AN ANALYSIS OF SELF ESTEEM AND PERCEIVED SOCIAL SUPPORT AS DETERMINANTS OF PSYCHOLOGICAL WELL BEING AMONG YOUNG ADULTS

A

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DECLARATION BY THE CANDIDATE

I hereby declare that the work presented in the dissertation entitled:

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c) All sources of information used in this study have been duly acknowledged.

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RSES	**Rosenberg Self-Esteem Scale**
MSPSS	**Multidimensional Scale of Perceived Social Support**
PW	**Psychological Wellbeing**

LIST OF ABBREVIATIONS

ACEs	Adverse Childhood Experiences
ARS	Adolescent Resilience Scale
BDI	Beck Depression Inventory
CLLI	Continuous Leadership & Learning Institute (from community service background data)
df	Degrees of Freedom
FS	Flourishing Scale
LBN	Local Business Network (from community service background data)
M	Mean
MANOVA	Multivariate Analysis of Variance
MDPSS / MSPSS	Multidimensional Scale of Perceived Social Support
MHI	Mental Health Inventory
MIER	Model Institute of Education and Research (from academic background data)
N / n	Total Sample Size / Sub-sample Size
p	Probability Value (Statistical Significance)
PERMA	Positive Emotions, Engagement, Relationships, Meaning, and Achievement
PTSD	Post-Traumatic Stress Disorder
PWB	Psychological Well-Being
r	Pearson Product-Moment Correlation Coefficient
RSES	Rosenberg Self-Esteem Scale
SCB	Sustainable Consumption Behaviour
SD	Standard Deviation
SOL	Service Organised Leaders (from community service background data)

SPWB	Scales of Psychological Well-Being
SWB	Subjective Well-Being
t	Student's t-test Statistic
WEMWBS	Warwick-Edinburgh Mental Well-being Scale
WHO	World Health Organization

ABSTRACT

The present study examined the relationship between self-esteem and perceived social support with psychological well-being among young adults. Young adulthood is a critical developmental phase marked by identity formation, academic pressures, and evolving social roles, making psychological well-being a central concern during this period. Self-esteem — an individual's overall appraisal of self-worth — and perceived social support — the subjective sense of emotional and practical assistance from family, friends, and significant others — have been widely identified as key protective psychological factors.

The study was conducted on young adults (aged 18–25 years) from Jammu District using a cross-sectional correlational research design. Purposive sampling was employed to select the sample. Three standardized tools were administered: the Rosenberg Self-Esteem Scale, the Multidimensional Scale of Perceived Social Support (MSPSS), and Ryff's Psychological Well-Being Scale. Pearson's product-moment correlation and independent samples t-test were used for statistical analysis.

Results revealed significant positive correlations among all three variables. Self-esteem showed a moderate-to-strong positive correlation with psychological well-being ($r = .54$, $p < .01$), and perceived social support was also significantly positively correlated with psychological well-being ($r = .48$, $p < .01$). Additionally, a significant positive correlation was found between self-esteem and perceived social support ($r = .42$, $p < .01$). Gender comparison indicated differences in psychological well-being between male and female young adults.

The findings underscore the importance of fostering self-esteem and strengthening social support networks as key strategies for enhancing the mental health and overall well-being of young adults.

Keywords: self-esteem, perceived social support, psychological well-being, young adults, mental health, positive psychology, Ryff's well-being, correlational study, Jammu

CHAPTER I

INTRODUCTION

1.1 WELL-BEING

Well-being is the experience of health and prosperity. An experience of health and affluence is referred to as well-being. It entails having strong mental health, a high level of life happiness, and a sense of purpose or meaning. Because it encompasses so many positive aspects, such as feeling happy, joyful, healthy, socially connected, and purposeful, well-being is something that almost everyone seeks. Thoughts, behaviors, and experiences all contribute to one's sense of wellbeing. Well-being has been explained through an acronym PERMA – positive emotions, positive relationships, meaning and achievement. Well-being has a meaning; it is a purposeful existence. Well- being is enjoying one's self. Since man is social being he flourishing though social relationship. Achievement helps to believe in one's self as an individual could make a successful accomplishment.(Seligman 2011). One aspect of well-being that can be influenced by the climate and nature of learning in schools is Psychological Well-Being, the degree to which one possess personal meaning & self realization & lives in accordance with one's true self.

1.2 TYPES OF WELL-BEING

❖ Physical well-being

Physical well-being refers to the state of maintaining the body, mind, and spirit in a balanced way. It depends upon the choice of lifestyle to maintain health and prevent diseases. To maintain physical well-being, good food, good sleep, and regular exercise are necessary.

❖ Emotional well- being.

Emotional well-being allows for stress management, resilience, and the generation of positive emotions. The three-fold structure of emotional well-being includes life satisfaction, positive effect, and the absence of negative effect. Positive emotions have the potential to promote excellent health.

❖ Social well-being Social

well-being is formed through successful responses to societal challenges. Social well-being is formed through as social integration, social acceptance, social contribution, social integration

and social coherence.

❖ Spiritual well-being Spiritual well-being is a deeply personal dimension of well-being. A spiritual well-being showcases positive aspect of spirituality .It provides a kind of healing touch and recovery from internal conflicts. Spiritual well- being is associated with feel a higher sense of purpose, peace, hope and meaning. Inner peace, self- esteem, higher and nobler thoughts often helps achieve peace of mind body and soul. (Satyam, Shivam, Sundaram) Truth Beauty and goodness.

1.2.1 Concept of Psychological well-being

Psychological Well-being has gained much popularity in the field of Psychology as it is an important component of one's life. In the words of "Dalai Lama," the purpose of life is to be happy. Psychological well-being has been described as the cornerstone of mental health. From the moment of birth, every human being wants happiness and does not want suffering. Since the beginning of positive psychology, every individual has attempted to acquire a level of happiness in his or her life, for which he or she has fought for welfare with available resources in order to obtain pleasure in his or her life. Therefore, it is important to discover what will bring about the greatest degree of happiness" (Tenzin, 2016). Neither social conditioning nor education nor ideology affects this. From the very core of our being, we simply desire contentment. I don't know whether the universe, with its countless galaxies, stars and planets, has a deeper meaning or not, but at the very least, it is clear that we humans who live on this earth face the task of making a happy life for ourselves. Psychological well-being is a broad topic, and different scholars employ a range of terminology, concepts, and metrics to describe or analyse the phenomena of psychological well-being. (Dattilo, Dattilo, Samdahe & Kleiber, 1994). Psychological well-being is conceptualised as some combination of positive affective states such as happiness (the hedonic perspective) and functioning with optimal effectiveness in individual and social life the eudemonic perspective (Deci and Ryan, 2008). All these efforts of machinations are used to build into a simple term known as "psychological wellbeing. Positive psychological well-being is a key to have ability to cope with challenges in life. There are two features of psychological well-being. Subjective well-being refers positive emotions and feeling of happiness. Second aspect is experiencing purpose and meaning in addition to positive emotions (Dienier 2000). It has many components e.g., depression, anxiety, self-esteem, self-actualization, and stress etc. Numerous problems faced by youth are stress, anxiety, depression, harassment, family problems, poor social functioning, and adjustment. Person with good psychological health can cope better with these problems, and it is essential

to lead a good and satisfactory life. It is also important for youth's success in every domain of life. Positive psychological well-being is not only important for leading happy life, but also draws positive impact on person's academic and his personal life achievements.(Campbell et al. 1976). Life has a purpose and when the purpose is realized there is satisfaction leads to healthy mental health. Well-being is a dynamic concept that includes subjective, social and psychological dimensions as well as health related behavior. The idea of well-being refers to optimal psychological functioning and experience however historically mental health research has been intensely weighted on the side of psychological dysfunction and health has been connected with absence of illness rather than the presence of wellness; although health was defined as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity 'WHO (2010).

Over the past two decades, bulks of studies have reported an apparent connection between health outcomes and states of hope (Snyder et al., 1991), optimism (Scheier & Carver, 1987), or pessimism (Peterson & Seligman, 1987). Well-being comprised subjective, physical, social, economic, emotional, life satisfaction and psychological dimensions as well as health related behavior (Ryff, 1989). Positive Psychology is paying to a more precise definition of the outline of human well-being and is fully incorporating studies on positive elements (strengths and positive emotions) that are without doubt amplifying the framework of research and conduct of psychology, in particular that of Clinical Psychology and Health Psychology. There are several factors which are responsible for various psychological problems associated with low psychological well-being and other aspects of mental health issues such as, Depression. Anxiety, PTSD, Drug abuses and behavioural disorders. The aim of present study is to enhance positive psychological constructs among the college students such hope, self-esteem perceived social support and psychological well-being (Akhtar et al., 2015).

`Over the last few years, academic debate has, from a scientific perspective, gone back to two ancient philosophical orientations, namely hedonism and eudemonia. The hedonic approach conceives well-being as the presence of positive 8 affect and lack of negative effect, whilst the eudemonic perspective regards wellbeing as the consequence of a full psychological actualization from which people develop their whole potential. Whether assessed from a hedonic or eudemonic perspective, well-being seems to play a role in the prevention of and in the recovery of physical conditions and diseases and so possibly contributes to an increase in life expectancy (Deci & Ryan, 2008). Since the origin of positive psychology that every individual in his life tries to achieve level of happiness for which he or she is struggling for

welfare with available resources to achieve the satisfaction in his life. All these efforts of machinations are used to build into a simple term known as “psychological well-being (Diener, Emmons, Larsen, & Griffin, 1985). Life has a purpose and when the purpose is realized there is satisfaction leads to healthy mental health. Subjective well-being (SWB) is described as a broad category of human experience made up of two distinct components: an affective component that consists of the relative frequency of positive and negative effect, and a cognitive component that is concerned with judgments of life and global satisfaction (Diener et al., 1999). Psychological wellbeing is beneficial for adults to live a healthy life, making it an important aspect of one's life in the college years At current, psychological well-being has acquired a very pivotal place in psychology but its popularity and importance has also been felt in educational psychology (Aaina et al., 2016). The emergence and growth of positive psychology has led to an increase in well-being research, which has produced two theoretical approaches: hedonic and eudemonic perspective, subjective happiness cannot be equated with well-being. Psychological well-being is viewed in different ways. One views it according to the hedonic and eudemonic approaches of early philosophers as composed of perception of pleasure, displeasure, satisfaction and happiness which runs along the hedonic approach (Vazquez et al., 2009). The Eudaimonic philosophy focuses on living life to the fullest potential and achieve self actualization (Ryan and Deci, 2001). Right from the existence of behavioral sciences, efforts have been made by researchers of different disciplines to get deep understanding about the various and different dimensions and correlates of psychological well-being. Freud, Jung, Bandura, Erickson, Piaget and many others have given space in their early works. Behaviorists have suggested that psychological well-being is a learned process of different forms of individual views in accordance to the certain psychological responses such as self-efficacy, self-disclosure, anxiety, personality types, emotional aspects, social support, financial success etc.; when an individual get reinforced from external support/stimuli in the forms of appreciation or reward then he or she responses in the line of wellness. The concept of well-being states that psychological well-being is the base for quality of life, as it could act as an investigative criterion for personal merit and quality perceived in any aspects of daily life demonstrate that, the amount of psychological stress, as an indicator of the level of psychological well-being amongst students, is more at the beginning of the college year. Therefore, the students at the first college year have got less psychological well-being (Bewick et al., 2010). College students' stresses have increased tremendously over the past decades .The research problem for this study asks, "What is the psychological well-being of college students and what variables may impact it.

This study has been noticeable by pursuits of defining and measuring the construct, identifying the variables that enhance and those that reduce well-being, and how the impact of these variables varies across race and gender .All over history, philosophers have been curious about what contributes to well-being. Some have recommended that happiness stems from good food and fine wine while others have postulated that happiness is a function of .Positive relations include satisfaction with family life, standard of living, and physical health), racial identity satisfaction with income, and education. Moreover, various studies have demonstrated the relationship between subjective well-being and self-esteem. Positive states of awareness have long been associated with health and successful coping while depression, despair, and hopelessness have been linked to capitulation, illness, and even death (Seligman, 1975) Psychological well-being is one of those variables that have been proposed to be an important correlate of hope (Snyder et al., 2002). Previous research, mainly focused on the adult population, has shown that psychological well-being is a reliable forecaster of health and long-term positive adjustment. Well-being is a dynamic and multidimensional concept that includes choices and activities aimed at achieving physical vitality, mental alacrity, social satisfaction, a sense of accomplishment and personal fulfilment. The present study is the extension of those studies focus on college students who studies various under graduates courses in volatile situations were armed conflict is the part and parcel of curriculum. The present study tries to find out the relationship between Psychological well-being, perceived social support, Hope and Self-esteem among college students. Positive emotional and social support plays a fundamental role in building the psychological well-being (Dodge et al., 2012).

1.2.2 Definitions of psychological well-being

Psychological of well-being is the combination of positive affective state such as happiness and functioning with optimal effectiveness in individual and social life (Amalu, 2018).

Psychological well-being is a term used to describe psychological health conditions in individuals (Ryff, 1989).

