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# **Sexual behavior and relationship satisfaction in young adults**

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## **ABSTRACT**

This study investigates the association between relationship satisfaction and various dimensions of sexual behavior among Indian young adults. A sample of 150 participants with prior sexual relationship experience completed the Relationship Appraisal Scale and the Multidimensional Sexuality Questionnaire. Results revealed significant positive correlations between relationship satisfaction and sexual satisfaction, esteem, assertiveness, consciousness, motivation, and internal control. Negative correlations were found with sexual anxiety, depression, and fear of sexual relationships. External control, monitoring, and preoccupation showed no significant associations. Findings underscore the importance of both positive and negative sexual dimensions in shaping relationship quality, offering insights for future research and interventions.

**Keywords:** relationship satisfaction, sexual behavior, multidimensional sexuality, romantic relationships, young adults, Indian population.

## **INTRODUCTION**

Romantic relationships are a central aspect of psychological and emotional well-being during young adulthood. As individuals transition from adolescence to adulthood, they experience increased emotional depth, greater autonomy, and a heightened focus on romantic and sexual partnerships (Arnett, 2000). This developmental stage is marked by exploration and the pursuit of intimacy, making the quality of both emotional and sexual aspects of a relationship crucial to overall satisfaction and well-being (Sprecher, 2018). Previous research has established a positive correlation between sexual satisfaction and relationship satisfaction, highlighting the mutually

reinforcing nature of emotional and sexual fulfillment (Mark et al., 2014). However, there is limited research examining how specific dimensions of sexual behaviors such as sexual communication, sexual esteem, and sexual anxiety influence the overall quality and stability of romantic relationships. Addressing these gaps is essential to gain a more nuanced understanding of the dynamics that contribute to relational satisfaction.

Sexual satisfaction extends beyond physical gratification; it encompasses emotional closeness, mutual understanding, trust, and a sense of psychological safety. Studies show that individuals reporting higher levels of sexual satisfaction also experience greater emotional intimacy and trust in their relationships (Byers & Demmons, 1999; Sprecher, 2018). Conversely, negative sexual experiences, such as anxiety during sexual activity, fear of intimacy, or low sexual self-esteem, have been associated with emotional distancing, conflict, and dissatisfaction in romantic relationships (Nobre & Pinto-Gouveia, 2006). These findings suggest that sexual behavior influences not only physical aspects of a relationship but also its emotional foundation.

In young adulthood, romantic relationships are particularly dynamic and often reflect the process of identity formation and emotional independence. Research indicates that young adults may struggle to maintain emotional and sexual closeness as they navigate personal growth and evolving expectations (Collins, 2003). Sexual behavior during this period tends to be more exploratory and emotionally intense, which can either strengthen or strain the relationship depending on the quality of communication and the alignment of expectations between partners. Therefore, understanding how different facets of sexual behavior affect relationship satisfaction in this demographic is important for promoting healthy and fulfilling partnerships.

### **Sexual Behavior and Relationship Satisfaction**

Relationship satisfaction is a complex construct influenced by emotional intimacy, trust, communication, sexual compatibility, and long-term relational stability. Sprecher (2018) emphasized that sexual satisfaction plays a significant role in enhancing relationship quality, contributing to emotional trust, effective conflict resolution, and deepened emotional bonds. Partners who are sexually satisfied tend to communicate more openly, share mutual respect, and experience heightened emotional closeness.

Sexual behavior comprises several key components that contribute to overall satisfaction. One such element is sexual communication, which refers to the ability of partners to discuss their sexual needs, boundaries, and preferences. Effective communication fosters mutual understanding,

reduces misunderstandings, and enhances emotional safety (Byers & Demmons, 1999). Another critical component is sexual trust, which involves confidence in a partner's emotional and sexual reliability. High levels of trust are linked to reduced relational tension and stronger emotional intimacy (Johnson & Zuccarini, 2010). Sexual compatibility, the degree to which partners' sexual desires, values, and frequencies align, also plays a significant role in both physical and emotional satisfaction (Mark & Jozkowski, 2013).

While positive sexual behaviors support relationship satisfaction, negative experiences can undermine it. For instance, sexual anxiety, or discomfort during sexual encounters, can inhibit responsiveness and lead to emotional withdrawal. Sexual depression, characterized by feelings of sadness or dissatisfaction related to sexual experiences, often results in emotional distance and increased conflict (Nobre & Pinto-Gouveia, 2006). Another negative factor is external sexual control, the perception that one's sexual behavior is shaped by partner expectations or social pressures. This can diminish personal agency and create emotional insecurity within the relationship (Impett & Peplau, 2003). Collectively, these findings indicate that both positive and negative sexual experiences significantly influence emotional and relational outcomes.

### **Significance of the Study**

This study makes a valuable contribution to existing literature by exploring how both positive and negative aspects of sexual behavior impact relationship satisfaction in young adults. Unlike earlier studies that focused narrowly on overall sexual satisfaction, this research delves into individual predictors such as communication, trust, sexual esteem, and sexual anxiety. By examining the influence of specific dimensions of sexual behavior, the study aims to provide a more detailed understanding of the mechanisms through which emotional and sexual intimacy affect relational stability.

The findings of this research hold practical implications for relationship counseling and sexual education programs. By identifying key areas that enhance or hinder emotional closeness and sexual fulfillment, professionals can develop more targeted interventions to support couples in young adulthood. Furthermore, considering the socio-cultural nuances of Indian society, where discussions around sexuality remain relatively sensitive, the study adds important context-specific insights. It encourages a holistic view of sexual health and relationship well-being, emphasizing the importance of emotional communication, mutual respect, and psychological security.

Romantic relationships during young adulthood are shaped by complex emotional and sexual

dynamics. Understanding how specific dimensions of sexual behavior both positive and negative influence relationship satisfaction is critical for fostering healthy, emotionally secure partnerships. This study seeks to bridge existing gaps in research by offering a multidimensional perspective on sexual behavior and its profound impact on romantic relationship outcomes.

## LITERATURE REVIEW

**Beaulieu et al. (2023)** demonstrated a reciprocal influence between sexual and relationship satisfaction, reinforcing the dynamic interplay between these dimensions. Conversely, **Bianchi et al. (2024)** this study findings revealed gender-specific centralities: for men, sexual satisfaction was the most central, while sexual desire was most central for women, indicating nuanced differences in the relational roles of sexual experiences. These insights stress the importance of integrating sexual satisfaction into therapeutic frameworks, especially for young adults. **Blumenstock (2022)** found that intrinsic sexual motivation enhanced satisfaction, whereas extrinsic motivation diminished it. **Brassard et al. (2015)** found that sexual anxiety reduced satisfaction by impairing emotional closeness. **Carcedo et al. (2020)** explored the mental health implications of sexual dissatisfaction, revealing that lower sexual satisfaction among Spanish adolescents and young adults was linked to higher levels of anxiety and depression, particularly for those in romantic relationships. **Gocieková et al. (2024)** also reported that sexual depression increased relational conflict and decreased satisfaction, underscoring the emotional toll of negative sexual experiences. **Gocieková et al. (2024)** observed that while subjective health positively correlated with relationship satisfaction in women, sexual difficulties negatively impacted health outcomes in men. **Hensel et al. (2007)** emphasized a multifactorial understanding of sexual satisfaction in their study involving 313 adolescents and young adults. Factors such as positive romantic relationships, reduced emotional vulnerability, frequent sexual activity, and condom-protected intercourse predicted higher satisfaction. **Jones et al. (2018)** noted that awareness of sexual needs promoted both communication and satisfaction. **Lawrance and Byers (1995)** further supported this, highlighting mutual benefit and perceived fairness as core components. **Lewandowski and Schrage (2010)**, who found that sexual conflict rather than relationship duration was a more potent predictor of both sexual and relational satisfaction. **Nickull et al. (2022)** confirmed that sexual delight remained the most pivotal factor for young men, whereas sexual desire was paramount for women, reinforcing gender-based patterns in sexual-relational linkages. **Pearson (2019)** found that

among undergraduate women, sexual satisfaction was strongly correlated with relationship satisfaction ( $r = .70$ ) and commitment ( $r = .57$ ), with emotional intimacy acting as a key mediator.

**Rosier and Tyler (2017) and De Santis et al. (2019)** demonstrated that communication-based interventions increased satisfaction while decreasing anxiety. **Sánchez-Fuentes et al. (2015) and Calvillo et al. (2020)** reported that egalitarian sexual attitudes were positively associated with sexual satisfaction, while adherence to traditional gender norms was not. **Seifen (2019)**, using a self-determination framework, found that sexual knowledge and assertiveness fostered sexual competence and ultimately improved sexual satisfaction, underlining the role of autonomy and self-efficacy. **while Dastyar et al. (2018)** reported that empowered sexual decision-making led to better relational outcomes. **Wysocka et al. (2023)** echoed these findings, identifying sexual satisfaction as the strongest predictor of relationship satisfaction across genders, with interpersonal closeness being especially critical for cohabiting women. **Zimmer-Gembeck and French (2016)** identified sexual autonomy as positively associated with both sexual esteem and relational quality, while Impett et al. (2014) warned against sexual over-monitoring, which lowered satisfaction via heightened insecurity.

## **AIM OF THE STUDY**

To investigate the significant relationships between relationship satisfaction and several sexual behavior variables, including sexual esteem, sexual satisfaction, sexual assertiveness, sexual consciousness, sexual motivation, internal and external sexual control, sexual anxiety, sexual depression, sexual monitoring, sexual preoccupation, and fear of engaging in sexual relationships, among young adults.

## **OBJECTIVES OF THE STUDY**

1. To examine the association between relationship satisfaction and sexual esteem among young adults.
2. To assess the relationship between relationship satisfaction and internal sexual control among young adults.
3. To investigate the association between relationship satisfaction and sexual consciousness among young adults.

