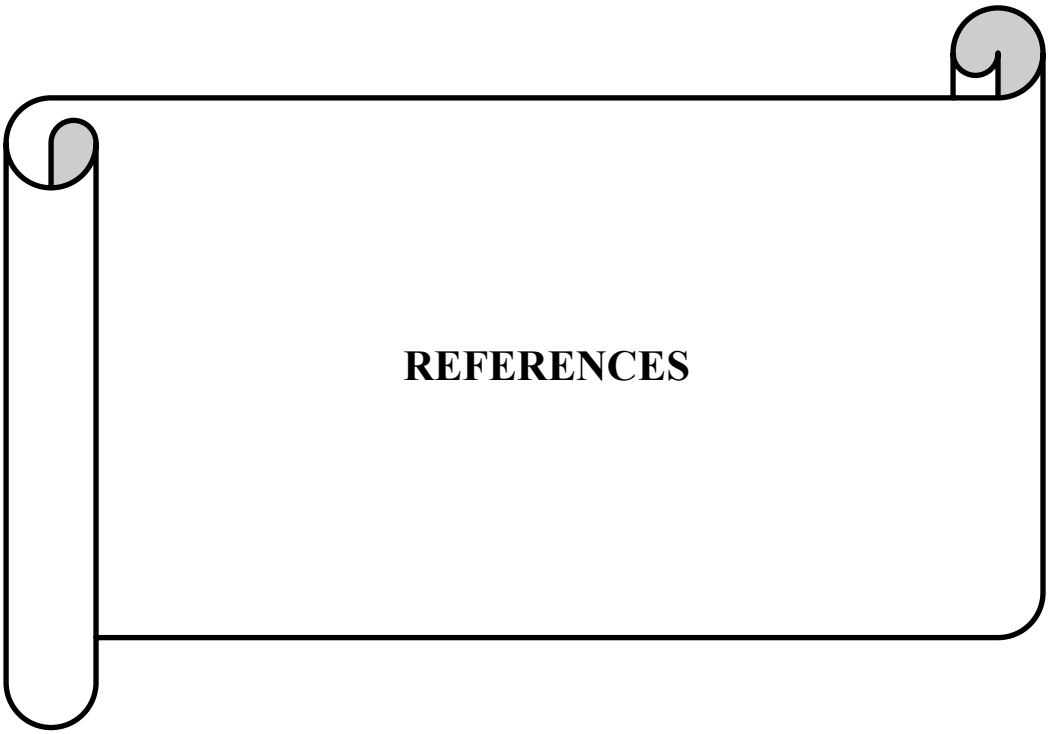
1. To examine the relationship between perceived social support and stress coping strategies among young adults.
2. To investigate the difference between male and female on perceived social support among young adults.
3. To explore the difference between male and female on stress coping strategies among young adults.

Three corresponding null hypotheses were formulated, stating that

1. There is no significant relationship between perceived social support and stress coping strategies among young adults (H01).
2. There is no significant difference between male and female on perceived social support among young adults (H02).
3. There is no significant difference between male and female on stress coping strategies among young adults (H03).

A quantitative correlational research design was employed. A total sample of 150 young adults, comprising 75 male and 75 female participants aged between 18 and 25 years, was selected through simple random sampling from Jammu. Data were collected using two standardized psychological instruments: the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al. (1988), which measures perceived support from family, friends, and significant others, and the Brief COPE Inventory developed by Carver (1997), which assesses a broad range of coping responses and stress coping strategies. Data were analyzed using descriptive statistics, independent samples t-tests, and Pearson's Product Moment Correlation Coefficient.