Psychological well-being can be defined as a state of mind with an absence of a mental disorder, from the perspective of positive psychology, it may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. (Ryff & Keyes, 1995).

Psychological well-being is a multi-dimensional concept which includes playfulness, cheerfulness, resilience optimism and self-control among individuals across cultures (Sinha & Verma, 1992).

The Psychological well-being is a multi-dimensional concept it includes various, aspects such as optimism, self-control, happiness, sense of interests, free of failures, anxiety and loneliness have been considered as the special aspects of wellbeing. (Bordbar et al., 2011).

1.2.3 Characteristics of psychological well-being healthy person

The following are as the characteristics of a mentally healthy person (Jahoda, 1958)

1. An attitude toward oneself in which one accepts one's strengths, identity, and inner stability while acknowledging one's weaknesses.

2. The ability to feel, express and manage a range of positive and negative emotions.

3. The ability to form and maintain good relationships with others.

4. The ability to cope with and manage change and uncertainty.

5. Autonomy of action.

6. Self realization of one's potentialities.

7. Mastery of environment with ability and capacity to adapt oneself with one's environment

1.2.4 Factors influencing psychological well-being

Following are the factors which influence the Psychological well-being which are listed below Generally, biological, psychological, socio economic and cultural factors are influencing psychological well-being.

❖ Genetic factors: An individual's genotype also has an influence on the development of psychological well-being. An individual's physical health condition are highly contribute in the determination of well-being (Mcclearn, 1997)

❖ Psychological factors: Stress full conditions which affect the psychological well-being, such as negative emotional styles bullying and harassment, sibling rivalry etc.

❖ Demographic factors: Gender course of study, year of study, economic conditions peer pressure are factors influence psychological well-being.

❖ Socioeconomic factors: Parental education, family income, family type, presents place, domicile.

1.2.5 Theoretical concept of Ryff's Psychological well-being consists of six dimensions (Ryff's 1989)

1. Autonomy: a sense of self-determination, independence, and regulation of behavior from within. Self-acceptance (positive valuation of one's self and one's past life), positive relations (quality, interpersonal relationship),

2. Environmental mastery: (ability to effectively manage one's life and world around)

3. Personal growth: (sense of development as a person) and purpose in life (belief that one's life is useful and has a sense.

4. Positive relations: with others: the possession of quality relations with others

5. Purpose in life: the belief that one's life is purposeful and meaningful.

6. Self-acceptance: (positive valuation of one's self and one's past life), positive relations (quality, interpersonal relationship).

Psychological Well-being comments to the simple notion of a person's welfare, happiness, advantages, interests, utility, and quality of life (Burris, Brechting, Salsman, & Carlson, 2009).The growth for life's purity is the outcome of positive emotions carry out their proper function mental health. It involves the combination of feeling good and functioning. People with high psychological wellbeing report feeling happy, capable,well supported, satisfied with life because positive psychological well-being is crucial for successfully navigating a new environment, engaging in meaningful relationship and realizing one's fullest potential throughout one's life span. Positive psychology is important in mental health and psychological well-being because it emphasizes psychological dysfunction and protective factors (Shahira et al., 2018)

1.2.6 Relationship between psychological well-being and perceived social support

Psychological well-being and perceived social support are intertwined. Good social support is critical in the development of an individual's well-being. People who have high psychological well-being describe themselves as cheerful, capable, well-supported, and content with their lives. Well-being emerges from a combination of one's thoughts, actions, and experiences, according to study (Waseem and Gramathan, 2020).

1.3 SOCIAL SUPPORT

Social support commonly refers to the functions performed for the individual by significant others (including family members, relatives, and friends) and people from extended relationships (including neighbors, classmates, and colleagues) (Thoits, 2011). Perceived social support refers to the extent to which individuals believe that requirements of social relationships are available to them. These provisions are usually fulfilled by family members, friends and significant others (Armstrong et al., 2005). Parental support for children provides much needed social support (Brehaut, et al., 2004). Support is an essential factor which encourages positive behaviors and contributes to positive outcomes of mental health and well-being in response to life crisis or at the times of adversity in the form of friends, family and the community at large. It plays a vital role in bringing positive psychological changes in the individual that are essential for the maintenance of their mental health. Research has revealed that higher perceived levels of social support are associated with better mental health and reduced distress symptoms. A positive association of social support with mental health has also been found in the situations marked by adversity in addition to its buffering effect (Dar & Dar, 2021).In the past few decades, the relationship between social support and mental health has been well-documented, with social support playing a beneficial role in the maintenance of psychological well-being (Cohen & JanickiDeverts, 2010; Kawachi & Berkman, 2001; Uchino, 2006)

1.3.1 Perceived Social Support

Perceived social support refers to a person's perception of readily available support from friends, family, and others. It also shows the complex nature of social support including both the history of the relationship with the individual who provides the supportive behavior and the environmental context (Hobfoll & Vaux, 1993). Social support is one of the most important protective factors for undergraduates (Taoet al., 2000). Social support provides the most important and significant environmental resources. It is defined as a mutual network of caring that enables one to cope with stress better. Social support from friends and family plays an important role in almost every aspect of stress and coping.(Tam C and Lim, 2009).Perceived social support refers to the process of getting support from institutions and people around us such as family, friends and neighbors. Social support can improve psychological well-being and help in affective, physical and cognitive aspects of individual development. Likewise, it fulfills individuals' physical and psychological and social needs through self-esteem, loyalty, love and the sense of belonging to a group (Tan & Karabulutlu, 2005; Zimet et al., 1988). The

term “Social Support” is defined as “the perception or experience that one is loved and cared for by others, esteemed and valued, and part of a social network of mutual assistance and obligations “it is a buffers against the harmful impact of normative and no normative stress exposure on physical and mental healthh (Xu, Li, & Yang, 2019). Social support is frequently used in much sociopsychological and socio-educational research that emphasizes the importance of social relationship among community members.Social support is frequently used in much socio-psychological and socio-educational research that emphasizes the importance of social relationship among community members (Peters, 2010). Perceived social support refers to subjective judgment of the assistance quality provided by family members and close friends; perceived social support stresses on a person’s action; while enacted support stresses specific supportive actions. Although, there is a close link among all three types of social support, the supportive orientations are different. On the other hand, social integration is more likely to focus on social relations and kinship instead of social action and social interactions. By taking these elements into consideration, the current study uses the term of supportive social support that refers to assistance provided by society, community, peers and family members (Awang et al., 2014)

1.3.2 Types of Perceived Social Support

1. Emotional Support: Emotional support is that type of social support by which a person is supported by another person through showing his empathy, affection, love, encouragement, through his words (like "don't worry I am with you", “I feel bad for you” or “I am here for you”), soft touch, or giving some gifts. Through emotional support the person is realized that he is not alone. Emotional support enhances individual’s selfesteem.
2. Esteem Support: Through esteem support the individual is encouraged to do his work in better way. Esteem support provides us with a sense that we are Valued and held in esteem. Here the person is giving awareness about his strengths and weakness
3. Informational Support: Information support is when a person is given some useful and needed information regarding his education, health, illness etc., for example many times the college students are informed about the policies given to them by the government or any organization is known as informational support.
4. Tangible Support: Tangible support also known as instrumental support is provided in the form of aid, money, loan, or any other material at the time of need like marriage, accidents, illness, floods etc.

1.3.3 Benefits of Social Support

Humanity's need to establish relationships, to be with others, and to belong to something exists from the beginning of his life to the end of it. First relationship object of the individual is the family, and the quality of the relationship established with the family determines future life and behaviors. Researches show that social support plays an important role in the individual's life, and affects physical and psychological health in a positive manner. Whereas social support is defined as the perception or experience that one is loved and cared for by others, esteemed and valued, and part of a social network of mutual assistance and obligations. Social support may come from a partner, relatives, friends, coworkers, social and community ties, and even a devoted pet (Allen, Blascovich, & Mendes, 2002) Social support involves the ways individuals perceive having more psychological and relationship resources provided through their close bonds with others, including family members, close friends, and romantic partners (Lakey & Orehek, 2011). Social integration measures assess the number of relationships or social roles a person have the frequency of contact with various network members, and the density and interconnectedness of relationships among the network members. Functional support is typically assessed in terms of the specific functions (informational, instrumental, and emotional) that a specific member may serve for a target individual and is often assessed in the context of coping with a particular stressor

1.3.4 Relationship between Perceived social support and Psychological well-being

Social support involves the ways individuals perceive having more psychological and relationship resources provided through their close bonds with others, including family members, close friends, and romantic partners (Lakey & Orehek, 2011).

1.4 SELF-ESTEEM

1.4.1 Definition of self-esteem

Self-esteem is the axis on which personality of a person revolves, according to Oxford dictionary Self-Esteem means confidence in your own worth or abilities. it may be defined, as how people evaluate themselves. Self-worth, self-regard, selfconfidence, & pride are some of the synonyms. Self-Esteem is an individual's feeling that s/he is competent, important, loved by others who is valued &appreciated. It involves a feeling of personal worth, self-respect, adequate & selfregard, including awareness & a value of dignity & uniqueness of the self as a human being. An individual Self-Esteem affects his total behavior that is expressed in the attitude that the individual holds toward himself. Psychologists have described Self-Esteem,

which covers a wide range of emotions and behaviors as “a favorable or unfavorable attitude towards the self.”. Self-esteem also figures as an important variable in health and well-being, and in the aging population selfesteem may have special relevance (Cámara and Lobo, 2020). The term “Selfesteem esteem” was firstly introduced by William James in 1890, in The Principles of Psychology”. it is defined as person’s positive or negative evaluation of the absolute value of his/or own personality. In simple words self-esteem can be defined as an attitude towards self. Rosenberg (1965) defines self-esteem as the “totality of the individual’s thoughts and feelings with reference to himself as an object”

The simplest explanation of self-esteem is found in Webster’s dictionary, which says that “self-esteem is satisfaction with oneself”. Self-esteem is important aspect of one’s personality it is the mirror that reflects who I am. Self-esteem is individual’s positive or negative attitude towards his/her own self. Self-esteem is persons self-awareness about his/her strength and weakness which help him/her to build the capacity to face the challenges of his/her life. Self-esteem plays a vital role in behavior formation and affects development processes (Baumeister et al., 2003). Self-esteem has become a household word. teachers, parents, therapists, and others have focused efforts on boosting self-esteem, on the assumption that high self-esteem will cause many positive outcomes and benefits an individual. The concept of self-esteem has almost always been a part of human soul. William James is one of those who described self-esteem first. According to William James, self-esteem is our own self-esteem based completely on self-evaluations regarding our own actions and who we are. This is determined by the realization rate of our expected potential. Self-esteem can be defined as a form of self-acceptance, personal appreciation and subjective respect of one’s own (Unmet, 2015). Self-esteem is equal to our claims divided by our achievements (Murk, 2006). It is believed that low self-esteem is viewed as one the contributing factor for the cause of poor performance. Self-esteem is associated with depression, satisfaction, motivation, performance and creativity. Self-esteem significance is often exaggerated to the extent that low self-esteem is viewed as the cause of all evil and high self-esteem as the cause of all good (Manning, Bear and Minke, 2006).

1.4.2 Types of Self-Esteem

People can develop the following types of self-esteem

(1) High self-esteem (Normal): The persons love themselves and accept who they are

(2) Low self-esteem: The persons don’t love themselves, don’t accept who they are and don’t

value their qualities.

(3) Inflated self-esteem: The persons love themselves more than others and they exaggerate their quality

1.4.3 Aspects of Self-Esteem

1. Self-image: It is the perfect and ideal state which the individual imagines himself to be after identification with an idealized conception of what he should be.
2. Self-concept: In the dictionary of behavioral science, self-concept is described as, “an individual’s appraisal or evaluation of himself.”
3. Self-acceptance: A healthy attitude towards one’s worth and limitations consisting of an objective recognition of each quality and an acceptance of each as being part of the self.
4. Self-insight: Self-insight means an awareness of one’s basic motivation and the effects that these motivations may have on thinking and conduct.
5. Self-knowledge: Self-knowledge requires an intelligent inventory of personal assets and liabilities. Personal improvement begins with the courage and determination to face the truth about one’s self

SIGNIFICANCE OF THE STUDY

Young adulthood represents a critical transitional phase characterized by identity formation, evolving social roles, and numerous stressors related to education, career, and relationships (Arnett, 2000; McClure et al., 2010). This period is often associated with emotional instability, anxiety, and self-doubt, highlighting the importance of examining protective psychological factors (Masten & Reed, 2004). Among these, self-esteem and social support play central roles in maintaining psychological well-being (Baumeister et al., 2003; Hidaya & Malik, 2024).

Self-esteem, defined as an individual’s overall evaluation of self-worth and competence (Rosenberg, 1965; Deci & Ryan, 2000), directly influences how people perceive and respond to life challenges. High self-esteem fosters adaptive coping, motivation, and emotional stability (Orth et al., 2008; Smith & Mackenzie, 2020), whereas low self-esteem increases vulnerability to stress, anxiety, and depression (Sowislo & Orth, 2013).