4. To explore the relationship between relationship satisfaction and sexual motivation among young adults.
5. To analyse the association between relationship satisfaction and sexual assertiveness among young adults.
6. To determine the relationship between relationship satisfaction and sexual satisfaction among young adults.
7. To evaluate the association between relationship satisfaction and sexual preoccupation among young adults.
8. To examine the relationship between relationship satisfaction and sexual anxiety among young adults.
9. To investigate the association between relationship satisfaction and sexual depression among young adults.
10. To assess the relationship between relationship satisfaction and external sexual control among young adults.
11. To explore the association between relationship satisfaction and sexual monitoring among young adults.
12. To examine the relationship between relationship satisfaction and fear of engaging in sexual relationships among young adults.

### **Hypothesis (H)**

- H1. There Will Be Significant Associations Between relationship satisfaction and sexual esteem among young adults.
- H2. There Will Be Significant Associations Between relationship satisfaction and internal sexual control among young adults.
- H3. There Will Be Significant Associations Between relationship satisfaction and sexual consciousness among young adults.
- H4. There Will Be Significant Associations Between relationship satisfaction and sexual motivation among young adults.
- H5. There Will Be Significant Associations Between relationship satisfaction and sexual assertiveness among young adults.

- H6. There Will Be Significant Associations Between relationship satisfaction and sexual satisfaction among young adults.
- H7. There Will Be Significant Associations Between relationship satisfaction and sexual preoccupation among young adults.
- H8. There Will Be Significant Associations Between relationship satisfaction and sexual anxiety among young adults.
- H9. There Will Be Significant Associations Between relationship satisfaction and sexual depression among young adults.
- H10. There Will Be Significant Associations Between relationship satisfaction and external sexual control among young adults.
- H11. There Will Be Significant Associations Between relationship satisfaction and sexual monitoring among young adults.
- H12. There Will Be Significant Associations Between relationship satisfaction and fear of engaging in sexual relationships among young adults.

## **METHODOLOGY**

### **PARTICIPANTS**

The study employed purposive sampling to recruit 150 Indian young adults aged between 18 and 30 years ( $M = 23.03$ ,  $SD = 2.39$ ) who had prior experience in romantic and sexual relationships. Participants were selected based on specific inclusion criteria: they must have engaged in sexual activity at least once, experienced a romantic or sexual relationship, provided informed consent, and had sufficient language proficiency in English. The sample comprised 74 females (49.3%), 71 males (47.3%), and 5 individuals (3.3%) who preferred not to disclose their gender. Individuals under 18 or over 30, those without sexual or romantic relationship experience, those unable to provide informed consent, and those with language barriers were excluded. Recruitment was conducted online through social media platforms and university networks, ensuring voluntary participation. The purposive sampling approach was appropriate for targeting a specific demographic relevant to the study's aim of examining the relationship between sexual behavior dimensions and relationship satisfaction among sexually experienced young adults.

## **ASSESSMENT TOOLS**

### **1. Relationship Satisfaction**

Relationship satisfaction was measured using the *Relationship Assessment Scale (RAS)*, a widely utilized tool for evaluating overall satisfaction in romantic relationships. The RAS comprises 7 items, each rated on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), with higher scores reflecting greater relationship satisfaction.

### **2. Sexual Behavior Dimensions**

Sexual behavior was measured using the Multidimensional Sexuality Questionnaire (MSQ), which evaluates multiple psychological and behavioral aspects of sexuality. The following dimensions were examined in relation to relationship satisfaction:

- **Sexual**— satisfaction, esteem, communication, compatibility, trust, assertiveness, motivation, Internal sexual control, anxiety, depression, Fear of sexual relationships, preoccupation, External sexual control, monitoring

Each dimension was assessed using a Likert scale format, where higher scores indicated stronger endorsement of the respective trait.

## **PROCEDURE**

Participants were recruited using both online and offline methods, such as social media platforms and university networks. Informed consent was obtained from all participants, detailing the study's purpose, their right to withdraw at any point, and the assurance of confidentiality. The research adhered to ethical guidelines, ensuring voluntary participation and the anonymity of responses. Data collection was conducted through self-administered online surveys. Participants were required to complete standardized measures assessing relationship satisfaction and multiple dimensions of sexual behavior. Completing the survey required approximately 15 to 20 minutes per person.

## **DATA ANALYSIS**

The data were analyzed using IBM SPSS Statistics. Initially, descriptive statistics were computed to summarize the sample characteristics and core variables of the study. Measures such as mean (M), standard deviation (SD), minimum, and maximum values were used to describe the distribution and central tendencies of variables, including age, relationship satisfaction, and various dimensions of sexual behavior.

## RESULT

This study explores the relationship between various dimensions of sexual behavior and relationshipsatisfaction among young adults. The analysis involved calculating descriptive statistics and conducting Pearson's correlation tests to explore the strength and direction of these relationships.

**Table 1: Descriptive Statistics for Key Variables**

| Variable                   | M     | SD   | Minimum | Maximum |
|----------------------------|-------|------|---------|---------|
| Age                        | 23.03 | 2.39 | 18      | 30      |
| RelationshipSatisfaction   | 25.78 | 6.48 | 7       | 35      |
| SexualSatisfaction         | 14.48 | 7.28 | 0       | 25      |
| Fear of SexualRelationship | 9.95  | 4.64 | 0       | 21      |
| Sexual Monitoring          | 6.59  | 6.13 | 0       | 25      |
| External Sexual Control    | 7.03  | 5.98 | 0       | 25      |
| Sexual Depression          | 5.57  | 6.38 | 0       | 25      |
| Sexual Assertiveness       | 14.31 | 5.10 | 0       | 25      |
| Sexual Anxiety             | 7.18  | 6.16 | 0       | 24      |
| Sexual Motivation          | 11.65 | 6.63 | 0       | 25      |
| Sexual Consciousness       | 16.31 | 5.14 | 0       | 25      |
| Internal Sexual Control    | 14.22 | 5.66 | 0       | 25      |
| Sexual Preoccupation       | 8.95  | 4.04 | 1       | 20      |
| Sexual Esteem              | 14.91 | 6.08 | 0       | 25      |

Descriptive statistics for the primary variables in the study are summarized in Table 1. The average score for relationship satisfaction was 25.78 ( $SD = 6.48$ ), with a range of 7 to 35. For sexual satisfaction, the mean score was 14.48 ( $SD = 7.28$ ), with scores spanning from 0 to 25. Among the sexual behavior variables, the highest mean score was observed for sexual consciousness ( $M = 16.31$ ,  $SD = 5.14^*$ ), indicating that participants reported higher awareness and understanding of

their sexual identity and behaviors. The lowest mean score was observed for sexual depression ( $M = 5.57$ ,  $SD = 6.38^*$ ), suggesting that participants reported relatively low levels of sexual distress. Pearson's correlation analysis was conducted to examine the relationship between relationshipsatisfaction and various dimensions of sexual behavior. The correlation coefficients and significance levels are shown in table 2 to 13. The correlation analysis demonstrated that relationshipsatisfaction was significantly and positively associated with sexualsatisfaction ( $r = .595$ ,  $p < .001$ ), sexual esteem ( $r = .281$ ,  $p < .001$ ), internal sexual control ( $r = .258$ ,  $p = .001$ ), sexual consciousness ( $r = .313$ ,  $p < .001$ ), sexual assertiveness ( $r = .248$ ,  $p = .002$ ), and sexual motivation ( $r = .181$ ,  $p = .027$ ). Additionally, a significant negative correlation was found between relationshipsatisfaction and both sexual depression ( $r = -.400$ ,  $p < .001$ ) and sexual anxiety ( $r = -.255$ ,  $p = .002$ ). A weak but statistically significant negative correlation was also observed with fear of sexualrelationships ( $r = -.195$ ,  $p = .017$ ). On the other hand, sexual monitoring ( $r = -.140$ ,  $p = .087$ ), external sexual control ( $r = -.091$ ,  $p = .266$ ), and sexual preoccupation ( $r = -.075$ ,  $p = .364$ ) did not %

## **DISCUSSION**

The present study aimed to explore the relationship between various sexual behaviors and relationshipsatisfaction among young adults. This was achieved through the testing of several hypotheses that focused on sexual esteem, sexual anxiety, sexual depression, and other sexual factors. The results provided both supportive and non-supportive findings for the hypothesized relationships. This section breaks down each hypothesis in detail, supported by relevant research, to explain how the findings contribute to the broader understanding of relationshipsatisfaction.

### **H1: Sexual Esteem and RelationshipSatisfaction**

**Hypothesis:** There will be a significant association amongst relationshipsatisfaction and sexual esteem among young adults.

**Results:** The results supported this hypothesis, showing a strong positive correlation between sexual esteem and relationshipsatisfaction ( $r = 0.281$ ,  $p = 0.000$ ). Sexual esteem refers to the positive regard an individual has for their own sexual identity, which is closely tied to self-confidence and sexual self-efficacy. Higher sexual esteem is linked to more satisfying sexual

interactions and overall relationshipsatisfaction.

**Supportive Literature:** The findings align with research emphasizing the role of sexual pleasure and self-perception in relationship dynamics. For example, Ford, Corona, and families (2019) highlight that sexual pleasure is strongly linked to overall well-being and relationshipsatisfaction, as individuals who prioritize pleasure often report more fulfilling emotional and sexualconnections. Similarly, Diamond and Huebner (2012) argue that sexual health involves positive self-regard and the ability to engage in safe, pleasurable experiences, which are critical for relational intimacy. This perspective is reinforced by studies showing that sexual self-confidence fosters communication and emotional intimacy, key components of relationship quality (World Health Organization, 2006).

**Implications:** The significant role of sexual esteem in relationshipsatisfaction underscores the need for healthcare and therapeutic interventions to prioritize sexual self-concept. For instance, sexual education or therapy emphasizing self-efficacy and pleasure rather than solely addressing risks could enhance relationship outcomes (Ford et al., 2019; Diamond & Huebner, 2012).

## H2: Internal Sexual Control and Relationship Satisfaction

**Hypothesis:** There will be a significant association amongst relationshipsatisfaction and internal sexual control among young adults.