The findings revealed a statistically significant positive relationship between perceived social support and stress coping strategies among young adults, $r = .272$, $p = .001$, leading to the rejection of H01. The findings indicate that young adults who perceived higher levels of support from family, friends, and significant others were more likely to use coping strategies effectively while managing stress. Regarding gender differences in perceived social support, H02 was retained, as no statistically significant difference was found between male and female participants, $t(148) = -1.636$, $p = .104$. This suggests that both genders experienced relatively similar levels of perceived social support. However, H03 was rejected, as a statistically significant gender difference was observed in stress coping strategies, $t(148) = 4.935$, $p < .001$, with female participants reporting higher use of coping strategies compared to male participants. The study concludes that perceived social support functions as an important psychological resource that positively influences the use of stress coping strategies among young adults. Supportive relationships with family, friends, and significant others contribute to healthier emotional adjustment and encourage adaptive ways of managing stress. The absence of significant gender differences in perceived social support suggests that both male and female young adults experience comparable levels of support within their social environments. However, the higher use of coping strategies among female participants may reflect greater emotional expressiveness, help-seeking behavior, and reliance on interpersonal support while dealing with stress. The findings of the study carry important practical implications for mental health professionals, counsellors, educators, and policymakers by emphasizing the importance of strengthening social support systems and promoting effective coping skills among young adults. Overall, the study contributes to the growing body of literature on social support and stress management and highlights the need for supportive mental health interventions tailored to the developmental challenges faced during young adulthood.



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APPENDICES

APPENDIX A

Multidimensional Scale of Perceived Social Support (MSPSS)

Instructions:

We are interested in how you feel about the following statements. Please read each statement carefully and indicate your level of agreement by selecting the appropriate option.

1 – Very Strongly Disagree
2 – Strongly Disagree
3 – Mildly Disagree
4 – Neutral
5 – Mildly Agree
6 – Strongly Agree
7 – Very Strongly Agree

S. No.	Statement	VSD	SD	MD	N	MA	SA	VSA
1	There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2	There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
3	My family really tries to help me.	1	2	3	4	5	6	7
4	I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
5	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7

6	My friends really try to help me.	1	2	3	4	5	6	7
7	I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8	I can talk about my problems with my family.	1	2	3	4	5	6	7
9	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11	My family is willing to help me make decisions.	1	2	3	4	5	6	7
12	I can talk about my problems with my friends.	1	2	3	4	5	6	7

APPENDIX B

Brief COPE Inventory

Instructions:

The following statements describe ways in which people cope with stress. Please indicate how much you have been using each of the following strategies using the scale below:

1 – I haven't been doing this at all

2 – A little bit

3 – A medium amount

4 – I've been doing this a lot

S. No.	Statement	Not at all	A little bit	Medium amount	A lot
1	I have been turning to work or other activities to take my mind off things.	1	2	3	4
2	I have been concentrating my efforts on doing something about the situation I am in.	1	2	3	4
3	I have been saying to myself "this is not real".	1	2	3	4
4	I have been using alcohol or other drugs to make myself feel better.	1	2	3	4

5	I have been getting emotional support from others.	1	2	3	4
6	I have been giving up trying to deal with it.	1	2	3	4
7	I have been taking action to try to make the situation better.	1	2	3	4
8	I have been refusing to believe that it has happened.	1	2	3	4
9	I have been saying things to let my unpleasant feelings escape.	1	2	3	4
10	I have been getting help and advice from other people.	1	2	3	4
11	I have been using alcohol or other drugs to help me get through it.	1	2	3	4
12	I have been trying to see it in a different light, to make it seem more positive.	1	2	3	4
13	I have been criticizing myself.	1	2	3	4

14	I have been trying to come up with a strategy about what to do.	1	2	3	4
15	I have been getting comfort and understanding from someone.	1	2	3	4
16	I have been giving up the attempt to cope.	1	2	3	4
17	I have been looking for something good in what is happening.	1	2	3	4
18	I have been making jokes about it.	1	2	3	4
19	I have been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	1	2	3	4
20	I have been accepting the reality of the fact that it has happened.	1	2	3	4
21	I have been expressing my negative feelings.	1	2	3	4
22	I have been trying to find comfort in my religion or spiritual beliefs.	1	2	3	4

23	I have been trying to get advice or help from other people about what to do.	1	2	3	4
24	I have been learning to live with it.	1	2	3	4
25	I have been thinking hard about what steps to take.	1	2	3	4
26	I have been blaming myself for things that happened.	1	2	3	4
27	I have been praying or meditating.	1	2	3	4
28	I have been making fun of the situation.	1	2	3	4