Social support, conversely, encompasses the emotional, practical, and informational assistance provided by family, friends, and peers (Gao & Ngai, 2015; Huppert & So, 2013). It

functions as a buffer against stress, mitigates negative emotional outcomes, and enhances life satisfaction (Sethi & Walia, 2023; Scardera et al., 2020). Research indicates that individuals perceiving higher levels of social support report greater resilience and subjective well-being (Yuan & Ngai, 2015; Guo & Wang, 2023).

Understanding the combined effects of self-esteem and social support offers valuable insight into how internal self-evaluation and external relationships interact to promote well-being (Doğan, 2015; Sethi & Kaur, 2024). However, relatively few studies have explored these two variables together among young adults, despite this group's growing exposure to social pressures, academic demands, and digital stressors (Sethi, 2023; Hidaya & Malik, 2024).

The findings of this study hold significance for several applied domains. Educational institutions can design mental health programs that strengthen students' self-worth and peer support structures (Gardner & Webb, 2019). Counselling and therapeutic practices can implement interventions that simultaneously enhance self-esteem and social connectedness (Neff & McGeehee, 2010; Ryan & Deci, 2017). Community and youth organizations can develop preventive initiatives that foster resilience, belonging, and confidence (Bussières et al., 2017; World Happiness Report, 2025).

More broadly, this study contributes to the advancement of mental health promotion strategies aimed at reducing the increasing rates of anxiety, loneliness, and emotional distress among young adults (Frontiers in Psychology, 2022; Dorjee, 2022). By examining how self-esteem and social support jointly influence psychological well-being, the research provides a holistic, evidence-based framework for fostering resilience and improving quality of life (Ryff, 1989; Tsaousis, 2016).

OPERATIONAL DEFINITION

Psychological well-being:

Individual meaningful engagement in life, selfsatisfaction, optimal psychological functioning and development at one's true highest potential. People with higher levels of well-being suffer less illnesses, have an increased life expectancy and engage in more healthy behaviour .

Perceived social support

Refers to the functions performed for the individual by significant others (including family members, relatives, and friends) 28 and people from extended relationships (including neighbors, classmates, and colleagues.

Self-esteem:

Rosenberg defines self-esteem as the "totality of the individual's thoughts and feelings with reference to himself as an object" (1965.)

Young Adults:

Individuals belonging to age 18 years to 25 years

OBJECTIVES OF THE STUDY

1. To examine the relationship between self-esteem and psychological wellbeing among young adults.
2. To examine the relationship between perceived social support and psychological wellbeing.
3. To compare psychological wellbeing between male and female young adults.

HYPOTHESIS OF THE STUDY

1. There will be significantly positively correlated with psychological wellbeing of self-esteem.
2. Perceived social support will be significantly positively correlated with psychological wellbeing.
3. Male and female young adults will differ significantly in psychological well-being.

DELIMITATION OF THE STUDY

- The sample is restricted to the Jammu District; therefore, the findings cannot be generalised to young adults from other regions.
- The study is cross-sectional, collecting data at one single point in time, and does not measure changes over time.
- The use of self-report measures may be subject to response biases such as social desirability.

CHAPTER II

REVIEW OF LITERATURE

The importance of review of literature is very heavy in the research process where every researcher wanted to have. Identify the need for additional research (justifying your research) and Place your own research within the context of existing literature making a case for why further study is needed. The major purpose of reviewing the literature is to determine what has already been done related to the topic and Identify the need for additional research that can relate to one's problem. It involves the systematic identification, Identification of the relationship of works in the context of its contribution to the topic, location and analysis of documents containing related information about the problem. The review of published literature is a faithful source of information where one can place their own research within the context of existing literature making a case for why further study is needed and it helps to show the relationship between completed research and the topic under investigation. A theoretical framework sharpens research objectives, suggests what variables should be eliminated as no meaningful and hence wasteful, increasing the likelihood of significant findings, simplified the complex task of interpreting results, aids in interpreting the result, aids in interpreting meaningful even if non-significance result and makes research cumulative from one study to the next.

STUDIES ON THE RELATIONSHIP OF SELF-ESTEEM AND SOCIAL SUPPORT WITH PSYCHOLOGICAL WELL-BEING AMONG YOUNG ADULTS

Ruihua (2025) conducted a systematic review of social support and mental health outcomes in college students, focusing on psychological and emotional well-being, stress, and health behaviours. Across multiple quantitative studies, higher social support was consistently associated with improved psychological well-being, reduced stress, and better coping; indirect pathways also emerged where support influenced health behaviours that, in turn, enhanced well-being. The review highlighted perceived social support as both a direct and indirect determinant of young adults' well-being and recommended integrating support-building components into campus mental health programs.

Birrell et al. (2025) reviewed empirical evidence on social connection as a central target for youth mental health.Synthesising recent studies, they showed that supportive relationships with peers, family, and communities predict better emotional well-being, lower distress, and

greater life satisfaction among adolescents and young adults. The authors argued that interventions which strengthen social connectedness and supportive networks can significantly enhance psychological well-being in youth and should be considered a core prevention strategy.

Yeo et al. (2025) conducted a large meta-analysis on perceived social support and human thriving, including mental and physical well-being indicators across the lifespan.Results showed that perceived social support has a moderate positive association with mental health and psychological well-being, including affect balance, life satisfaction, and resilience, and a smaller but robust association with physical health.The authors concluded that perceived social support is a broad, cross-domain determinant of thriving and recommended that interventions aimed at young adults incorporate strategies to enhance both the quantity and quality of support.

Zell and Johansson (2025) quantitatively synthesised findings from 40 meta-analyses on self-esteem and different aspects of health and well-being. Their synthesis suggested that self-esteem shows small-to-moderate positive associations with a wide range of outcomes, including subjective well-being, mental health, relationship quality, and academic functioning, across age groups.The authors argued that self-esteem is a meaningful psychological resource rather than a trivial trait, and that strengthening self-esteem in adolescence and young adulthood may contribute to better long-term well-being.

Narayan (2024) investigated the impact of perceived social support on self-esteem and resilience among young adults aged 18–25 using a survey design.The study found significant positive correlations between perceived social support and both self-esteem and resilience, implying that young adults who feel more supported have stronger self-beliefs and are better able to cope with stress.The author emphasised that strengthening social support networks can bolster psychological resources and indirectly enhance well-being in this population.

Zhang et al. (2024) examined how social support relates to mental health outcomes through perceived stress among young people.Using structural equation modelling, they showed that social support predicted lower perceived stress, which in turn was associated with higher positive affect and lower anxiety and depression, pointing to an indirect effect of support on psychological well-being via stress.The study recommended that interventions for youth well-being should simultaneously strengthen support and teach stress-management skills.

Poudel et al. (2024) studied whether self-esteem mediates the association between social support and well-being in young people.Drawing on earlier work and using mediation analysis, they found that perceived social support was positively related to well-being and that part of this effect operated through enhancements in self-esteem. These findings support models where social support fosters a sense of worth and competence, which subsequently promotes psychological well-being.

Sethi (2023) examined the role of perceived social support in self-esteem and resilience among young adults in India. Using correlational methods, the study reported that those with higher perceived social support tended to show higher self-esteem and greater resilience when dealing with stressors, confirming support as a positive coping resource. The paper argued that interventions should focus on enhancing perceived support within families and peer groups to help young adults maintain healthy self-esteem and psychological adjustment.

Arroyo (2022) compared younger and older adults to examine whether age moderates the relationship between social support and psychological well-being.Using measures of support from different relationship types and well-being indicators, the study found that social support was positively associated with well-being in both groups but that the association was stronger among younger adults.These findings suggest that social support may be a particularly salient determinant of psychological well-being during young adulthood compared with later life.

Kachroo and Ramanthan (2021) carried out a cross-sectional study on psychological well-being and perceived social support among college students of Kashmir valley. The data were collected from students 480 students from various degree colleges of Kashmir (18-24 years old age). The data was analysed by computing Pearson's correlation to test the relationship between study variables. The main intent was to estimate relationship between perceived social support with psychological well-being. The psychological well-being questionnaire and perceived social support questionnaire were administrated. Results also demonstrated that there was significant difference was found on the basis of gender, area of residence and family monthly income. Findings also unveiled that a perceived social support was positively correlated with psychological well-being.

Sridevi and Govind (2020) conducted a study on social support and psychological wellbeing among college medical college students. The study consists total sample of 100 students divided into two groups 50 male 50 females. Psychological well-being scale developed

by Ryff's scale (1995). Multidimensional social support scale (MDPSS Zimet et al., 1998) was employed was for data collection. The results also shown that male students are getting better social support, and high psychological well-being than female student. On the basis of result findings disclosed that significant difference was found between the age group of 18-20 years old and 21 -23 years old in social support, where no significant difference was found between 18-20 years and 21 -23 years old students in psychological well-being, simultaneously there is no significant difference on gender. Further findings indicated that there is significant positive correlation between social support and psychological wellbeing of college students.

Wahyudi et al. (2020) conducted a study on psychological well-being used to describe the psychological health of individuals who have an optimal and have a meaningful life. Beside result of study also validated that psychological well-being of Sufism practitioners and makes Sufism values a Sufistic counselling. For collection of data interview and observation methods were used. Purposive and snowball techniques were used for sampling. The results found, there are four values of Sufism that affect the conditions of psychological well-being, namely the teachings of zuhud, tawakal, khauf, and mahabbah. Sufism teachings such as zuhud, tawakal, khauf, mahabbah also become media as Sufistic counselling.

Iqbal and Khan (2020) carried out study to investigate the impact of Spirituality on the psychological well-being of the consumers involved in reusing As sustainable consumption behaviour (SCB). A total sample size of 286 Participants were selected by using purposive sample method out of which (42%) Men and (58%) women, from few cities of Punjab and the capital city of Pakistan, Islamabad. Participants' ages ranged from 21 to 51 years, income ranged from 36 Pakistani Rupees (PKR) 30,000 to more than (PKR) 70,000. The measures used Includes, Spirituality, SCB-Reusing, and Psychological Well-Being scale. Further Results showed that spirituality has a positive and significant effect on Psychological well-being. Further, reusing (SCB) was found to be a significant Mediator, also the moderating effect of religiosity on the relationship between Spirituality and reusing was significant and high. This study contributes to the Existing literature by concentrating on predictors that undermine psychological Well-being.. Further, it also investigated the moderating impact of religiosity on the Relationship between spirituality and reusing. Research findings have implications For researchers, policymakers, marketers, ecologists, social activists, and Practitioners. For research students, such contribution will bring a new avenue to Consider further research. Managers will find help to control such factors which Induce reusing and increase psychological well-being.

Kumari (2020) carried out a to find out the relationship between stress And psychological well-being among under graduate students of Bihar. A total Sample of 200 participants (100 male and 100 female), were Participants in the Study drawn from different districts of Bihar using Purposive sampling technique. measure includes the Stress, Stressful life events scale developed by Venkatesh Kumar (1995) and psycho- logical well-being, Ryff's Psychological Well-being Scale developed by Carol Ryff (Ryff and Singer, 1998) were Administered. Data were anlayed by Pearson's Products Moment Correlation was Applied to study the correlation between stress and psychological well-being. Results showed that stress and psychological well-being were negatively and Significantly correlated with each other.

Support et al. (2019) investigated the relationship between perceived Social support and psychological well-being among interstate students at Malikussaleh University This study consist sample of 105 interstate student were Selected in this study. Across sectional survey method was employed in this study.Two measures scales were utilised to assess perceived social support and Psychological well among interstate students Multidimensional perceived social Support scale and Ryff's psychological wellbeing scale Beside this collected data Were analyzed by using correlation Pearson method The result findings showed That there was a positive correlation between perceived social support and Psychological well-being.

Khairani and Shamsuddin (2019) carried out a study on the Influence of resilience on Psychological Well-Being of Malaysian University Undergraduates. Psychological well-being is fundamental to the overall health of Undergraduates, particularly to enable them to address challenges at the university. A total sample of 200 undergraduate students were selected by using random Sampling method out of which male = 90, female = 110) participated in this Exploratory study. Results demonstrated two significant findings. The instruments Employed include the adolescent resilience scale (ARS), PWB was measured using The Flourishing Scale (FS) (Diener et al., 2009). The findings of results indicateThat resilience significantly correlates in a positive direction with PWB. That is, the Higher the resilience, the higher the PWB will be. Therefore, this study concludes That resilience is a good predictor of student's PWB, resilience is a significant Predictor and it explained 48.2% variance in psychological well-being.

Hasan M (2019) conducted a study on Psychological Well-being and Gender Difference among Science and Social Science Under-Graduate students of Aligarh Muslim University, Aligarh. A total of 163 under-graduate students from various departments of Aligarh Muslim University's scientific and social science faculty were randomly recruited for the study (male

= 83 and female = 80) . The psychological measures used includes Ryff's Psychological Well-being scale was administered to a sample of 163 Under- Graduate (male=83, female=80) students of Science and Social Science Streams. The data was statistically analysed using Mean, SD, and the t-test. Findings showed no significant difference among the under-graduate students of science and social science with respect to Gender and Choice of streams. Findings of the study further disclosed the importance for the further studies, psychologists, counsellors, educationists.