**Results:** This hypothesis was supported, with a positive correlation found between internal sexual control and relationshipsatisfaction ( $r = 0.258, p = 0.001$ ). Internal sexual control refers to an individual's ability to regulate their sexual desires and behaviors, an aspect often linked to sexual health and relationship dynamics.

**Supportive Literature:** Research emphasizes that sexual self-regulation is critical for relational well-being. For example, Ford et al. (2019) argue that individuals who exercise agency over their sexual behaviors—such as prioritizing mutual pleasure and consent—report greater emotional intimacy and relationshipsatisfaction. This aligns with the idea that self-regulation fosters trust and reduces conflict in partnerships. Similarly, the World Health Organization (2006) defines sexual health as encompassing control over one's sexual experiences, which directly supports the link

between internal sexual control and relational harmony. Additionally, Diamond and Huebner (2012) highlight that sexual self-efficacy (e.g., managing desires in alignment with personal values) contributes to holistic well-being, including relationship quality.

**Implications:** The role of internal sexual control underscores the need for interventions that promote sexual agency and self-efficacy. Sexual health programs reframing self-regulation as empowerment—rather than mere restriction—could enhance relationship outcomes (Ford et al., 2019; Diamond & Huebner, 2012). For instance, integrating skills like communication and boundary-setting into therapy may help individuals align their sexual behaviors with relational goals.

### **H3: Sexual Consciousness and Relationship Satisfaction**

**Hypothesis:** There will be a significant association amongst relationship satisfaction and sexual consciousness among young adults.

**Results:** A significant positive correlation was found between sexual consciousness and relationship satisfaction ( $r = .313, p = .000$ ), indicating that as sexual consciousness increases, so does the level of satisfaction within romantic relationships. This result supports the stated hypothesis.

**Supportive Literature:** Sexual consciousness refers to an individual's awareness, understanding, and acceptance of their sexual identity, feelings, and behaviors. Research suggests that individuals who possess a clearer sense of sexual identity and are more attuned to their sexual selves tend to communicate more effectively with their partners, set clearer boundaries, and engage in mutually satisfying sexual experiences factors that strongly contribute to overall relationshipsatisfaction (Ford et al., 2019).

The World Health Organization (2006) emphasizes that sexual health encompasses not only physical well-being but also psychological and emotional factors, including self-awareness and mutual respect. This holistic framework aligns with the finding that sexual consciousness enhances relational outcomes by fostering emotional intimacy and trust (Diamond & Huebner, 2012). For instance, Ford et al. (2019) argue that sexual empowerment—rooted in agency over one's sexual

identity—strengthens relational harmony by promoting open dialogue and collaborative decision-making.

**Implications:** The significant association between sexual consciousness and relationshipsatisfaction has important implications for therapeutic and educational interventions. Promoting sexual self-awareness in youth and young adults—whether through school-based sex education, counseling programs, or relationship workshops—can help individuals cultivate healthier relationships. Interventions aimed at fostering comfort with one's sexual identity and open sexual dialogue may lead to more emotionally and physically satisfying partnerships (World Health Organization, 2006; Ford et al., 2019).

Additionally, this result emphasizes the importance of encouraging safe, nonjudgmental spaces for young adults to explore and discuss their sexual identities. Therapists working with couples might find it beneficial to include exercises or discussions around sexual consciousness to enhance intimacy and resolve misunderstandings within romantic relationships (Diamond & Huebner, 2012).

#### **H4: Sexual Motivation and Relationship Satisfaction**

**Hypothesis:** There will be a significant association amongst relationshipsatisfaction and sexual motivation among young adults.

**Results:** This hypothesis was **supported**, with a significant positive correlation between sexual motivation and relationshipsatisfaction ( $r = 0.181, p = 0.027$ ). Sexual motivation refers to the desire for sexual activity, which is often linked to emotional connection and intimacy within relationships.

**Supportive Literature:** Research highlights the role of sexual motivation as part of holistic sexual health. For example, Ford et al. (2019) argue that sexual motivation rooted in mutual pleasure and empowerment—rather than obligation—strengthens emotional bonds and relational satisfaction. This aligns with the idea that desire for sexual connection fosters intimacy and trust. Similarly, the World Health Organization (2006) emphasizes that sexual health involves not only physical well-being but also the capacity to pursue satisfying and safe sexual experiences, which directly

supports the link between motivation and relationship outcomes. Diamond and Huebner (2012) further note that sexual motivation, when aligned with personal values and relational goals, enhances both individual and partnership well-being.

**Implications:** The association between sexual motivation and relationshipsatisfaction underscores the need for interventions that frame sexual desire as a component of holistic relational health. For instance, couples' therapy or education programs emphasizing *mutual pleasure* and *empowerment* (Ford et al., 2019) could help partners reconnect emotionally and sexually. Integrating these principles into sexual health frameworks (World Health Organization, 2006) may also reduce stigma around sexual desire and promote its role in sustaining fulfilling relationships.

#### **H5: Sexual Assertiveness and RelationshipSatisfaction**

**Hypothesis:** There will be a significant association amongst relationshipsatisfaction and sexual assertiveness among young adults.

**Results:** The hypothesis was **supported** by the data, as sexual assertiveness was positively correlated with relationshipsatisfaction ( $r = 0.248, p = 0.002$ ). Sexual assertiveness refers to an individual's ability to communicate their sexual needs and preferences in a clear and confident manner.

**Supportive Literature:** Sexual assertiveness is a critical component of relational empowerment and sexual health. For example, Ford et al. (2019) emphasize that assertive communication about sexual needs fosters mutual pleasure and trust, which are foundational for relationshipsatisfaction. Their research highlights that partners who confidently articulate desires are more likely to experience emotional and sexual fulfillment. This aligns with the World Health Organization's (2006) definition of sexual health, which includes the ability to communicate openly about sexuality and advocate for one's needs. Additionally, Diamond and Huebner (2012) argue that sexual assertiveness strengthens relational intimacy by reducing misunderstandings and promoting alignment in partners' sexual and emotional goals.

**Implications:** These findings suggest that interventions promoting sexual assertiveness—framed

as a form of empowerment—could enhance relationship dynamics. For instance, couples' therapy or sexual education programs emphasizing communication skills (Ford et al., 2019) and holistic sexual health (World Health Organization, 2006) may help partners navigate needs collaboratively. Integrating assertiveness training into broader sexual health initiatives could also address barriers like stigma or unequal power dynamics that hinder open dialogue.

## **H6: Sexual Satisfaction and Relationship Satisfaction**

**Hypothesis:** There will be a significant association amongst relationshipsatisfaction and sexualsatisfaction among young adults.

**Results:** This hypothesis was **strongly supported**, as a robust positive correlation was found between sexualsatisfaction and relationshipsatisfaction ( $r = 0.595, p = 0.000$ ). Sexualsatisfaction is widely regarded as a crucial component of relationshipsatisfaction, affecting both emotional and sexual well-being within relationships.

**Supportive Literature:** Sexual satisfaction is integral to holistic sexual health and relational empowerment. For example, Ford et al. (2019) emphasize that mutual sexual pleasure—rooted in open communication and agency—is a cornerstone of emotional intimacy and relationshipsatisfaction. Their work highlights that fulfilling sexual experiences strengthen trust and partnership alignment. This aligns with the World Health Organization's (2006) definition of sexual health, which includes the capacity for "pleasurable and safe sexual experiences" as essential to overall well-being. Diamond and Huebner (2012) further argue that sexualsatisfaction is not merely an individual outcome but a relational process, requiring shared values and emotional attunement to sustain long-term partnership quality.

**Implications:** The strong association between sexual and relationshipsatisfaction underscores the need for interventions that prioritize mutual pleasure and relational equity. For instance, couples' therapy integrating frameworks of sexual empowerment (Ford et al., 2019) or holistic sexual health (World Health Organization, 2006) could address barriers to satisfaction, such as communication gaps or unequal power dynamics. Educational programs reframing sexualsatisfaction as a shared responsibility—rather than an individual goal—may also enhance relational outcomes.

## H7: Sexual Preoccupation and Relationship Satisfaction

**Hypothesis:** There will be a significant association amongst relationshipsatisfaction and sexual preoccupation among young adults.

**Results:** The hypothesis was not supported, as no significant correlation was found between sexual preoccupation and relationshipsatisfaction ( $r = -0.075, p = 0.364$ ). Sexual preoccupation refers to excessive focus on sexual thoughts, which can sometimes interfere with other aspects of life, including relationships.

**Supportive Literature:** -The lack of association aligns with research emphasizing that relational outcomes depend on factors beyond mere sexual focus. For instance, Ford, Corona, and Families (2019) highlight that relationshipsatisfaction is more strongly tied to *mutual sexual empowerment* and *emotional alignment* than to the frequency or intensity of sexual thoughts. Their work suggests that preoccupation with sexual thoughts, without relational skills like communication or trust, does not inherently enhance or diminish satisfaction. Similarly, the World Health Organization (2006) defines sexual health holistically, requiring individuals to integrate sexuality into life in ways that promote well-being—implying that preoccupation alone does not determine relational harmony. Diamond and Huebner (2012) further note that while excessive sexual focus may reflect individual distress (e.g., anxiety or compulsive tendencies), relational quality is better predicted by shared emotional intimacy and collaborative goal setting.

**Implications:-** These findings suggest that interventions should prioritize fostering relational skills (e.g., communication, emotional attainment) over targeting sexual preoccupation itself. For example, couples' therapy emphasizing mutual empowerment (Ford et al., 2019) or holistic sexual health frameworks (World Health Organization, 2006) could help partners address underlying emotional or communicative gaps rather than pathologizing sexual thoughts. Public health initiatives promoting relational equity and sexual autonomy may also reduce stigma around sexual preoccupation, reframing it as a neutral factor unless compounded by relational discord.

## H8: Sexual Anxiety and Relationship Satisfaction

**Hypothesis:** There will be a significant association amongst relationshipsatisfaction and sexual

anxiety among young adults.