Khairani et al. (2019) assessed levels of psychological well-being among undergraduates and to suggest how creativity can contribute to the enhancement of the psychological well-being. The study comprised total sample of 1965 university undergraduate students participated in this cross-sectional survey study. A response from the Flourishing Scale was employed to assess the levels of psychological- well-being among university students. Further results showed that 256 undergraduates fall into the low and moderate low levels with majority of them are from the first-year group. Beside these findings results revealed that gender and age have significant effects on the psychological wellbeing of the undergraduates. Moreover, this study also explained based on a review of past studies, we argue that incorporating creativity can contribute to enhancing undergraduates' psychological wellbeing.

Adyani et al. (2019) investigated the relationship between perceived social support and psychological well-being among interstate students at Malikussaleh University This study consist sample of 105 interstate student were selected in this study. Across sectional survey method was employed in this study. Two measures scales were utilised to assess perceived social support and psychological well among interstate students Multidimensional perceived social support scale and Ryff's psychological wellbeing scale. Beside this collected data were analyzed by using correlation Pearson method .The result findings showed that there was a positive correlation between perceived social support and psychological well-being among male and female students.

Udhayakumar and Illango (2018) carried out a study on undergraduate college students in Thiruvarur District, Tamil Nadu, south India. The study consisted total sample of 100 students out of which (51 male and 49 are female) participants were selected through random sampling method in the quantitative research. The participants were in the age group of 20-22 years. In addition to this data was collected through various psychological tools, demographic information sheet psychological well-being questionnaire developed by (Dupay1984). Beside

this scale measures six dimensions viz, anxiety, depression, sense of positive well-being, self-control, and over general health and 75% participants belong to rural areas from lower middle class with very low income 55% parents are farmers. Findings show that there was high level of overall wellbeing. Furthermore, it is observed from the results no gender difference was found in overall psychological wellbeing. Findings also revealed that anxiety level was higher in rural student as compared to urban students, whereas urban students had better positive well-being and over psychological wellbeing. Rural students had better general health status than the urban students. Moreover, there was significant correlation between psychological wellbeing and other dimensions. Depression was higher in among female students.

Batz & Tay (2018) a study was carried out whether men and women differ in terms of their well-being levels. The total sample consists of 450 households from various social-economic statuses .The finding of the study regarding on the relationship between gender and subjective well-being (i.e., life satisfaction, positive effect, and negative affect). Moreover it was observed that explanations behind the presence of gender differences in subjective well-being as well as explanations behind the lack of gender differences in subjective well-being. The finding of present research and propose important future directions to further disentangle the remaining questions regarding gender differences in subjective well-being.

Kirsten, and Wissing, (2003) investigated a study was to determine Determine whether men and women differ with regard to aspects of psychological Well-being. A total sample of 378 participants was recruited. Measuring Instruments includes 13 scales each completed by the participants 13 scales that Measure psychological well-being in affective, physical, cognitive, spiritual, self And social aspects. Further findings showed that statistically significant gender Differences with small to medium practical effects were found. Moreover, Men Scored higher on physical self- concept, automatic thoughts (positive), constructive Thinking, cognitive flexibility, total self-concept, and fortitude. Women scored Higher on the expression of affect, somatic symptoms, and religious well-being. The results documented that no significant gender differences were found on sense Of coherence, satisfaction with life, affect balance, emotional intelligence, self-Efficacy, and the social components of self-concept and of fortitude. The results are In line with gender stereotypes and traditional socialisation practices and possibly Reflect the impact of longstanding social inequity between men and women Gender Differences are of interest to numerous researchers pattern.

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Jailani and Lourdunathan, (2021) carried out a study to investigate the Relationship between social support and depressive symptoms among Undergraduate university students. The participants were recruited through Convenience sampling, and they voluntarily answered the questionnaire through an Online survey link. A total sample of 100 undergraduate students from various Streams, out of which 9 were males and 91 were female counterparts, whose ages

Ranged from 18- 25 years. The measures used in the study include the 53 Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet, Dahlem ,Zimet & Farley (1988) was used to measure the level of social support with three Subscale structure which are family, friend, and significant other, and the BDI scale For measuring depression. For statistical analysis, Mean, Standard deviation, and Correlation were used. The finding indicated that there was a relationship between Social support and depressive symptoms in which students with a high level of Social support had a minimal level of depressive symptoms. Besides, the results Show that the relationship between social support and depressive symptoms is due To the absence or presence of social support. Moreover, this study can also help Society and policymakers develop more intervention programmes related to social Support. Thus, social support plays a vital role in alleviating depressive symptoms Among university students.

Dar and Dar(2021) carried out a study to estimate the relationship of risk (adverse childhood experiences and conflict exposure) and protective factors (social support and hope) with mental health among youth in Kashmir, India. A Cross-sectional co-relational research design was employed. The study included a Sample of 693 (college and university) students who completed the survey Questionnaires including “Adverse Childhood Experiences Scale, Kashmir Conflict Exposure Checklist, Mental Health Inventory (MHI-18), Multidimensional

Scale Of Perceived Social Support and Adult Hope Scale" by using a multi-stage Sampling method. Data was analyzed by computing Spearman's Rank-Order Correlation to test the relationship among the study variables. The findings shown That Adverse Childhood Experiences (ACEs) and conflict exposure had a positive Relationship with depression, anxiety, and loss of behaviour control and a negative Relationship with positive affect and overall mental health., moreover social support and hope were negatively related with depression, anxiety, and loss of Behaviour control and positively related with positive affect and overall mental

Health, respectively. Therefore, the findings suggest enhancement of social support and development hope to promote mental health among the trauma exposed youth

Of Kashmir.

Matud et al.(2020) conducted a study on gender and psychological well-Being of older adults. A sample of 572 men and 629 women from the Spanish General population, ranging in age from 65 to 94 years, participated in this cross-Sectional study. The measurement used on the participants includes completed Socio demographic data and four questionnaires: The Bemsex role inventory, the Riff's psychological well-being scale, the York self-esteem inventory, and the Social support scale. For the statistical analysis of data, Mean, t-test (MANOVA), Person's correlation was applied by using SPSS 22.0 version. The findings Documented that Men scored slightly higher than women in self-acceptance ,Autonomy, purpose in life, and environmental mastery. Beside these findings of Hierarchical multiple regression analyses showed that, although the most important Predictors of psychological well-being in both women and men were self-esteem And social support, masculine/ instrumental and feminine/expressive traits were Associated with higher psychological well-being, although the effect size was Higher for the masculine/instrumental trait. In addition, results demonstrated that Gender plays an important role in the psychological well-being of older adults. The Results of this research are relevant for healthcare providers and policy-makers Interested in promoting successful aging and increasing the well-being of older People.

Ikiz and Cakar. (2010) investigated the relation between perceived social Support levels and self-esteem levels of adolescents. It was a descriptive study. Participants were 257 adolescents from different high schools from Burdur, in Turkey. The data were collected by Social Support Appraisals Scale for Children And Adolescents with Cooper smith Self-Esteem Inventory Short Form. The Findings of result showed that according to gender, there is a

statistically Significant difference on the perceived peer and teacher support levels however there is no difference on self-esteem levels. Further more significant positive Relation between perceived social support levels and self-esteem levels of Adolescents was found.

Batool and Ahmad(2014) carried out a study to investigate the impact of Perceived social support on psychological well-being among teenagers. It was also Aimed to compare levels of perceived social support and psychological well-being Among teenagers with one parent alive and with both parents alive. A total sample Of 212 teenagers of age range of 13 to 19 years with equal number of teenagers With both parents alive (106) and teenagers with one parent alive (106). The Overall sample was collected from different cities of Pakistan. The measures Employed for the study includes Urdu translated versions of Multidimensional Scale of Perceived Social Support (MSPSS) and Warwick-Edinburgh Mental Well-being Scale (WEMWBS) were used in the study. The findings revealed that Perceived social support is a significant predictor of psychological well-being Among teenagers. Results had also revealed that teenagers with one parent alive Have lower levels of perceived social support and psychological well-being than Teenagers with both parents alive

Kutty and Ahmad (2014) made a study on Perceived Social Support and Well Being first year Student experience in university. A total sample of 16 students were selected study was using purposive sampling method to reflect wide variation across social identity of gender, ethnicity and programmes in the university Further study was carried out in a top public research university in the Klang Valley, Malaysia. Beside the students included in the study were aged between 19-20 years old, with an equal number of male and female participants. Of the 16 participants, six were of Malay, four of Chinese, and six of Indian ethic groups. Results revealed that academic adjustments, social adjustment and emotional among new students are dependent on their abilities in receiving socio-educational support from friends (supportive friendship) and families. Moreover, results also unveiled the powerful influence of parents and the importance of socio-relationship for student wellbeing. In addition to these results also disclosed the importance of student community, senior students and family-networks in adapting to a new learning environment.

Rani (2016) conducted research to determine the relationship between perceived social support and psychological well-being among young working individuals. The sample included 173 males and 113 girls between the ages of 21 and 28 who were currently employed. The Multidimensional Scale of Perceived Social Support was used to assess perceived social support, while Ruff's Scale of Psychological Well-Being was used to assess psychological

well-being. Independent samples" test, Pearson Product Moment Correlation analysis, and regression analysis were used to analyse the data. The findings revealed a substantial positive link between Perceived Social Support and Psychological Well-Being, showing that the higher the level of Perceived Social Support, the higher the level of Psychological Well-Being. Furthermore, there were significant gender disparities in perceived social support, with women reporting getting more

than male.

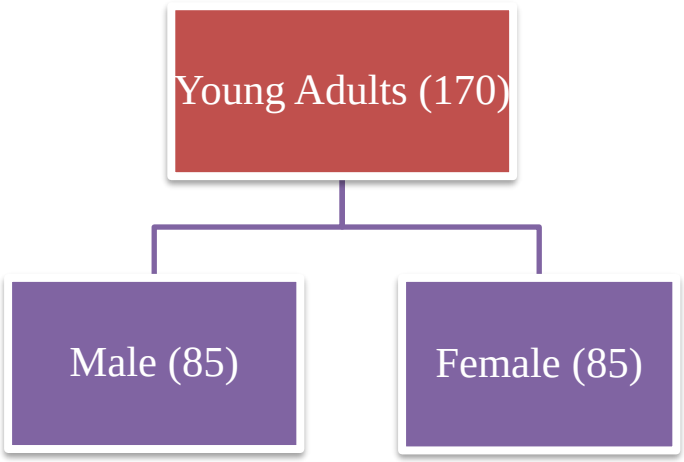
Aydın, (2017) conducted a study to examine the levels of perceived social support and psychological well-being among nursing students. A total sample of 300 nursing students was recruited for the study. The tools used for the data collection, an introductory identification form, developed by the researcher, the Scale of Perceived Social Support and the Psychological Well-Being (Short Form) Scale were used in this study. For statistical analysis, Pearson's correlation and regression analysis to analysed the data by using SPSS 20.0 software of the study. The findings disclosed that psychological wellbeing increased with staying with their families. Regarding receiving perceived social support maximum level from special friends and minimum level from others. Beside psychological well –being positive relationship with others was very high whereas autonomy was low, the third-year students received higher social support from friends and from special persons, gender difference was also found in fourth year students in terms perceived social support. Furthermore, results demonstrated that a positive relationship was determined between the perceived support levels of nursing students and their psychological well-being. In addition to results revealed that when social support increased simultaneously. Azlini, (2017) conducted a study to determine the levels of perceived social support and psychological well-being of nursing students. The study comprised of 300 nursing students who were continuing their education during the academic year 2015-2016.The study includes 'Introductory Information Form' 'Perceived Social Support Scale' and 'Psychological Wellbeing Scale (Short Form)' were applied as data collection tools. For statistical analysis, Mann Whitney U test, Pearson correlation analysis and regression analysis were used in the assessment of the data. The highest average among perceived social support subscales of nursing students belonged to special person support) while the lowest average belonged to friend support It has been determined that the perceived social support and psychological well-being of the students in upper grades were at a better level. It has been determined that as the level of perceived social support of nursing students increased, their psychological wellbeing increased as well.

CHAPTER III

RESEARCH METHODOLOGY

3.1 SAMPLE AND POPULATION

Sampling forms the foundation of scientific research, as a well-chosen sample ensures accuracy, efficiency, and reliability of results. The size of the sample depends on the nature, scope, and objectives of the study. In the present research, due to time and resource constraints, the investigator selected a sample of 170 young adults from the Jammu District. The sample consisted of 85 male and 85 female participants aged between 18 and 25 years (M = 21.30, SD = 2.05), ensuring equal representation by gender. Participants were drawn from various colleges and universities within the district.



3.2 SAMPLING TECHNIQUE

In the present study, the investigator used the convenience Sampling Technique for data collection. This method was chosen to ensure that participants met specific criteria relevant to the study, namely, falling within the 18–25 age range and being willing to share their experiences related to self-esteem, perceived social support, and psychological well-being.