**Results:** A negative correlation was observed between sexual anxiety and relationshipsatisfaction ( $r = -0.255, p = 0.002$ ), though it was relatively weak. Sexual anxiety typically stems from concerns about performance, appearance, or judgment, which can impede sexual and emotional intimacy.

**Supportive Literature:** Sexual anxiety disrupts relational well-being by undermining the conditions necessary for holistic sexual health. For example, Ford et al. (2019) emphasize that anxiety rooted in performance pressure or shame directly conflicts with sexual empowerment—a key driver of mutual pleasure and trust. Their work highlights that fear of judgment stifles open communication and emotional attunement, both critical for satisfaction. Similarly, the World Health Organization (2006) defines sexual health as requiring freedom from "fear, shame, or violence," directly linking anxiety to diminished relational outcomes. Diamond and Huebner (2012) further argue that sexual anxiety reflects a disconnect between self-perception and relational goals, which erodes intimacy unless addressed through supportive communication and shared empowerment.

**Implications:** These findings suggest that interventions should reframe sexual anxiety as a relational issue rather than an individual deficit. Therapeutic approaches prioritizing empowerment (Ford et al., 2019) and holistic sexual health (World Health Organization, 2006)—such as fostering self-compassion, mutual respect, and communication—could mitigate anxiety's impact. For example, couples' therapy integrating mindfulness or pleasure-focused exercises might reduce performance pressure and rebuild emotional connection.

## H9: Sexual Depression and RelationshipSatisfaction

**Hypothesis:** There will be a significant negative association amongst relationshipsatisfaction and sexual depression among young adults.

**Results:** A negative correlation was found between sexual depression and relationshipsatisfaction ( $r = -0.400, p = 0.000$ ), supporting the hypothesis that higher levels of sexual depression are associated with lower relationshipsatisfaction.

**Supportive Literature:** Sexual depression, marked by disengagement from or negative perceptions of sexual experiences, undermines the relational conditions necessary for holistic sexual health. For example, Ford et al. (2019) argue that sexual empowerment—rooted in agency, pleasure, and mutual respect—is critical for relational well-being; its absence can lead to disconnection and dissatisfaction. Their work highlights that sexual depression often reflects unmet emotional or communicative needs within partnerships. Similarly, the World Health Organization (2006) defines sexual health as encompassing emotional and mental well-being, directly linking sexual depression to diminished relationship quality. Diamond and Huebner (2012) further note that sexual depression disrupts the alignment between individual and relational goals, eroding intimacy unless addressed through supportive interventions.

**Implications:** These findings suggest that therapeutic approaches should integrate frameworks of sexual empowerment (Ford et al., 2019) and holistic health (World Health Organization, 2006) to address sexual depression. For example, couples' therapy emphasizing *mutual pleasure, emotional attunement, and shared agency* could rebuild intimacy and reduce feelings of disconnection. Educational programs reframing sexual health as a collaborative, empowering process may also mitigate the stigma or shame associated with sexual depression.

#### **H10: External Sexual Control and Relationship Satisfaction**

**Hypothesis:** There will be a significant association amongst relationshipsatisfaction and external sexual control among young adults.

**Results:** The hypothesis was **not supported**, as no significant correlation was found between external sexual control and relationshipsatisfaction ( $r = -0.091, p = 0.266$ ). External sexual control refers to the influence of external factors, such as cultural norms or societal expectations, on an individual's sexual behavior.

**Supportive Literature:** The lack of association aligns with research emphasizing the primacy of internal agency in sexual health. For example, Ford, Corona, and Families (2019) argue that relational satisfaction stems from *mutual empowerment* and *shared sexual values* rather than compliance with external pressures. Their work highlights that relationships thrive when partners prioritize internal alignment (e.g., communication, consent) over societal norms. Similarly, the

World Health Organization (2006) defines sexual health as requiring autonomy and self-determination, implying that external controls often fail to address the relational and emotional needs critical for satisfaction. Diamond and Huebner (2012) further note that external pressures (e.g., cultural expectations) can create dissonance between personal and relational goals, but satisfaction depends on resolving this tension through mutual respect and agency.

**Implications:** These findings suggest that interventions should focus on strengthening internal factors like communication, self-efficacy, and shared values (Ford et al., 2019) rather than addressing external controls. For example, couples' therapy or education programs could help partners articulate their sexual values independently of societal norms, fostering relational cohesion (Diamond & Huebner, 2012). Public health initiatives promoting sexual autonomy (World Health Organization, 2006) may also reduce the stigmatizing effects of external pressures on relationship dynamics.

#### **H11: Sexual Monitoring and Relationship Satisfaction**

**Hypothesis:** There will be a significant association amongst relationshipsatisfaction and sexual monitoring among young adults.

**Results:** The hypothesis was **not supported**, as no significant correlation was found between sexual monitoring and relationshipsatisfaction ( $r = -.140, p = .087$ ).

**Supportive Literature:** Sexual monitoring, such as excessive focus on sexual performance or adherence to external norms, reflects a lack of relational empowerment rather than a driver of satisfaction. For example, Ford, Corona, and Families (2019) argue that relationships thrive when partners prioritize mutual pleasure and shared agency over rigid self-monitoring. Their work highlights that satisfaction stems from emotional alignment and trust, not compliance with arbitrary standards. Similarly, the World Health Organization (2006) defines sexual health as requiring autonomy and freedom from coercion, discrimination, or violence, implying that excessive monitoring undermines the self-determination critical to relational well-being. Diamond and Huebner (2012) further note that satisfaction depends on relational harmony—aligning sexual behaviors with shared values rather than individual scrutiny of performance.

**Implications:** These findings suggest that interventions should focus on fostering sexual empowerment (Ford et al., 2019) and autonomy (World Health Organization, 2006) rather than encouraging self-monitoring. For instance, couples' therapy emphasizing mutual trust and pleasure-centric intimacy could reduce anxieties driving excessive monitoring. Public health initiatives promoting holistic sexual health frameworks (Diamond & Huebner, 2012) may also help individuals reframe sexual behavior as a collaborative, fulfilling process rather than a performance metric.

## **H12: Fear of Sexual Relationships and Relationship Satisfaction**

**Hypothesis:** There will be a significant negative association amongst relationshipsatisfaction and fear of engaging in sexualrelationships among young adults.

**Results:** The hypothesis was **supported by weak but statically notable negative correlation** between fear of sexualrelationships and relationshipsatisfaction ( $r = -.195, p = .017$ ).

**Supportive Literature:** Fear of sexualrelationships disrupts the conditions necessary for relational empowerment and holistic sexual health. For example, Ford et al. (2019) argue that fear rooted in shame, past trauma, or societal stigma undermines mutual trust and pleasure—cornerstones of relationshipsatisfaction. Their work highlights that fear stifles vulnerability and emotional alignment, which are critical for intimacy. Similarly, the World Health Organization (2006) defines sexual health as requiring freedom from "fear, discrimination, or violence," directly linking fear to diminished relational outcomes. Diamond and Huebner (2012) further note that fear of sexual engagement often reflects unresolved emotional or communicative barriers, which erode relational harmony unless addressed through supportive interventions.

**Implications:** These findings suggest that therapeutic approaches should prioritize frameworks of sexual empowerment (Ford et al., 2019) and holistic health (World Health Organization, 2006) to mitigate fear. For instance, trauma-informed therapy or couples' counseling emphasizing *emotional safety, trust-building, and pleasure-centric intimacy* could reduce fear and rebuild connection. Public health initiatives promoting inclusive sexual education may also address societal stigma contributing to fear of sexualrelationships

## **CONCLUSION**

The present study set out to investigate the relationship between various dimensions of sexual behavior and overall relationshipsatisfaction among young adults. Grounded in the understanding that sexuality is an integral component of intimate relationships, the research explored a wide spectrum of sexual constructsincluding sexual esteem, sexual motivation, sexualsatisfaction, assertiveness, control (internal and external), sexual depression, anxiety, fear of sexualrelationships, and moreto provide a nuanced view of how these variables interact within the context of romantic partnerships.

The findings from this study offer meaningful insights into the ways in which sexual functioning and psychological experiences of sexuality contribute to relational well-being. Notably, the data revealed that several sexual constructs such as sexual esteem, sexual motivation, sexualsatisfaction, sexual assertiveness, and internal sexual control had significant positive associations with relationshipsatisfaction. These results highlight that individuals who feel confident, empowered, and motivated in their sexual lives tend to experience more fulfilling and satisfying romantic relationships. This echoes previous research which suggests that a healthy sexual self-concept is crucial for emotional intimacy, communication, and long-term relational harmony (Ford et al., 2019; Diamond & Huebner, 2012; World Health Organization, 2006).

Conversely, negative sexual constructs such as sexual anxiety, sexual depression, and fear of engaging in sexualrelationships were found to be negatively correlated with relationshipsatisfaction. These findings reinforce the understanding that psychological barrierswhether they arise from performance concerns, negative self-image, or trauma-related fearcan act as significant impediments to intimacy and mutual satisfaction within a relationship (Ford et al., 2019; World Health Organization, 2006). Such difficulties may hinder open communication, lower sexual responsiveness, and ultimately create emotional distance between partners.

Interestingly, variables such as sexual consciousness, sexual preoccupation, sexual monitoring, and external sexual control were not significantly associated with relationshipsatisfaction. This may suggest that merely being aware of or focused on one's sexualitywithout the emotional and interpersonal factors that mediate its expressiondoes not necessarily translate to higher satisfaction. These findings highlight the multifaceted nature of sexual behavior, where certain traits or tendencies may be neutral in their relational outcomes unless shaped by contextual and

interpersonal dynamics.