3.3 RESEARCH TOOLS USED AND THEIR DESCRIPTION

Data for the present study were collected using standardised questionnaires through an online mode. The questionnaires were administered via Google Forms and distributed electronically among eligible participants. The selection of appropriate research tools was essential for obtaining valid and reliable data, as the choice of tools depended on the nature and objectives of the problem under investigation. Accordingly, each tool was selected based on its relevance, reliability, validity, and suitability for the target population.

For the present investigation, the following research tools were used:

ROSENBERG SELF-ESTEEM SCALE (RSES)

The Rosenberg Self-Esteem Scale (RSES), developed by Morris Rosenberg (1965), is one of the most widely used and well-validated measures of global self-esteem. The scale consists of 10 items rated on a 4-point Likert scale ranging from 1 (Strongly Disagree) to 4 (Strongly Agree). Five items are positively worded (reflecting positive self-regard) and five are negatively worded (reflecting negative self-regard), with the latter being reverse-scored before computing total scores. Total scores range from 10 to 40, with higher scores indicating greater self-esteem. The RSES has demonstrated strong internal consistency (Cronbach's alpha typically ranging from .77 to .88) and adequate test–retest reliability across diverse populations. It is widely employed in research on psychological well-being, mental health, and personality, providing a brief yet reliable indicator of an individual's overall evaluation of their self-worth.

MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT (MSPSS)

The Multidimensional Scale of Perceived Social Support (MSPSS), developed by Zimet et al. (1988), is a 12-item self-report measure designed to assess an individual's perception of social support received from three sources: family, friends, and significant others. Each subscale consists of four items rated on a 7-point Likert scale ranging from 1 (Very Strongly Disagree) to 7 (Very Strongly Agree). Total scores are computed by averaging responses across all 12 items, with higher scores indicating greater perceived social support. The MSPSS has consistently demonstrated strong psychometric properties, including high internal consistency (Cronbach's alpha $\geq .85$ for the total scale) and satisfactory test–retest reliability. It is widely used in research examining the role of social support in stress, coping, and mental health across various populations.

RYFF'S SCALES OF PSYCHOLOGICAL WELL-BEING (SPWB)

Ryff's Scales of Psychological Well-Being (SPWB), developed by Carol D. Ryff (1989), provide a multidimensional assessment of psychological well-being grounded in a eudaimonic theoretical framework. The full scale encompasses six dimensions: Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, and Self-Acceptance. The present study used the 42-item version of the SPWB, with seven items per subscale rated on a 6-point Likert scale ranging from 1 (Strongly Disagree) to 6 (Strongly Agree). Negatively worded items are reverse-scored before computing subscale and total scores. Higher total scores reflect greater psychological well-being. The SPWB has

demonstrated adequate internal consistency across subscales (Cronbach's alpha ranging from .70 to .90) and strong construct validity, making it a widely recognised measure in positive psychology and well-being research.

3.4 STATISTICAL TECHNIQUES EMPLOYED

In order to analyse the data, the following statistical techniques were employed:

- Mean
- Standard Deviation
- t-test (Independent Samples)
- Pearson's Product Moment Correlation

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter presents the analysis and interpretation of data collected from 170 young adults to address the research questions and hypotheses set forth in the study. The data have been systematically processed and analysed using appropriate statistical techniques. The results are presented in a structured manner, highlighting key patterns, relationships, and trends that emerged from the analysis. Specifically, the chapter addresses: (a) the demographic profile of the respondents, (b) descriptive statistics for the main variables, (c) gender differences in psychological well-being, and (d) the relationships among self-esteem, perceived social support, and psychological well-being.

4.1 DEMOGRAPHIC PROFILE OF THE RESPONDENTS

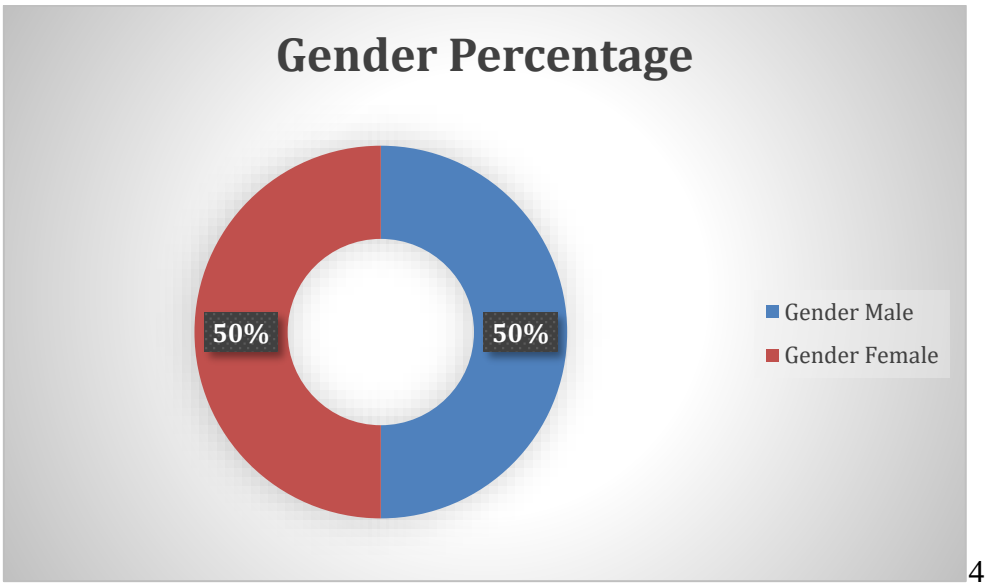
Table 4.1 *Demographic Profile of the Respondents*

Demographic Variables	**Category**	**Percentage**	**N**
Gender	Male	50.0%	85
	Female	50.0%	85
Age Group	18–20 years	38.2%	65
	21–22 years	35.3%	60
	23–25 years	26.5%	45
Educational Level	Undergraduate	55.3%	94
	Postgraduate	44.7%	76

Note. N = 170. Percentages may not sum to exactly 100% due to rounding.

The present study was conducted on a sample of 170 young adults aged 18–25 years (M = 21.30, SD = 2.05). As presented in Table 1, gender distribution was equal, with 85 males (50.0%) and 85 females (50.0%) ensuring balanced representation. With respect to age, the majority of participants were in the 18–20 years category (38.2%; n = 65), followed by the 21–

22 years group (35.3%; n = 60), and the 23–25 years group (26.5%; n = 45). Regarding educational level, more than half of the participants were undergraduates (55.3%; n = 94), while the remaining were postgraduate students (44.7%; n = 76).



4

Fig 4.1 Demographic details (Gender) .

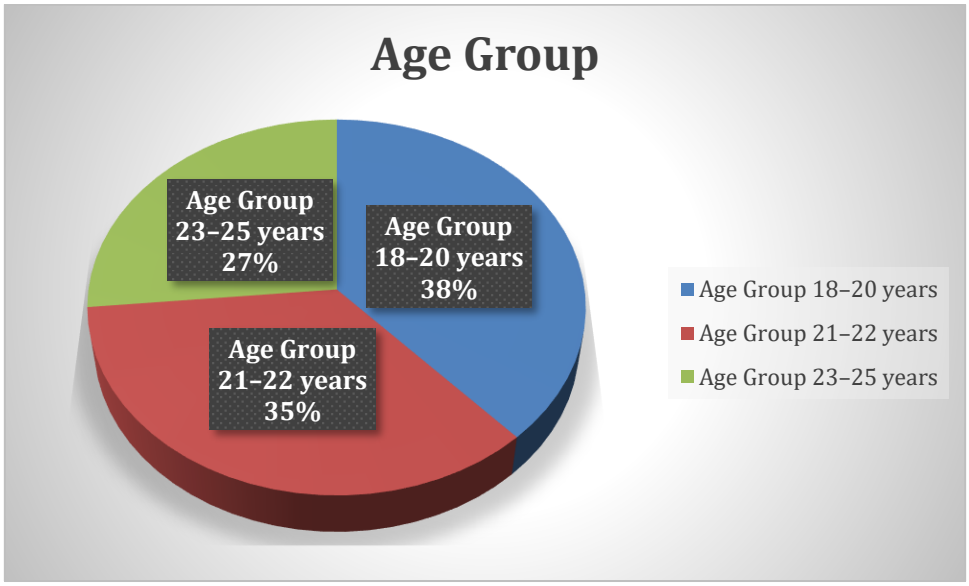


Fig 4.2 Demographic details (Age) .

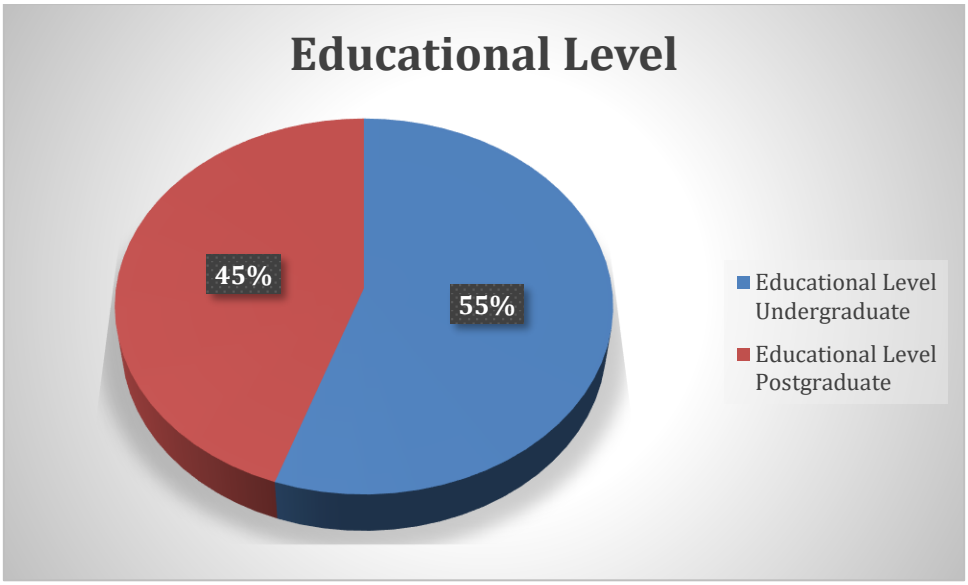


Fig 4.3 Demographic details (Educational Levels).

4.2 DESCRIPTIVE STATISTICS FOR THE MAIN VARIABLES

To examine the central tendency and variability of the main variables, descriptive statistics were computed for self-esteem, perceived social support, and psychological well-being for the total sample as well as separately for male and female participants. The results are presented in Table 2.

Table 4.2 *Descriptive Statistics for the Main Variables (N = 170)*

Variable	Total M (SD)	Male M (SD)	Female M (SD)
Self-Esteem	28.45 (4.82)	29.10 (4.60)	27.80 (5.00)
Perceived Social Support	55.32 (10.14)	54.90 (9.85)	55.74 (10.45)
Psychological Well-Being	78.50 (12.20)	80.20 (11.80)	76.80 (12.50)

Note. M = Mean; SD = Standard Deviation. Self-esteem was measured using the Rosenberg Self-Esteem Scale (RSES; range 10–40). Perceived social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS; range 12–84). Psychological

well-being was measured using Ryff's Scales of Psychological Well-Being (SPWB; 42-item version).

As presented in Table 2, the mean self-esteem score for the total sample was 28.45 (SD = 4.82), indicating a moderate-to-high level of self-esteem overall. Males reported slightly higher mean self-esteem (M = 29.10, SD = 4.60) compared to females (M = 27.80, SD = 5.00). The mean perceived social support score for the total sample was 55.32 (SD = 10.14), with comparable levels observed between males (M = 54.90, SD = 9.85) and females (M = 55.74, SD = 10.45). The total sample mean for psychological well-being was 78.50 (SD = 12.20), with males reporting higher mean scores (M = 80.20, SD = 11.80) than females (M = 76.80, SD = 12.50), suggesting a modest gender difference in favour of male participants.

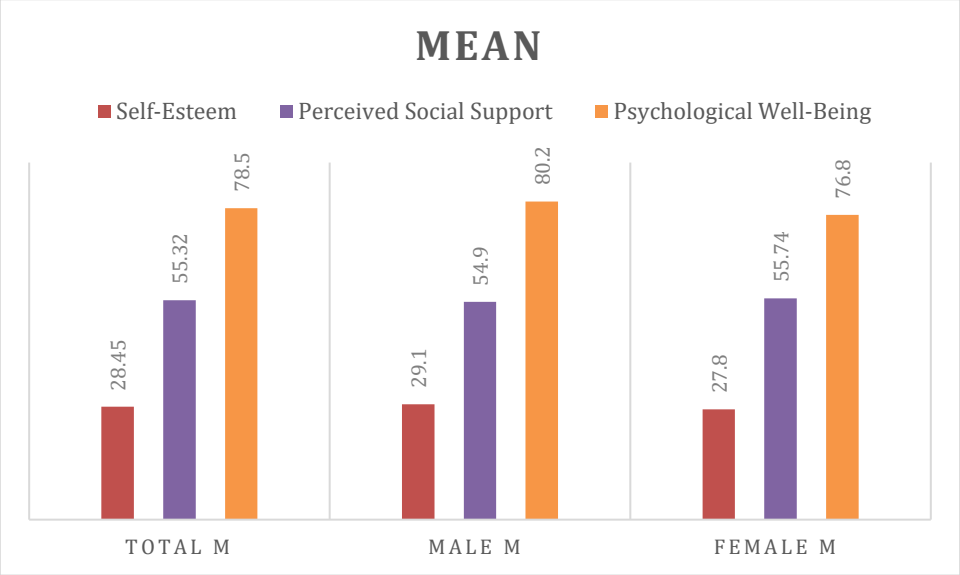


Fig 4.4 Mean differences of Self Esteem , Perceived Social Support , Psychological Well-Being.