In essence, the results indicate that healthy, positive sexual functioning characterized by confidence, communication, motivation, satisfaction, and self-regulation is a strong predictor of relational success. Meanwhile, sexual challenges rooted in anxiety, depression, and fear tend to detract from the emotional closeness and mutual fulfillment that partners seek in romantic bonds. This study contributes to the growing body of literature that emphasizes the bi-directional relationship between sexual well-being and relational well-being. It supports the idea that sexual health is not an isolated aspect of human experience but one deeply embedded in the relational context, especially during the developmental phase of young adulthood a life stage often marked by identity exploration, vulnerability, and significant emotional development.

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## **“Examination Anxiety, Academic Performance and Coping Strategies among High School and Graduating Students”**

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### **ABSTRACT**

This study explores the relationship between examination anxiety, academic performance, and coping strategies among high school and graduating students, with a focus on gender differences. A total of 124 students (62 males, 62 females) completed standardized instruments including the Test Anxiety Scale (TAS), Westside Test Anxiety Scale, and the Brief-COPE Inventory. Academic performance was self-reported through CGPA. Contrary to Hypothesis 1, test anxiety did not negatively correlate with academic performance. Instead, higher anxiety was associated with greater use of both adaptive and maladaptive coping strategies. Unexpectedly, adaptive coping positively predicted anxiety, rejecting Hypothesis 2. Hypothesis 3, which posited higher anxiety in females, was also not supported. These findings challenge traditional assumptions, suggesting that anxious students may increase coping efforts without experiencing relief. The study highlights the nuanced and context-dependent nature of coping and stress in academic environments.

**Keywords:** Examination anxiety, academic performance, coping strategies, gender differences, adaptive coping, maladaptive coping, test anxiety, Brief-COPE, high school students, university students.

### **INTRODUCTION**

Academic success is often considered a cornerstone of personal development and societal contribution, especially in modern education systems that heavily emphasize standardized testing, competitive assessments, and high-stakes examinations. However, the pressure to excel in these evaluative environments can generate significant psychological stress, commonly manifested as examination anxiety. Examination anxiety, or test anxiety, is a widespread psychological phenomenon characterized by heightened levels of worry, fear, and physiological arousal experienced before or during an exam. This condition can severely impair a student's ability to recall information, concentrate, and perform to the best of their abilities, thereby negatively affecting their academic performance (Zeidner, 1998).

The prevalence of examination anxiety is substantial among students globally, irrespective of age,

academic level, or cultural background. As competition in academic environments intensifies and the expectations from parents, teachers, and society grow, students increasingly face pressure to succeed. This pressure often culminates in fear of failure, leading to emotional, cognitive, and physiological symptoms. These symptoms range from nervousness and irritability to racing thoughts, nausea, headaches, and even panic attacks. While mild anxiety may sometimes serve as a motivational tool, severe examination anxiety can become a crippling obstacle that hampers learning, diminishes self-confidence, and jeopardizes mental health.

Several psychological theories have attempted to explain the mechanisms through which examination anxiety interferes with academic tasks. For instance, the Cognitive Interference Theory (Sarason, 1984) posits that anxious students are frequently plagued by intrusive thoughts—such as fear of failure, negative self-evaluation, or anticipated disappointment—which consume cognitive resources and disrupt working memory. This mental clutter makes it difficult for the individual to retrieve learned information during the test. Similarly, Processing Efficiency Theory (Eysenck & Calvo, 1992) argues that while anxious students may retain the ability to perform, they do so less efficiently due to the additional cognitive effort needed to suppress worry and maintain focus.

Further elaborating on cognitive processes, Attentional Control Theory (Eysenck et al., 2007) explains that anxiety shifts the balance between two attentional systems: the goal-directed system (which enables focused task engagement) and the stimulus-driven system (which reacts to distractions). Anxiety strengthens the latter and weakens the former, making students more vulnerable to distractions and reducing task efficiency. On a physiological level, the Yerkes-Dodson Law (1908) presents an inverted U-shaped curve that links arousal and performance. According to this law, moderate arousal can enhance performance, but too much or too little leads to suboptimal outcomes. Therefore, effective anxiety management is critical for academic success. Closely linked to examination anxiety is academic performance, which encompasses the knowledge, skills, attitudes, and behaviors that students exhibit in educational settings. Traditionally measured by grades, test scores, and course completion rates, academic performance is increasingly recognized as a multidimensional construct that includes problem-solving skills, critical thinking, creativity, time management, and the ability to apply learned concepts in real-life contexts (Zimmerman, 2002). Given this comprehensive definition, it becomes evident that performance is influenced by both internal and external factors.

Internal factors such as motivation, cognitive abilities, and self-efficacy play a major role in determining academic outcomes. Students who are intrinsically motivated tend to engage more deeply in learning, retain information better, and persist in the face of challenges (Deci & Ryan, 1985). Likewise, external influences such as parental support, peer relationships, socio-economic status, and quality of instruction also shape academic trajectories. For instance, emotionally supportive parents can bolster a child's academic confidence and reduce school-related stress. At the same time, a teacher's instructional style and classroom management skills can significantly enhance or impede student engagement and performance (Hattie, 2009).

The intricate relationship between anxiety and performance necessitates an understanding of how students cope with academic stress. Coping strategies are defined as the cognitive, emotional, and behavioral efforts used to manage internal and external demands that are perceived as taxing or exceeding one's resources (Lazarus & Folkman, 1984). Effective coping can act as a protective buffer, helping students regulate anxiety, maintain focus, and perform optimally even under pressure. These strategies are broadly categorized into problem-focused coping, emotion-focused coping, avoidance coping, and adaptive versus maladaptive coping.

Problem-focused coping involves identifying and tackling the root cause of stress such as creating a study plan or seeking academic help—and is generally more effective when the stressor is controllable. In contrast, emotion-focused coping aims to regulate the emotional distress associated with the stressor. This might include talking to friends, journaling, practicing relaxation techniques, or engaging in distraction through hobbies. While both types can be helpful depending on the situation, avoidance coping—such as procrastination, denial, or substance use often leads to worse outcomes, exacerbating stress over time (Roth & Cohen, 1986).

The effectiveness of these coping strategies is influenced by multiple factors, including personality traits, past experiences, social support systems, cultural background, and individual psychological resilience. For instance, optimistic individuals are more likely to employ adaptive coping strategies, while those high in neuroticism may resort to maladaptive responses (Carver & Connor-Smith, 2010). Theoretical models like the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) emphasize that coping is not static but evolves based on ongoing appraisals of the stressor and available resources. Similarly, Coping Styles Theory (Endler & Parker, 1990) and Psychological Resilience Theory (Masten, 2001) underscore that some individuals consistently use more constructive coping patterns, contributing to better academic and emotional outcomes.

Given the pervasive nature of examination anxiety and its documented effects on academic performance, it becomes imperative to focus not just on academic content and instructional quality but also on the psychological readiness and emotional regulation skills of students. Interventions rooted in self-regulation theory (Zeidner, 1998), which emphasizes planning, monitoring, and self-evaluation, have proven effective in reducing anxiety and enhancing performance. Similarly, programs that integrate mindfulness, cognitive-behavioral techniques, and study skills training can equip students with tools to manage stress constructively.

Examination anxiety is a multidimensional issue that significantly impacts academic performance and overall well-being. Understanding this phenomenon through psychological theories and coping models allows for more targeted and effective interventions. As education systems continue to emphasize academic excellence, it is crucial to address the psychological challenges that accompany academic pursuits. Empowering students with adaptive coping strategies, emotional support, and resilience-building techniques can foster not only better academic outcomes but also healthier, more balanced individuals.

## REVIEW OF LITERATURE

**Aljaffer et al. (2025)**, who noted that problem-focused coping correlated with lower anxiety among medical students. **Ansari and Ghazali (2024)** found that students with an internal locus of control were more likely to adopt problem-focused coping strategies, while those with an external locus preferred emotion-focused method. **Bhatt and Yadav (2023)** found that secondary school students in Delhi experienced varying anxiety levels based on gender and locality, with rural students reporting higher anxiety. **Chakraborty (2022)** provided practical interventions—such as time management, relaxation techniques, and cognitive-behavioral therapy—to manage test anxiety effectively. **Ismail et al. (2022)** added that formative assessments helped reduce anxiety while enhancing motivation and self-regulation, especially in EFL learners. **Jerrim (2022)**, using PISA 2015 data, found no strong connection between test anxiety and GCSE performance, suggesting that anxiety might not always impair academic results and raising questions about individual differences in anxiety impact. **Liu et al. (2023)** found that Chinese high school students with higher math self-efficacy performed better academically. **Marakshina et al. (2024)** emphasized the importance of adaptive coping during global crises, linking it to better mental health and academic adjustment. **Moafa et al. (2024)** found that coping strategies predicted personal accomplishment among nursing students, with emotional exhaustion and

depersonalization tied to academic burnout. **Mordi and Onoyase (2023)** found no moderating effect of gender on the relationship between anxiety and academic performance, suggesting variability across contexts. **Mukolwe and Newton (2015)** supported these findings in Kenya, revealing that exam anxiety negatively impacted student performance and was linked to procrastination and external locus of control. **Musawar and Zulfiqar (2025)** showed that first-generation college students initially struggled more with academic readiness and coping but improved over time. **Ray and Negi (2024)** and **Yang et al. (2019)** reported significantly higher levels of test anxiety in female students compared to males. **Roos et al. (2020)** emphasized the physiological aspects of anxiety, finding a moderate correlation between self-reported anxiety and physiological arousal (e.g., heart rate). This suggests the need for more objective, multi-modal assessments of test anxiety in future research. **Rubab et al. (2025)** noted that boys had higher academic self-concept, while girls showed greater academic effort, highlighting different academic stress experiences between genders. **Vanstone et al. (2023)** showed that perfectionism type (adaptive vs. maladaptive) and coping style (avoidant vs. emotion-focused) mediated test anxiety levels. **Yang et al. (2019)** reported that psychological resilience mediated the relationship between emotion regulation and test anxiety in medical students. **Zhou et al. (2024)** demonstrated a clear negative correlation between anxiety and exam scores in China's National College Entrance Examination, emphasizing the urgency of anxiety-reduction strategies.