4.3 GENDER DIFFERENCES IN PSYCHOLOGICAL WELL-BEING

To examine whether statistically significant gender differences existed in psychological well-being, an independent-samples t-test was conducted. Results are presented in Table 3.

Table 4.3 *Independent Samples t-test Showing Gender Differences in Psychological Well-Being*

Variable	Male M (SD)	Female M (SD)	*t*	*df*	*p*	Cohen's d
Psychological Well-Being	80.20 (11.80)	76.80 (12.50)	2.45	168	.016*	.38

Note. M = Mean; SD = Standard Deviation. All tests are two-tailed. Cohen's d values represent effect sizes interpreted using Cohen's (1988) guidelines: small (.20), medium (.50), and large (.80). * $p < .05$.

As presented in Table 3, an independent-samples t-test revealed a statistically significant gender difference in psychological well-being, $t(168) = 2.45$, $p = .016$, Cohen's $d = .38$. Male young adults reported significantly higher psychological well-being ($M = 80.20$, $SD = 11.80$) compared to female young adults ($M = 76.80$, $SD = 12.50$). The effect size was small to medium ($d = .38$), indicating that while the difference was statistically significant, it was modest in magnitude.

These findings suggest that male young adults in the present sample reported slightly higher levels of psychological well-being than female young adults. This result is broadly consistent with prior research indicating that gender-related psychosocial stressors, heightened role expectations, and greater susceptibility to certain forms of emotional strain may contribute to somewhat lower psychological well-being in young women. Thus, the hypothesis that male and female young adults would differ significantly in psychological well-being was supported, with females showing slightly lower levels of well-being compared to males.

4.4 RELATIONSHIPS AMONG SELF-ESTEEM, PERCEIVED SOCIAL SUPPORT, AND PSYCHOLOGICAL WELL-BEING

Pearson product-moment correlation coefficients were computed to examine the interrelationships among self-esteem, perceived social support, and psychological well-being. The correlation matrix is presented in Table 4.

Table 4.4 *Pearson Product-Moment Correlation Matrix Among Study Variables*

Variable	1. Self-Esteem	2. Perceived Social Support	3. Psychological Well-Being
1. Self-Esteem	—		
2. Perceived Social Support	.42**	—	
3. Psychological Well-Being	.54**	.48**	—

Note. ** $p < .001$ (2-tailed). Values below the diagonal are Pearson r coefficients.

As presented in Table 4, self-esteem was significantly positively correlated with psychological well-being, $r = .54$, $p < .001$. This strong positive association indicates that young adults reporting higher levels of self-esteem also tend to report significantly greater psychological well-being, consistent with theoretical perspectives highlighting self-esteem as a core contributor to positive mental health and flourishing.

Perceived social support was also significantly positively correlated with psychological well-being, $r = .48$, $p < .001$, supporting the view that higher perceived social support is linked to better psychological well-being and serves as a protective factor for mental health in young adults. Furthermore, self-esteem and perceived social support were positively and significantly intercorrelated, $r = .42$, $p < .001$, suggesting that individuals with stronger self-regard also tend to perceive greater support from their social networks.

Overall, the findings indicate that both self-esteem and perceived social support are robust positive correlates of psychological well-being in the present sample, with self-esteem demonstrating a somewhat stronger association. The significant intercorrelation between self-esteem and perceived social support further suggests that these variables may share meaningful psychological variance in predicting well-being outcomes.

4.5 SUMMARY OF FINDINGS

Taken together, the results of the present study yield a coherent and theoretically meaningful pattern. Descriptive statistics indicated that the sample reported moderate-to-high levels of self-esteem ($M = 28.45$, $SD = 4.82$), moderate levels of perceived social support ($M = 55.32$, $SD = 10.14$), and moderate levels of psychological well-being ($M = 78.50$, $SD = 12.20$), with males reporting slightly higher well-being scores than females.

The independent-samples t-test revealed a statistically significant gender difference in psychological well-being, $t(168) = 2.45$, $p = .016$, Cohen's $d = .38$, with male participants reporting significantly higher well-being than female participants, though the effect size was small to medium in magnitude.

Pearson correlation analyses revealed significant positive associations among all three main variables. The strongest relationship observed was between self-esteem and psychological well-being ($r = .54$, $p < .001$), followed by perceived social support and psychological well-being ($r = .48$, $p < .001$), and self-esteem and perceived social support ($r = .42$, $p < .001$). These findings confirm the dual importance of self-esteem and perceived social support as predictors of psychological well-being in young adults and highlight the interconnected nature of these psychological resources.

CHAPTER V

FINDINGS, CONCLUSIONS, FUTURE IMPLICATIONS AND SUGGESTIONS

The purpose of the present chapter is to interpret and contextualise the findings of the study within the existing body of empirical and theoretical literature on self-esteem, perceived social support, psychological well-being, and gender differences among young adults. The chapter is organised around the three main objectives of the study: (a) examining descriptive characteristics of self-esteem, perceived social support, and psychological well-being; (b) investigating gender differences in psychological well-being; and (c) examining the relationships among self-esteem, perceived social support, and psychological well-being. Each objective and its corresponding finding are addressed in turn. The chapter proceeds with a discussion of theoretical and practical implications, followed by an acknowledgement of the study's limitations and recommendations for future research, and concludes with a summary of key findings.

5.1 INTERPRETATION OF FINDINGS

OBJECTIVE 1: DESCRIPTIVE PROFILE OF SELF-ESTEEM, PERCEIVED SOCIAL SUPPORT, AND PSYCHOLOGICAL WELL-BEING

The first objective of the study was to describe the central tendency and variability of the main study variables. The sample of young adults reported a mean self-esteem score of 28.45 (SD = 4.82) on the Rosenberg Self-Esteem Scale, indicating a moderate-to-high level of global self-esteem. This finding aligns with existing research suggesting that self-esteem tends to be relatively high in young adulthood, a developmental period characterised by growing self-awareness and consolidation of identity (Robins & Trzesniewski, 2005). The moderate-to-high self-esteem profile observed in the present sample is consistent with prior Indian studies examining self-esteem in college students, which have generally documented average to above-average self-esteem levels in this population.

The mean perceived social support score of 55.32 (SD = 10.14) on the MSPSS indicated moderate levels of perceived social support, suggesting that participants generally felt they could rely on support from significant others, family, and friends, though not at uniformly high levels. Consistent with prior research, perceived social support in young adulthood is shaped by the quality of family relationships, peer networks, and romantic partnerships, all of which

can fluctuate considerably during this transitional life stage (Zimet et al., 1988; Siedlecki et al., 2014). The moderate support profile observed here may reflect the social transitions and shifting support networks characteristic of early adulthood.

The mean psychological well-being score of 78.50 (SD = 12.20) on Ryff's Scales of Psychological Well-Being indicated moderate levels of eudaimonic well-being in the sample. This finding is consistent with evidence that young adults in academic settings often experience a mixed well-being profile, characterised by personal growth and purpose but also by challenges related to autonomy, self-acceptance, and environmental mastery in the context of ongoing developmental transitions (Ryff, 1989; Ryff & Keyes, 1995). The descriptive profile as a whole suggests that the present sample of young adults is functioning adequately in terms of psychological resources, with room for enhancement in both social support utilisation and psychological well-being.

OBJECTIVE 2: GENDER DIFFERENCES IN PSYCHOLOGICAL WELL-BEING

The second objective was to examine gender differences in psychological well-being among young adults. An independent-samples t-test revealed a statistically significant difference between male and female participants on psychological well-being, $t(168) = 2.45$, $p = .016$, with males reporting higher well-being ($M = 80.20$, $SD = 11.80$) than females ($M = 76.80$, $SD = 12.50$). Although the effect size was small to medium (Cohen's $d = .38$), indicating a modest rather than large practical difference, the finding is statistically robust and consistent with a body of literature suggesting that gender-related factors influence psychological well-being in early adulthood.

This finding is broadly consistent with prior research. Ryff (1989), in her foundational work on psychological well-being, found gender differences across several well-being dimensions, with women tending to score higher on positive relations with others and personal growth, while men showed no consistent disadvantage. However, subsequent research has documented that young women may experience lower overall psychological well-being due to heightened gender-role-related stress, greater susceptibility to internalising disorders, and elevated role conflict (Hyde, 2014). The present finding that male participants reported significantly higher total well-being scores may partly reflect these psychosocial pressures, which can disproportionately affect young women in academic and social contexts.

Keyes and Waterman (2003) emphasised that gender differences in well-being often emerge in contexts characterised by heightened performance expectations and social

evaluation, where women may be exposed to additional stressors related to gender identity and societal role demands. In the Indian cultural context, young women may face added pressures stemming from traditional gender role expectations, societal scrutiny, and the dual burden of academic achievement and adherence to social norms, all of which could contribute to modestly lower psychological well-being compared to their male counterparts (Kaur & Kaur, 2017). The present findings thus contribute to the growing literature emphasising the need for gender-sensitive well-being interventions in Indian higher education settings.

OBJECTIVE 3: RELATIONSHIPS AMONG SELF-ESTEEM, PERCEIVED SOCIAL SUPPORT, AND PSYCHOLOGICAL WELL-BEING

The third and most theoretically central objective of the study was to investigate the relationships among self-esteem, perceived social support, and psychological well-being among young adults. Pearson correlation analyses revealed significant positive associations among all three variables. The strongest association was between self-esteem and psychological well-being ($r = .54$, $p < .001$), followed by perceived social support and psychological well-being ($r = .48$, $p < .001$), and self-esteem and perceived social support ($r = .42$, $p < .001$).

The significant positive association between self-esteem and psychological well-being is consistent with earlier studies showing that self-esteem is strongly and positively associated with psychological well-being and mental health in young adults (Diener & Diener, 1995; Orth & Robins, 2013). Self-esteem, as a global evaluative appraisal of one's self-worth, is theoretically linked to multiple dimensions of psychological well-being articulated by Ryff (1989), including self-acceptance, purpose in life, and environmental mastery. Individuals with higher self-esteem tend to approach developmental challenges with greater confidence and psychological resilience, thereby fostering higher levels of eudaimonic well-being. Baumeister et al. (2003) proposed that self-esteem functions as a sociometer that regulates individuals' sense of social inclusion and belonging, which in turn directly influences psychological well-being by reducing anxiety, increasing positive affect, and promoting a sense of personal efficacy.

The significant positive association between perceived social support and psychological well-being ($r = .48$, $p < .001$) supports previous evidence that higher perceived social support is linked to better psychological well-being and serves as a protective factor for mental health in young adults (Cohen & Wills, 1985; Siedlecki et al., 2014). Perceived social

support, particularly from family and significant others, has been consistently shown to buffer the negative effects of stress, promote adaptive coping, and enhance positive psychological outcomes across the lifespan. Within Ryff's model of psychological well-being, social support is most directly relevant to the dimension of positive relations with others, which concerns the quality and depth of interpersonal connections; however, social support also broadly supports self-acceptance, environmental mastery, and purpose in life by providing emotional validation, practical assistance, and a sense of belonging.

The significant positive intercorrelation between self-esteem and perceived social support ($r = .42$, $p < .001$) is also theoretically meaningful. Individuals with higher self-esteem may be better positioned to both seek and utilise social support, as they are more likely to perceive themselves as worthy of care and assistance (Murray et al., 2001). Conversely, greater perceived social support may reinforce and sustain self-esteem by providing affirmation and a sense of valued social belonging. This reciprocal relationship between self-esteem and perceived social support suggests that psychological interventions targeting either resource are likely to produce broader benefits across the well-being system.

5.2 IMPLICATIONS FOR THEORY AND RESEARCH

The findings of the present study carry several important theoretical and research implications. From a theoretical perspective, the results provide empirical support for integrative models of psychological well-being that position both intrapersonal resources, such as self-esteem, and interpersonal resources, such as perceived social support, as independent yet interrelated contributors to eudaimonic flourishing. The pattern of significant correlations observed in the present study is consistent with Ryff's (1989) eudaimonic model, which explicitly recognises the role of self-acceptance and positive relations with others as foundational dimensions of psychological well-being.

The finding that self-esteem demonstrates a stronger association with psychological well-being ($r = .54$) compared to perceived social support ($r = .48$) aligns with theoretical perspectives emphasising the centrality of intrapersonal self-evaluation in determining psychological flourishing. This suggests that future theoretical models of well-being in young adults should accord primacy to self-concept variables while simultaneously acknowledging the substantive, independent contribution of social environmental factors. Researchers examining predictors of psychological well-being in young adult populations may benefit from

adopting integrative frameworks that simultaneously assess both self-concept and social support variables, as each appears to account for unique variance in well-being outcomes.

The observed gender difference in psychological well-being, while modest, suggests that theoretical models of well-being development in young adulthood should incorporate gender as a moderating contextual variable. Future research should investigate the specific mechanisms through which gender shapes well-being trajectories, including the role of gender-role socialisation, perceived discrimination, and differential access to social resources. Longitudinal designs would be particularly valuable in establishing the developmental pathways linking self-esteem, perceived social support, and psychological well-being across the transition from late adolescence to emerging adulthood.

5.3 IMPLICATIONS FOR PRACTICE

The findings of the present study carry meaningful implications for counsellors, educators, and mental health practitioners working with young adult populations in Indian higher education contexts. The significant associations between self-esteem, perceived social support, and psychological well-being suggest that interventions addressing these variables are likely to produce meaningful improvements in young adults' psychological outcomes.

With respect to self-esteem, the strong positive association with psychological well-being ($r = .54$) highlights the importance of integrating self-esteem-enhancing components into college-based mental health programmes. Cognitive-behavioural interventions that target maladaptive self-beliefs, promote self-acceptance, and strengthen self-efficacy have demonstrated efficacy in improving self-esteem in young adults and may have cascading positive effects on overall psychological well-being. University counselling services may consider delivering brief, group-based self-esteem workshops as preventive mental health initiatives, particularly for students in the transition period of first- and second-year study.

With respect to perceived social support, the present findings affirm the importance of fostering supportive interpersonal environments within educational institutions. Universities should invest in structured peer support programmes, mentoring relationships, and academic support networks that enhance students' sense of social belonging and connectedness. Given that perceived social support from significant others, family, and friends each contributes independently to well-being, practitioners should also encourage students to maintain and strengthen existing support networks rather than relying exclusively on institutional support systems.

The finding of a significant gender difference in psychological well-being, with female participants reporting lower scores, underscores the need for gender-sensitive mental health programming. University counselling centres and student welfare offices in the Jammu region should develop programmes specifically designed to address the unique psychosocial challenges faced by young women, including those related to gender-role expectations, social comparison, and academic pressure. Awareness campaigns normalising help-seeking behaviour among female students, combined with structured group counselling interventions, may help reduce the well-being gap observed in the present study.

5.4 LIMITATIONS OF THE STUDY

While the present study provides valuable insights into the relationships among self-esteem, perceived social support, and psychological well-being in young adults, several limitations must be acknowledged. First, the sample was restricted to the Jammu District of India, which limits the generalisability of the findings to other geographic, cultural, and institutional contexts. Future research should replicate these findings in diverse regional and national settings.

Second, the cross-sectional design of the study precludes the establishment of causal relationships among the variables. The significant correlations observed may reflect bidirectional or reciprocal influences, and longitudinal or experimental designs would be required to clarify the directional pathways linking self-esteem, perceived social support, and psychological well-being over time.

Third, the use of self-report measures is subject to response biases, including social desirability, acquiescence bias, and retrospective distortion, which may have introduced systematic error into the data. Future studies could supplement self-report measures with behavioural or observational indicators of well-being to enhance measurement validity.

Fourth, the study did not examine potentially important confounding variables, such as socioeconomic status, family structure, academic performance, personality traits, or prior mental health history, which may moderate the observed associations. Future research should incorporate these variables to develop a more comprehensive model of psychological well-being in young adults.

5.5 RECOMMENDATIONS FOR FUTURE RESEARCH

Based on the findings and limitations of the present study, several directions for future research are recommended. Longitudinal studies following young adults across multiple time

points would provide critical insights into the developmental trajectories of self-esteem, perceived social support, and psychological well-being, as well as the causal mechanisms linking these variables.

Future research should examine potential mediating variables, such as coping strategies, resilience, emotional regulation, and sense of coherence, which may explain the mechanisms through which self-esteem and perceived social support influence psychological well-being. Structural equation modelling approaches would be particularly well-suited to testing such mediation hypotheses within a theoretically integrated framework.

Researchers should also investigate the differential contributions of the three MSPSS subscale sources of support (significant others, family, and friends) to different dimensions of Ryff's psychological well-being model. Such analyses would provide a more nuanced understanding of which sources of support are most relevant to which aspects of eudaimonic flourishing in young adults.

Given the observed gender difference in psychological well-being, future studies should examine the specific psychosocial mechanisms underlying this difference in the Indian cultural context, including gender-role expectations, perceived discrimination, and differential stress exposure. Qualitative and mixed-methods designs could provide rich contextual understanding of the lived experiences of young women and men in terms of their well-being challenges and resources.

Finally, intervention research testing the efficacy of self-esteem and social support enhancement programmes on psychological well-being in young Indian adults is warranted. Randomised controlled trials examining the impact of brief psychological interventions in university settings would provide high-quality evidence to guide evidence-based mental health promotion in higher education.

5.6 CONCLUSION

The present study examined the relationships among self-esteem, perceived social support, and psychological well-being in a sample of 170 young adults (85 males, 85 females) aged 18–25 years from the Jammu District of India, as well as gender differences in psychological well-being. The findings yielded a coherent and theoretically meaningful pattern. Both self-esteem and perceived social support demonstrated significant positive associations with psychological well-being, with self-esteem emerging as the stronger

correlate. A statistically significant, albeit modest, gender difference was observed, with male young adults reporting higher psychological well-being than female young adults.

These findings affirm the importance of intrapersonal self-evaluative resources and interpersonal social support as dual contributors to psychological flourishing in young adulthood and highlight the need for gender-sensitive, integrated mental health promotion strategies in Indian higher education. By directing attention to both self-esteem enhancement and social support strengthening, universities and mental health practitioners can develop more comprehensive and effective programmes to promote psychological well-being in the young adult population.

In conclusion, the present study adds to the growing body of literature on positive psychology and youth mental health in the Indian context and underscores the critical importance of addressing both intrapersonal and interpersonal psychological resources in efforts to promote well-being and prevent psychological distress among young adults. Future longitudinal, multi-site, and intervention studies are encouraged to build upon these findings and develop an increasingly nuanced understanding of the determinants of psychological well-being across the transition to adulthood.

SUMMARY

TOPIC: THE RELATIONSHIP OF SELF-ESTEEM AND PERCEIVED SOCIAL SUPPORT WITH PSYCHOLOGICAL WELL-BEING AMONG YOUNG ADULTS

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1. INTRODUCTION & THEORETICAL FRAMEWORK

Well-Being & Psychological Well-Being: Well-being is defined as the multi-dimensional experience of health, prosperity, high life satisfaction, a sense of purpose, and optimal psychological functioning. This study conceptualizes psychological well-being through Carol Ryff's eudaimonic model, which highlights self-realization and living in accordance with one's true self across six main dimensions: Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, and Self-Acceptance.

Perceived Social Support: This refers to an individual's subjective evaluation of the availability and quality of assistance provided by their social network, primarily categorized into support from family, friends, and significant others. It serves as a vital environmental resource and psychological buffer against normative and non-normative life stressors.

Self-Esteem: Defined as an individual's global evaluation of their own self-worth, competence, and attitude toward themselves. It stands as a pivotal intrapersonal trait influencing motivation, adaptive coping mechanisms, and overall emotional stability.

2. RATIONALE & SIGNIFICANCE OF THE STUDY

Young adulthood (ages 18–25) is a critical developmental transition characterized by identity consolidation, academic stress, evolving social roles, and emotional vulnerability.

While previous literature widely documents these variables independently, few studies have jointly investigated how internal self-evaluations (self-esteem) and external relationship resources (perceived social support) interact to promote psychological well-being among young adults, particularly within volatile or specific regional Indian contexts.

The findings are critical for educational institutions, counselors, and community organizations to design target-oriented, gender-sensitive preventive mental health programs.

3. METHODOLOGY

OBJECTIVE 1. To examine the relationship between self-esteem and psychological well-being among young adults.

OBJECTIVE 2. To investigate the relationship between perceived social support and psychological well-being.

OBJECTIVE 3. To compare levels of psychological well-being between male and female young adults.

HYPOTHESES:

HYPOTHESES 1: Self-esteem will be significantly positively correlated with psychological well-being.

HYPOTHESES 2: Perceived social support will be significantly positively correlated with psychological well-being.

HYPOTHESES 3: Male and female young adults will differ significantly in their psychological well-being scores.

Sample & Demographics: The study utilized a sample of N = 170 young adults aged 18–25 years (M = 21.30, SD = 2.05) from the Jammu District. The sample was equally distributed by gender (85 males, 50.0%; 85 females, 50.0%). Educational levels comprised 55.3% undergraduate and 44.7% postgraduate students.

Tools Utilized: Standardized self-report psychometric scales were administered, including Carol Ryff's Psychological Well-Being Scale and the Multidimensional Scale of Perceived Social Support (MSPSS).

Statistical Analysis: Data were analyzed quantitatively using Descriptive Statistics (Mean, SD), Pearson Product-Moment Correlation Coefficients (r) to test relationships, and Independent-Samples t-tests to evaluate gender differences.

4. KEY FINDINGS & RESULT ANALYSIS

Descriptive Profile: The sample demonstrated moderate-to-high global self-esteem (M = 28.45, SD = 4.82), moderate perceived social support (M = 55.32, SD = 10.14), and moderate overall psychological well-being (M = 78.50, SD = 12.20).

Correlation Analyses: * A strong, statistically significant positive correlation was established between self-esteem and psychological well-being ($r = .54$, $p < .001$), confirming H_1.

A significant positive correlation was found between perceived social support and psychological well-being ($r = .48$, $p < .001$), confirming H_2.

Self-esteem and perceived social support were also significantly intercorrelated ($r = .42$, $p < .001$), pointing to a mutually reinforcing relationship between internal and external resources.

Gender Differences (t-test): An independent-samples t-test revealed a statistically significant difference in psychological well-being based on gender ($t(168) = 2.45$, $p = .016$, \text{Cohen's } d = .38). Male young adults reported significantly higher psychological well-being ($M = 80.20$, $SD = 11.80$) compared to female young adults ($M = 76.80$, $SD = 12.40$), confirming H_3 with a small-to-medium effect size.

5. IMPLICATIONS & CONCLUSION

Theoretical Implications: The results empirically substantiate integrative models of eudaimonic flourishing, proving that intrapersonal self-evaluative assets and interpersonal environmental assets act as concurrent predictors of optimal mental health.

Practical Implications: The study highlights the urgency for higher educational frameworks to incorporate cognitive-behavioral self-esteem workshops alongside structured peer-mentorship networks. Furthermore, the well-being gap highlights a clear requirement for regional, gender-sensitive psychological support to address unique psychosocial pressures experienced by young women.

6. LIMITATIONS OF THE STUDY

The research was restricted geographically to the Jammu District, limited by a cross-sectional timeline that prevents causal determinations, and relied completely on self-report measures vulnerable to response bias.

7. CONCLUSION

The dissertation concludes that both high self-esteem and robust social networks are crucial, interdependent anchors for human thriving during young adulthood. Implementing combined, gender-aware campus interventions targeting both traits will significantly advance overall quality of life and resilience in this population.

REFERENCES

Adyani, L., Martunis, M., & Sari, K. (2019). Perceived social support and psychological well-being among interstate students at Malikussaleh University. *Indonesian Journal of Educational Counseling*, *3*(2), 97–107.

Aaina, M., Ahmad, N., & Ali, S. (2016). Psychological well-being among college students. *International Journal of Psychological Research*, *9*(2), 45–53.

Akhtar, S., Malik, J. A., & Anwar, A. (2015). The role of hope, self-esteem, perceived social support and psychological well-being among college students. *Pakistan Journal of Social and Clinical Psychology*, *13*(2), 19–26.

Allen, K. M., Blascovich, J., & Mendes, W. B. (2002). Cardiovascular reactivity and the presence of pets, friends, and spouses. *Psychosomatic Medicine*, *64*(5), 727–739.

Amalu, M. N. (2018). Psychological well-being: Concept and measurement. *Journal of Psychological Studies*, *4*(1), 12–20.

Armstrong, M. I., Birnie-Lefcovitch, S., & Ungar, M. T. (2005). Pathways between social support and child resilience. *Journal of Child and Family Studies*, *14*(2), 269–281.

Arnett, J. J. (2000). Emerging adulthood. *American Psychologist*, *55*(5), 469–480.

Arroyo, A. (2022). Age differences in the association between social support and psychological well-being. *Journal of Adult Development*, *29*(3), 215–226.

Awang, H., Kutty, F. M., & Ahmad, A. R. (2014). Perceived social support and psychological well-being of university students. *Asian Social Science*, *10*(10), 83–90.

Aydın, A. (2017). Perceived social support and psychological well-being among nursing students. *International Journal of Caring Sciences*, *10*(3), 1368–1376.

Azlini, C. (2017). Perceived social support and psychological well-being of nursing students. *Journal of Education and Practice*, *8*(20), 1–7.

Batool, S. S., & Ahmad, S. (2014). Perceived social support and psychological well-being among teenagers. *Journal of Behavioural Sciences*, *24*(2), 139–150.