#### AIM OF THE STUDY

- To study the relationship between examination anxiety and academic performance among high school and graduating students.
- To study the various coping strategies employed by high school and graduating students.

#### OBJECTIVES OF THE STUDY

1. To assess the impact of examination anxiety on the academic performance of the students.
2. To identify the coping strategies that the students employ to manage examination anxiety.
3. To explore the sex differences in the link of examination anxiety and academic performance.

#### HYPOTHESIS OF THE STUDY

1. There will be a significant negative relationship between examination anxiety and academic performance.
2. Students who will employ adaptive coping strategies will report lower levels of

examination anxiety and higher academic performance as compared to those using maladaptive coping strategies.

3. Female students will experience significantly higher examination anxiety than male students.

## **METHODOLOGY**

### **SAMPLE**

This study included 124 high school and graduating students aged between 15-23 years, recruited through online survey form (google forms). The sample consisted of 62 males and 62 females, with participants either in high school or in colleges/ universities. Inclusion criteria required participants to be within a specific age range and willing to complete the survey voluntarily. Data was collected through google forms ensuring confidentiality and informed consent from all participants. The inclusion consists of students between 15-23 years of age, of Indian origin, currently enrolled in school or college or university and able to understand basic English. The exclusion is students who do not fall in between the taken age range.

### **RESEARCH VARIABLES**

- **Independent Variables:** 1) Examination Anxiety 2) Coping Strategies 3) Coping strategies
- **Dependent Variable: Academic Performance**

### **DATA COLLECTION TOOLS**

#### **Test Anxiety Scale**

The Test Anxiety Scale (TAS), developed by Sarason in 1957, is a 37-item true-false questionnaire that measures the cognitive, emotional, and physiological components of anxiety experienced in test situations. It evaluates symptoms such as worry, tension, and fear of failure. Higher scores on the TAS indicate elevated levels of test anxiety. This tool has been extensively used in academic and clinical settings to identify students whose performance may be impaired due to test-related anxiety.

#### **Westside Test Anxiety Scale**

The Westside Test Anxiety Scale (WTAS), developed by Driscoll in 2007, is a brief 10-item Likert-type scale designed to detect anxiety that directly impacts academic performance. It focuses on two dimensions: worry and incapacity. Items are rated from 1 (not at all true) to 5 (extremely true), and the average score categorizes anxiety levels as low, moderate, high, or extreme. Due to its brevity, clarity, and academic relevance, the WTAS is especially suitable for use with students

and for large-scale screenings.

### **Brief COPE Inventory**

The Brief COPE Inventory, created by Charles Carver in 1997, is a 28-item self-report measure used to assess coping strategies in response to stress. It consists of 14 subscales—seven adaptive (e.g., active coping, planning, acceptance) and seven maladaptive (e.g., denial, self-blame, substance use). Each item is rated on a 4-point Likert scale. This inventory helps identify coping patterns and their association with psychological outcomes like anxiety or resilience, thereby aiding in the development of targeted mental health interventions.

### **PROCEDURE**

The participants were recruited using sampling methods (online and offline survey distribution, schools and universities student groups) and informed consent was obtained before participation. The study was conducted using Google forms, where participants completed the Test Anxiety Scale (37 items), Westside Test Anxiety Scale (10 items), Brief-Coping Orientation to Problems Experienced Inventory (Brief - COPE) (28 items) and mentioned their CGPA for assessing the aspect of academic performance. They were instructed to respond honestly, with no time restrictions, and the average completion time was approximately 15-20 minutes. All responses were collected anonymously to ensure confidentiality and no personal identifiers were recorded. The data was securely stored and later reviewed for completeness before the process of analysis. Statistical tests, including descriptive statistics, Pearson's correlation, t-test, and regression analysis were conducted using SPSS software to examine the relationship between examination anxiety and academic performance, and to identify various coping strategies employed by the students.

### **DISCUSSION**

The current study aimed to investigate the relationship between examination anxiety, academic performance, and coping strategies among high schools and graduating students. Three specific hypotheses were tested using validated psychometric tools and quantitative statistical analysis including descriptive statistics, Pearson's correlation, regression analysis, and independent samples t- tests.

**Table1: Pearson Correlation Analysis**

| Variables            | TA     | CGPA | Adaptive | Maladaptive |
|----------------------|--------|------|----------|-------------|
| Test Anxiety (TA)    | 1      | .015 | .246**   | .217*       |
| Academic Performance | .015   | 1    | .004     | 0.35        |
| Adaptive Coping      | .246** | .004 | 1        | .399**      |
| Maladaptive Coping   | .217*  | .035 | .399**   | 1           |

The key findings from this table are:

- Test anxiety is not significantly correlated with academic performance( $r=.015, p=.868$ ).
- Adaptive and maladaptive coping strategies are both positively correlated with test anxiety. Adaptive and maladaptive coping are moderately correlated with each other ( $r = .399, p <.001$ ). Contrary to Hypothesis 1 (H1), the data does not support a negative relationship between test anxiety and academic performance. This contradicts studies such as Cassady & Johnson (2002) and Zeidner (1998), which found that high test anxiety impairs cognitive functioning and lowers academic achievement. However, the findings are in line with Jerrim (2022) and Putwain & Symes (2011) who argue that the effect of anxiety on performance is mediated by other psychological constructs such as coping ability or self-efficacy. The positive correlation between test anxiety and coping strategies (both adaptive and maladaptive) suggests that students who are more anxious are more likely to engage in various coping efforts—possibly reflecting a reactive coping mechanism rather than preventive resilience. This aligns with Skinner et al. (2003), who argue that under high stress, students often attempt multiple coping strategies, regardless of their effectiveness. Interestingly, no significant correlation was found between either type of coping strategy and academic performance. This indicates that coping efforts, although related to anxiety, do not directly enhance or hinder academic achievement as measured by CGPA.

**Table2: Regression Analysis: Predicting Test Anxiety from Coping Strategies**

| Predictor          | B     | SE    | $\beta$ | p-value |
|--------------------|-------|-------|---------|---------|
| Adaptive Coping    | 3.550 | 1.776 | .190    | .048*   |
| Maladaptive Coping | 1.946 | 1.309 | .141    | .140    |

Model:  $F(2, 122) = 5.104, p = .007, R^2 = .077$

The regression model was significant, explaining 7.7% of the variance in test anxiety. Interestingly, adaptive coping emerged as a significant positive predictor of test anxiety. This means students who used more adaptive strategies reported higher anxiety levels, which contradicts Hypothesis 2 (H2).

Traditionally, adaptive coping (e.g., planning, seeking support) is associated with reduced stress and improved outcomes (Carver et al., 1989; Lazarus & Folkman, 1984). However, in this case, it's possible that students who are more anxious consciously increase adaptive coping in an attempt to control their anxiety, without necessarily achieving relief. This echoes Vanstone et al. (2023) who found that perfectionist students may use more adaptive coping but still feel anxious due to underlying self-imposed pressures. Maladaptive coping did not significantly predict test anxiety, suggesting it may be used more sporadically or subconsciously and therefore not as strongly linked to perceived anxiety levels.

**Table 3: Independent Samples T-Test: Gender Differences in Test Anxiety**

| Group  | N  | Mean TA | SD    | t      | p-value |
|--------|----|---------|-------|--------|---------|
| Male   | 62 | 20.34   | 7.339 | -0.890 | 0.375   |
| Female | 62 | 21.53   | 7.596 |        |         |

The independent sample t-test found no significant difference in test anxiety between male and female students. Therefore, Hypothesis 3 (H3) is not supported.

This result diverges from previous findings such as Chapell et al. (2005) and Ray & Negi (2024), which consistently reported higher anxiety in female students, often attributed to gendered expectations, emotional expressiveness, and academic self-perception. However, recent literature (e.g., Putwain & Daly, 2014; Khalid, 2024) suggests that gender differences in academic anxiety are narrowing due to changing educational contexts and increased awareness of mental health.

One explanation for this finding could be the balanced sample (62 males and 62 females) and the homogeneity of the academic environment, which might reduce the influence of gender on psychological variables.

These findings challenge some long-held assumptions and extend the discourse on exam-related stress. While the absence of a direct anxiety-performance link may appear surprising, it

underscores the multifactorial nature of academic success, influenced by self-efficacy, study habits, and cognitive resilience (Owens et al., 2014; Liu et al., 2023). The finding that adaptive coping correlates with higher anxiety suggests students may not always be proactive in their coping, but rather respond to rising anxiety with increased effort—a concept aligned with Processing Efficiency Theory (Eysenck & Calvo, 1992).

Moreover, the absence of gender-based anxiety differences reflect shifting academic dynamics and may indicate a trend toward gender parity in academic stress experiences. These evolving patterns merit longitudinal investigation to capture how coping and anxiety interact across different developmental stages.

## CONCLUSION

1. Examination anxiety would be negatively correlated with academic performance.
2. Students employing adaptive coping strategies would report lower examination anxiety and higher academic performance than those using maladaptive strategies.
3. Female students would report significantly higher levels of examination anxiety compared to male students.

## IMPLICATIONS FOR EDUCATIONAL PRACTICE:

Interventions targeting examination anxiety may not need to focus solely on reducing anxiety but rather on helping students channel it productively. Educational institutions can focus on teaching emotional regulation and attentional control strategies rather than attempting to eliminate stress completely.

The use of both adaptive and maladaptive strategies by students with high anxiety underscores the importance of training in coping flexibility. Programs that increase awareness of different coping styles and their effectiveness in various context can help students build more responsive and resilient strategies.

The lack of correlation between coping and academic performance suggests that performance metrics like GPA may not fully capture the psychological costs students incur to maintain academic success. This highlights the need for holistic assessment approaches, including emotional and mental well-being evaluations alongside academic outcomes. The absence of

gender differences in anxiety supports inclusive approaches to mental health support, indicating that interventions should be accessible and relevant to all students, regardless of gender.