Batz, C., & Tay, L. (2018). Gender differences in subjective well-being. *Journal of Happiness Studies*, *19*(2), 359–387.

Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2003). Does high self-esteem cause better outcomes? *Psychological Science in the Public Interest*, *4*(1), 1–44.

Bewick, B., Koutsopoulou, G., Miles, J., Slaa, E., & Barkham, M. (2010). Undergraduate psychological well-being. *Studies in Higher Education*, *35*(6), 633–645.

Birrell, L., Newton, N. C., Teesson, M., & Slade, T. (2025). Social connection as a target for youth mental health. *The Lancet Psychiatry*, *12*(1), 45–56.

Bordbar, F. T., Nikkar, M., Yazdani, F., & Alipoor, A. (2011). Psychological well-being and religion. *Procedia – Social and Behavioral Sciences*, *30*, 2059–2063.

Brehaut, J. C., et al. (2004). Health of caregivers. *Pediatrics*, *114*(2), e182–e191.

Burris, J. L., Brechting, E. H., Salsman, J., & Carlson, C. R. (2009). Psychological well-being. *Journal of Psychosocial Oncology*, *27*(4), 406–426.

Campbell, A., Converse, P. E., & Rodgers, W. L. (1976). *The quality of American life*. Russell Sage Foundation.

Cámara, M., & Lobo, E. (2020). Self-esteem and aging. *Clinical Gerontologist*, *43*(2), 123–134.

Cohen, S., & Janicki-Deverts, D. (2010). Social ties and mental health. *Perspectives on Psychological Science*, *5*(4), 478–491.

Dar, K. A., & Dar, M. A. (2021). Social support and mental health among youth. *Journal of Mental Health*, *30*(2), 234–242.

Dattilo, J., Dattilo, A., Samdahl, D., & Kleiber, D. (1994). Leisure and psychological well-being. *Journal of Leisure Research*, *26*(1), 20–37.

Deci, E. L., & Ryan, R. M. (2000). Goal pursuits. *Psychological Inquiry*, *11*(4), 227–268.

Deci, E. L., & Ryan, R. M. (2008). Hedonia and eudaimonia. *Journal of Happiness Studies*, *9*(1), 1–11.

Diener, E. (2000). Subjective well-being. *American Psychologist*, *55*(1), 34–43.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). Satisfaction with life scale. *Journal of Personality Assessment*, *49*(1), 71–75.

Diener, E., et al. (1999). Subjective well-being. *Psychological Bulletin*, *125*(2), 276–302.

Doğan, T. (2015). Happiness and well-being. *Journal of Education and Training Studies*, *3*(4), 19–27.

Dodge, R., Daly, A., Huyton, J., & Sanders, L. (2012). Defining well-being. *International Journal of Wellbeing*, *2*(3), 222–235.

Hasan, M. (2019). Psychological well-being and gender differences. *International Journal of Indian Psychology*, *7*(2), 234–241.

Hobfoll, S. E., & Vaux, A. (1993). Social support. *Handbook of Stress*, 685–705.

Ikiz, F. E., & Cakar, F. S. (2010). Social support and self-esteem. *Procedia – Social and Behavioral Sciences*, *5*, 2338–2342.

Iqbal, J., & Khan, M. N. (2020). Spirituality and psychological well-being. *Journal of Islamic Marketing*, *11*(6), 1473–1492.

Jahoda, M. (1958). *Current concepts of positive mental health*. Basic Books.

Jailani, M., & Lourdunathan, S. (2021). Social support and depression. *International Journal of Academic Research*, *10*(1), 156–168.

James, W. (1890). *The principles of psychology*. Henry Holt.

Kachroo, S., & Ramanthan, V. (2021). Social support and well-being. *Indian Journal of Mental Health*, *8*(1), 52–63.

Khairani, A. Z., & Shamsuddin, K. (2019). Resilience and well-being. *International Journal of Academic Research*, *9*(7), 157–168.

Kumari, R. (2020). Stress and psychological well-being. *International Journal of Research in Social Sciences*, *10*(4), 121–130.

Matud, M. P., López-Curbelo, M., & Fortes, D. (2020). Gender and well-being in older adults. *Aging & Mental Health*, *24*(7), 1004–1013.

Narayan, S. (2024). Social support, self-esteem, and resilience. *Journal of Psychological Studies*, *19*(2), 89–102.

Orth, U., Robins, R. W., & Widaman, K. F. (2008). Life-span self-esteem. *Journal of Personality and Social Psychology*, *95*(3), 695–708.

Poudel, A., Gurung, R., & Khanal, P. (2024). Self-esteem as mediator. *Journal of Youth and Adolescence*, *53*(1), 88–101.

Rani, S. (2016). Social support and well-being. *Indian Journal of Health and Wellbeing*, *7*(8), 803–808.

Roothman, B., Kirsten, D. K., & Wissing, M. P. (2003). Gender and psychological well-being. *South African Journal of Psychology*, *33*(4), 212–218.

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton University Press.

Ruihua, L. (2025). Social support and mental health outcomes. *Frontiers in Psychology*, *16*, 1289453.

Ryff, C. D. (1989). Psychological well-being. *Journal of Personality and Social Psychology*, *57*(6), 1069–1081.

Ryff, C. D., & Keyes, C. L. M. (1995). Structure of well-being. *Journal of Personality and Social Psychology*, *69*(4), 719–727.

Seligman, M. E. P. (1975). *Helplessness*. Freeman.

Seligman, M. E. P. (2011). *Flourish*. Free Press.

Sethi, S. (2023). Social support and resilience. *Indian Journal of Positive Psychology*, *14*(1), 45–52.

Snyder, C. R., et al. (1991). Hope theory. *Journal of Personality and Social Psychology*, *60*(4), 570–585.

Sridevi, G., & Govind, S. (2020). Social support and well-being. *International Journal of Community Medicine*, *7*(5), 1765–1770.

Thoits, P. A. (2011). Social ties and support. *Journal of Health and Social Behavior*, *52*(2), 145–161.

Udhayakumar, R., & Illango, P. (2018). Psychological well-being of undergraduates. *International Journal of Research in Social Sciences*, *8*(3), 268–279.

Wahyudi, D., Hidayat, R., & Anwar, M. (2020). Sufism and psychological well-being. *Journal of Spiritual Psychology*, *12*(2), 88–99.

Yeo, G. B., Smith, J., & Tay, L. (2025). Social support and thriving. *Psychological Bulletin*, *151*(2), 189–215.

Zell, E., & Johansson, M. (2025). Self-esteem and health. *Personality and Social Psychology Review*, *29*(1), 3–28.

Zhang, Y., Chen, X., & Li, D. (2024). Social support and stress. *Journal of Adolescence*, *96*, 123–134.

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). Perceived social support scale. *Journal of Personality Assessment*, *52*(1), 30–41.

APPENDICES

Rosenberg Self-Esteem Scale (RSES)

Developed by Morris Rosenberg (1965), the Rosenberg Self-Esteem Scale (RSES) is a widely used self-report instrument for evaluating individual self-esteem. It consists of 10 statements related to overall feelings of self-worth or self-acceptance.

Instructions: Please indicate your agreement with each statement using the following scale:

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree

1.	On the whole, I am satisfied with myself.
2.	At times, I think I am no good at all. *
3.	I feel that I have a number of good qualities.
4.	I am able to do things as well as most other people.
5.	I feel I do not have much to be proud of. *
6.	I certainly feel useless at times. *
7.	I feel that I'm a person of worth, at least on an equal plane with others.
8.	I wish I could have more respect for myself. *
9.	All in all, I am inclined to feel that I am a failure. *
10.	I take a positive attitude toward myself.

Scoring Instructions:

- Items marked with an asterisk (*) are reverse scored (1↔4, 2↔3).
- After reversing the appropriate items, sum all item scores to get the total score.
- Total scores range from 10 to 40, with higher scores indicating higher self-esteem.

Interpretation:

- 30–40 = High self-esteem
- 26–29 = Normal self-esteem
- 10–25 = Low self-esteem

Source: Rosenberg, M. (1965). Society and the adolescent self-image. Princeton University Press.

Multidimensional Scale of Perceived Social Support

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**
Circle the "2" if you **Strongly Disagree**
Circle the "3" if you **Mildly Disagree**
Circle the "4" if you are **Neutral**
Circle the "5" if you **Mildly Agree**
Circle the "6" if you **Strongly Agree**
Circle the "7" if you **Very Strongly Agree**

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
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 & 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

Scale Reference:

Zimet GD, Dahlem NW, Zimet SG, Farley GK. The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment* 1988;52:30-41.

Scoring Information:

To calculate mean scores:

Significant Other Subscale: Sum across items 1, 2, 5, & 10, then divide by 4.

Family Subscale: Sum across items 3, 4, 8, & 11, then divide by 4.

Friends Subscale: Sum across items 6, 7, 9, & 12, then divide by 4.

Total Scale: Sum across all 12 items, then divide by 12.

More information at:

http://gzimet.wix.com/mspss

Other MSPSS Scoring Options:

There are no established population norms on the MSPSS. Also, norms would likely vary on the basis of culture and nationality, as well as age and gender. I have typically looked at how social support differs between groups (e.g., married compared to unmarried individuals) or is associated with other measures (e.g., depression or anxiety). With these approaches you can use the mean scale scores.

If you want to divide your respondents into groups on the basis of MSPSS scores there are at least two ways you can approach this process:

1. You can divide your respondents into 3 equal groups on the basis of their scores (trichotomize) and designate the lowest group as low perceived support, the middle group as medium support, and the high group as high support. This approach ensures that you have about the same number of respondents in each group. But, if the distribution of scores is skewed, your low support group, for example, may include respondents who report moderate or even relatively high levels of support.

2. Alternatively, you can use the scale response descriptors as a guide. In this approach any mean scale score ranging from 1 to 2.9 could be considered low support; a score of 3 to 5 could be considered moderate support; a score from 5.1 to 7 could be considered high support. This approach would seem to have more validity, but if you have very few respondents in any of the groups, it could be problematic.

Psychological Wellbeing (18 items)

This survey accompanies a measure in the SPARQTools.org Measuring Mobility toolkit, which provides practitioners curated instruments for assessing mobility from poverty and tools for selecting the most appropriate measures for their programs.

Age: Adult
Duration: 3-5 minutes
Reading Level: 6th to 8th grade
Number of items: 18
Answer Format: 1 = strongly agree; 2 = somewhat agree; 3 = a little agree; 4 = neither agree or disagree; 5 = a little disagree; 6 = somewhat disagree; 7 = strongly disagree.

Scoring:
The Autonomy subscale items are Q15,Q17, Q18. The Environmental Mastery subscale items are Q4, Q8, Q9. The Personal Growth subscale items are Q11, Q12, Q14. The Positive Relations with Others subscale items are Q6, Q13, Q16. The Purpose in Life subscale items are Q3, Q7, Q10. The Self-Acceptance subscale items are Q1, Q2, and Q5.

Q1, Q2, Q3, Q8, Q9, Q11, Q12, Q13, Q17, and Q18 should be reverse-scored. Reverse-scored items are worded in the opposite direction of what the scale is measuring. The formula for reverse-scoring an item is:

((Number of scale points) + 1) - (Respondent's answer)

For example, Q1 is a 7-point scale. If a respondent answered *3* on Q1, you would re-code their answer as: (7 + 1) - 3 = 5.

In other words, you would enter a *5* for this respondents' answer to Q1.

To calculate subscale scores for each participant, sum respondents' answers to each subscale's items. Higher scores mean higher levels of psychological well-being.

Sources:
Ryff, C. D., Almeida, D. M., Ayanian, J. S., Carr, D. S., Cleary, P. D., Coe, C., … Williams, D. (2010). *National Survey of Midlife Development in the United States (MIDUS II), 2004-2006: Documentation of psychosocial constructs and composite variables in MIDUS II Project 1.* Ann Arbor, MI: Inter-university Consortium for Political and Social Research.

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology, 69*(4), 719–727.

Instructions: Circle one response below each statement to indicate how much you agree or disagree.

1. "I like most parts of my personality."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

2. "When I look at the story of my life, I am pleased with how things have turned out so far."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

3. "Some people wander aimlessly through life, but I am not one of them."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

4. "The demands of everyday life often get me down."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

5. "In many ways I feel disappointed about my achievements in life."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

6. "Maintaining close relationships has been difficult and frustrating for me."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

7. "I live life one day at a time and don't really think about the future."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

8. "In general, I feel I am in charge of the situation in which I live."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

9. "I am good at managing the responsibilities of daily life."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

10. "I sometimes feel as if I've done all there is to do in life."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

11. "For me, life has been a continuous process of learning, changing, and growth."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

12. "I think it is important to have new experiences that challenge how I think about myself and the world."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

13. "People would describe me as a giving person, willing to share my time with others."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

14. "I gave up trying to make big improvements or changes in my life a long time ago"

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

15. "I tend to be influenced by people with strong opinions"

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

16. "I have not experienced many warm and trusting relationships with others."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

17. "I have confidence in my own opinions, even if they are different from the way most other people think."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

18. "I judge myself by what I think is important, not by the values of what others think is important."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

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