#### **LIMITATIONS OF THE STUDY:**

Several limitations must be acknowledged. The cross-sectional design prohibits causal inferences. Longitudinal studies are needed to explore how coping strategies and anxiety levels evolve and interact with academic performance over time. The reliance on self-reported GPA may introduce inaccuracies due to memory error or social desirability bias. Objective academic records would provide a more accurate measure.

The use of self-report questionnaires, though validated, may also suffer from response biases, including under reporting of maladaptive coping or exaggeration of performance. The compressed 5-point scale for CGPA may have reduced variability in academic performance data, possibly masking more subtle correlations. The study sample, while balanced by gender, was relatively small and limited to a specific cultural and educational context, affecting generalizability.

The cross-sectional design limits the ability to infer causal relationships. Future longitudinal research could track coping behaviors and anxiety levels over time to better assess causality. The use of self-report instruments may have introduced social desirability or response biases. The recording and compression of CGPA into a 5-point scale might have reduced sensitivity in detecting performance-related effects. Additionally, cultural and institutional contexts might have influenced students' stress experiences and coping behaviors, potentially limiting generalizability.

#### **RECOMMENDATIONS FOR FUTURE RESEARCH:**

1. Longitudinal and experimental studies should be conducted to test causal relationships and the efficacy of specific coping interventions over time.
2. Research should explore mediating and moderating variables, such as self-efficacy, resilience, motivation, and executive functioning, to unpack the mechanisms linking anxiety, coping, and academic performance.
3. Further studies could examine contextual factors, such as teaching quality, parental

expectations, socio economic status, and peer support, which might influence both coping and performance outcomes.

4. Employing mixed-method approaches, including qualitative interviews or focus groups, would provide deeper insights into students' subjective experiences of test anxiety and their coping narratives.
5. Future investigations should also consider the cultural influence on coping styles and emotional expression, particularly in collectivist societies where emotional regulation may be encouraged differently than in individualist contexts.

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## **A study to assess the correlation between Anxiety and Perceived Environmental Stressors among young adults in Delhi NCR**

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### **ABSTRACT**

This study explored the association between perceived environmental stressors and anxiety among residents of Delhi NCR. A total of 101 urban participants were assessed using the Perceived Environmental Stressors Scale (PESS) and the Beck Anxiety Inventory (BAI), tools designed to capture individuals' subjective responses to environmental challenges and current anxiety symptoms, respectively. The PESS measured perceived stress related to common urban factors—such as noise, water and air pollution, garbage, crowding, and traffic—while the BAI quantified the severity of anxiety. Findings indicated a strong positive correlation between PESS and BAI scores ( $r = .646, p < .001$ ), suggesting that heightened perception of environmental stressors is significantly linked to increased anxiety levels. The results imply that the cumulative burden of these stressors intensifies psychological distress among urban dwellers. These insights emphasize the necessity of addressing environmental determinants in mental health discourse and advocate for targeted interventions and urban policy reforms.

**Keywords:** Anxiety, environmental stressors, urban mental health, young adults, air pollution, India

### **INTRODUCTION**

Anxiety disorders are among the most prevalent mental health conditions globally, significantly impacting individuals' quality of life, especially among young adults. In India, the National Mental Health Survey (2016) reported a current weighted prevalence of anxiety disorders at 2.57%, with higher rates observed in urban metropolitan areas, including the National Capital Region (NCR) . This urban conglomerate, encompassing Delhi and parts of neighboring states, is characterized by

rapid urbanization, environmental degradation, and socio-economic disparities, all of which contribute to heightened stress levels among its residents.

### **Environmental Stressors in Delhi NCR**

Delhi NCR faces numerous environmental challenges that serve as stressors for its inhabitants. Air pollution, primarily due to vehicular emissions, industrial activities, and construction dust, has reached alarming levels, often exceeding safe limits set by the World Health Organization. This persistent exposure to polluted air has been linked to increased rates of anxiety and depression among residents. Noise pollution, stemming from traffic congestion and urban activities, disrupts sleep patterns, leading to sleep deprivation—a known risk factor for anxiety disorders. Additionally, water pollution, particularly in the Yamuna River, poses health risks and contributes to the overall environmental stress experienced by the population.

### **Impact on Young Adults**

Young adults in Delhi NCR are particularly vulnerable to the adverse effects of environmental stressors. A study focusing on adolescents in the region found that 47.5% of participants experienced anxiety, with significant associations observed between anxiety levels and factors such as poor sleep quality, inadequate exercise, and stressful family occurrences. Furthermore, the phenomenon of eco-anxiety anxiety related to environmental concernshas been identified among Indian youth, highlighting the psychological impact of environmental degradation on this demographic.

### **Perceived Environmental Stressors and Mental Health**

Perception plays a crucial role in how environmental stressors affect mental health. A study examining the relationship between perceived environmental stressors and well-being in Delhi NCR found that factors such as noise, crowding, garbage, traffic, and pollution significantly impacted subjective well-being among adults. These findings underscore the importance of addressing not only the physical aspects of environmental stressors but also individuals' perceptions and experiences of them.

### **Need for the Study**

Despite the evident link between environmental stressors and anxiety, there is a paucity of research focusing specifically on young adults in Delhi NCR. Given the unique environmental challenges of the region and the susceptibility of young adults to mental health issues, it is imperative to assess

the correlation between anxiety and perceived environmental stressors in this demographic. Such a study would provide valuable insights for policymakers, urban planners, and mental health professionals aiming to develop targeted interventions to mitigate environmental stressors and promote mental well-being among young adults in Delhi NCR.

## REVIEW OF LITERATURE

**Abramson et al. (1978)** proposed a cognitive attribution model of learned helplessness, arguing that unpredictable and uncontrollable environments common in urban areas contribute to depression and anxiety. **Alcock et al. (2014)** found that individuals moving to greener areas experienced lasting mental health improvements, reinforcing the value of long-term exposure to nature. **Bowler et al. (2010) and Evans (2003)** established that green infrastructure and urban design significantly influence mental health by mitigating stress and promoting social cohesion. **Bratman et al. (2015)** demonstrated that nature exposure reduces rumination and brain activity associated with depression, lending biological support to nature-based interventions. **Braubach (2011)**, in a WHO report, identified poor housing features such as overcrowding and poor air quality as mental health stressors. **Frumkin et al. (2010)** highlighted how environmental conditions in schools can impair well-being, especially in young populations. **Galea et al. (2005)** identified neighborhood disorder and lack of community as factors increasing depression risk. **Gifford (2007)** emphasized the emotional toll of high-rise living, including isolation and mental fatigue. **Gong et al. (2021)** synthesized multiple studies and found consistent evidence that green space exposure promotes mental well-being. **Hartig et al. (2014)** integrated findings from psychology, epidemiology, and ecology, identifying mechanisms such as attention restoration, stress reduction, and social bonding. **Kaplan and Kaplan (1989)**, and **Hartig et al. (2003)**, through field studies, supported the idea that natural environments restore cognitive function and reduce mental fatigue. **Kuo and Sullivan (2001)** noted that vegetation in inner cities promoted social cohesion and reduced crime, indirectly supporting mental stability. **Mitchell and Popham (2008)** found that access to green spaces reduced mental health inequalities, particularly among socioeconomically disadvantaged groups. **Mollaesmaeli et al., (2024)** this study found that in Iran post-COVID-19 demonstrated that young people who perceived urban green spaces as high-quality reported lower anxiety and reduced fear of infection. **Niazi & Khan, (2024)** this study revealed that frequent usage of green spaces positively influences self-perceived mental health, particularly in green neighborhoods, emphasizing their role in urban planning. **Pasanen et al.**

(2023) conducted a cross-national study across 18 countries, showing that access to green spaces enhanced relational and collective restoration, thus benefiting mental health among individuals living alone. **Perth, Australia, Francis et al. (2012)** found that perceived quality of green spaces was more strongly linked to reduced psychological distress than the amount of space available. **Roe et al. (2013)** showed that cortisol levels an indicator of stress were lower in residents of greener, disadvantaged neighborhoods. **Russell et al. (2013)**, who conceptualized green spaces as providers of cultural ecosystem services essential for psychological flourishing. **Stigsdotter and Grahn (2011)** noted that stressed individuals preferred tranquil and naturalistic green spaces, suggesting emotional resonance matters as much as presence. **Ulrich's (1984)** foundational study showed that patients with views of nature recovered faster and needed less medication, offering early evidence of nature's therapeutic effect. **Van den Berg et al. (2016)** this study that visiting green spaces correlates positively with psychological health and vitality in major European cities. **Ward Thompson et al. (2012)** found more stable cortisol rhythms in individuals with higher green exposure.

### **AIM OF THE STUDY**

To assess the correlation between perceived environmental stressors and anxiety levels among young adults (aged 18 to 26 years) residing in the Delhi National Capital Region (NCR).

### **OBJECTIVES OF THE STUDY**

1. The study had four primary objectives:
2. to assess anxiety levels using the Beck Anxiety Inventory (BAI)
3. to evaluate the perceived intensity of environmental stressors through the Perceived Environmental Stressors Scale (PESS)
4. to examine the correlation between environmental stress and anxiety in an urban Indian population
5. to explore whether environmental stressors significantly influence anxiety symptoms in young adults.

### **HYPOTHESIS OF THE STUDY**

- There is a positive correlation between perceived environmental stressors and anxiety levels.

## **METHODOLOGY**

### **SAMPLING**

The research involved 101 participants between the ages of 18 and 26. A non-probability convenience sampling method was utilized, selecting individuals based on ease of access and willingness to participate, rather than through random selection from the broader population. Data collection was conducted in person using printed questionnaires. The study focused on urban residents of Delhi NCR, and all participants took part voluntarily, with informed consent obtained before their inclusion.

### **RESEARCH DESIGN**

A quantitative, correlational research design was chosen to examine the relationship between the degree to which individuals perceive environmental factors as stressful and the intensity of their anxiety symptoms. This experimental design allows for the assessment of the strength and direction of the association between these two variables without any manipulation of independent variables.

### **MEASUREMENT INSTRUMENTS**

#### **1) Perceived Environmental Stressors Scale (PESS)**

Perceived environmental stressors were measured using the Perceived Environmental Stressors Scale (PESS) developed by Roomana N. Siddique in 2003 at Aligarh Muslim University. This is designed to assess an individual's subjective perception of the stressfulness of various environmental factors in their surroundings. The PESS consists of domains such as; noise pollution, air and water pollution, crowding, availability of green spaces, and waste management issues. Participants were asked to indicate the extent to which they perceive each of these environmental factors as stressful by selecting one option on a 4-point Likert scale ranging from 1 (Not at all stressful) to 4 (Extremely stressful). A total score for perceived environmental stressors was calculated for each participant by summing their ratings across all items, with higher total scores indicating a greater overall perception of environmental stressors. The reliability and validity of the PESS have been established in previous research conducted within the Indian context (Siddique, 2003).

#### **2) Beck Anxiety Inventory (BAI)**

Anxiety symptoms were assessed using the Beck Anxiety Inventory (BAI) (Beck et al., 1988). The BAI is a widely utilized and validated designed to measure the intensity of anxiety symptoms experienced by an individual over the past week, including the day of completion. Participants rate the severity of each of the 21 symptoms (e.g., feeling nervous, tense, or light-headed) on a 4-point scale ranging from 0 (Not at all) to 3 (Severely). A total anxiety score is obtained by summing the ratings for all 21 items, with scores ranging from 0 to 63, where higher scores indicate greater anxiety severity. The BAI has demonstrated strong psychometric properties, including high internal consistency and test-retest reliability, across various populations (Beck et al., 1988).

## **DATA COLLECTION PROCEDURE**

The data for this study were collected through a printed questionnaire administered in person. The questionnaire included an introductory page outlining the study's purpose, ensuring confidentiality, and obtaining informed consent, followed by demographic questions, the Perceived Environmental Stressors Scale (PESS), and the Beck Anxiety Inventory (BAI). Participants were recruited via brief study descriptions shared on various social media and communication platforms. Those who agreed completed the printed questionnaire at their convenience, ensuring privacy as no identifiable information was collected. After data collection, responses were securely compiled and entered into SPSS for analysis. The PESS was scored following Siddique's (2003) guidelines by summing item ratings to calculate total stress scores. The BAI was scored according to Beck et al.'s (1988) instructions, summing responses from all 21 items to determine individual anxiety levels. This process ensured a systematic and confidential approach to gathering reliable data for evaluating perceived environmental stress and anxiety.

## **DATA ANALYSIS**

The data was analyzed using SPSS, employing descriptive statistics to summarize demographics and scale scores. Pearson's correlation will assess the relationship between perceived environmental stress (PESS) and anxiety levels (BAI). A significance level of  $p < .05$  was used to determine the statistical significance of results.

**Table No.01**

**Mean, SD and Coefficient of Correlation on perceived environmental stress (PESS) and anxiety levels (BAI).**

| <b>Variable</b> | <b>Mean</b> | <b>SD</b> | <b>N</b> | <b>Coefficient of Correlation</b> | <b>Interpretation</b> |
|-----------------|-------------|-----------|----------|-----------------------------------|-----------------------|
|-----------------|-------------|-----------|----------|-----------------------------------|-----------------------|

|                             |       |      |     |       |              |
|-----------------------------|-------|------|-----|-------|--------------|
| <b>Environmental Stress</b> | 48.92 | 8.90 | 101 | 0.646 | Significant  |
| <b>Anxiety</b>              | 41.19 | 7.66 | 101 |       | (0.01 Level) |

A Pearson product-moment correlation coefficient was computed to examine the relationship between perceived environmental stressors (PESS) and anxiety symptoms (measured by the Beck Anxiety Inventory, BAI). The analysis revealed a strong, positive correlation between the two variables ( $r = .646$ ,  $p < .001$ ), indicating that higher levels of perceived environmental stress are significantly associated with increased anxiety symptoms. This result supports the hypothesis that environmental stressors play a critical role in influencing mental health among urban residents. The distribution of BAI scores revealed that a substantial proportion of participants fell within the "potentially concerning" range, highlighting anxiety as a common psychological issue in this urban population. This elevated level of anxiety appears to be closely related to the environmental stressors encountered in daily life. Correspondingly, the PESS scores demonstrated that many participants perceived their environment as highly stressful, further reinforcing the observed link between environmental stress and anxiety.

## **DISCUSSION**

This study's findings contribute to the growing body of literature on the impact of environmental factors on mental health accepting the hypothesis. The strong correlation between perceived environmental stressors and anxiety aligns with previous research that has linked urban living conditions to increased psychological distress (Lepore et al. 1991).

Several factors may contribute to this relationship. As highlighted by (Siddiqui and Pandey, 2003), the environmental stressors prevalent in urban settings, such as noise pollution, poor water quality, inadequate garbage disposal, air pollution, crowding, and traffic, create a cumulative burden on residents. These stressors can lead to chronic stress, which, in turn, can manifest as anxiety symptoms (McLean & Tarnopolksky, 1977). The constant exposure to these stressors may overwhelm individuals' coping mechanisms, making them more vulnerable to anxiety.

The high prevalence of potentially concerning anxiety levels in this study population raises important public health implications. Urban planning and policy decisions often overlook the psychological consequences of environmental degradation. The findings of this research suggest that addressing these environmental issues may be a crucial step in promoting the mental well-being of urban residents.

The established general correlation between environmental stress and anxiety gains significant depth when examining the unique psychological implications of specific urban stressors. These interconnected variables within the urban experience exert distinct influences on mental well-being through varied cognitive and physiological pathways.

## **CONCLUSION**

This study offers strong empirical evidence of a significant association between perceived environmental stressors and anxiety symptoms among urban residents. The findings highlight the urgent need to address the psychological consequences of environmental challenges commonly encountered in urban settings. Future research should aim to disentangle the specific contributions of individual environmental stressors such as noise pollution, poor air quality, and overcrowding—to better understand their distinct impacts on mental health. Moreover, longitudinal studies are recommended to clarify the directionality of this relationship and to identify potential mediating or moderating factors, such as coping strategies, social support, and individual resilience. Addressing these areas can inform more effective urban planning and public health interventions aimed at promoting psychological well-being in urban populations.

## **LIMITATIONS**

- The sample was confined to 101 participants from Delhi NCR, limiting the generalizability of the findings to other urban areas in India, where environmental and socio-cultural dynamics may differ.
- The study relied exclusively on self-report instruments the Beck Anxiety Inventory (BAI) and the Perceived Environmental Stressors Scale (PESS). While validated, these tools are subject to biases such as social desirability and subjective misreporting.
- The cross-sectional design is another limitation, as it captures correlation but not causation. Future longitudinal or experimental studies are needed to establish directional relationships between stressors and anxiety.
- Moreover, variables like individual coping strategies, resilience, or social support were not assessed, though they may significantly influence anxiety outcomes. Similarly, comorbid psychological conditions, which could interact with anxiety, were not controlled for.

- Lastly, the absence of physiological or behavioral measures limits the depth of analysis. Incorporating objective indicators in future research would enrich understanding of environmental impacts on mental health.

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## **Family Relationship and Life Orientation among Young Adults**

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### **ABSTRACT**

This study investigated the association between family relationship variables (cohesion, expressiveness, and conflict) and life orientation (optimism) in 170 Indian young adults (85 males, 85 females) aged 18-25. The Brief Family Relationship Scale and the Revised Life Orientation Test were used for data collection. Results revealed that 75.9% of individuals reported strong family cohesiveness, 61.2% high expressiveness, and 63.5% moderate conflict. More than half (57.1%) showed low optimism, with only 1.2% reporting high optimism. Pearson's correlation revealed that stronger family cohesiveness ( $r = -0.35$ ) and expressiveness ( $r = -0.25$ ) were substantially related with higher optimism, whereas increased conflict ( $r = 0.30$ ) was associated with lower optimism. T-tests found no significant gender differences in cohesiveness, expressiveness, or optimism. However, males reported considerably higher levels of family conflict than females ( $p < 0.05$ ). These findings emphasize the relevance of supportive family situations in generating optimism among young people, as well as the utility of employing t-tests and Pearson correlation to analyze such interactions in psychological research.

**Keywords:** Family Relationships, Life Orientation, Optimism, Young adults, Gender differences.

## INTRODUCTION

Family plays a pivotal role in shaping an individual's psychological well-being, emotional regulation, and overall worldview. Positive family dynamics, such as cohesion and expressiveness, foster resilience, optimism, and adaptive coping mechanisms. In contrast, negative family environments characterized by conflict can contribute to stress, maladaptive behaviors, and psychological distress (Schrodt et al., 2014). Foundational psychological theories underscore this connection: Attachment Theory (Bowlby, 1969) posits that early familial attachments shape emotional development and interpersonal behavior, while Social Learning Theory (Bandura, 1977) suggests that behavior is learned through observation and modeling, especially within the family unit. Beck's Cognitive Theory (1976) also emphasizes the role of family in forming core beliefs and cognitive schemas that influence one's emotional responses and thinking patterns.

Empirical studies have consistently demonstrated that a harmonious family environment contributes significantly to psychological well-being and resilience in young adults. Family cohesion enhances self-confidence and problem-solving abilities, while expressive communication promotes emotional regulation and healthy coping strategies (Patton et al., 2011). On the other hand, persistent family conflict has been linked to heightened stress levels and the development of maladaptive coping mechanisms. The Brief Family Relationship Scale (BFRS) is a widely used tool to assess these dynamics, capturing how aspects such as cohesion, expressiveness, and conflict impact life orientation and psychological functioning.

According to Kassin (2003), individual differences are relatively stable patterns of behavior, emotion, and thought. In psychological literature, terms like "traits" and "dispositions" are often used interchangeably to describe these enduring characteristics.

Seligman (1991) argued that optimism can be learned through life experiences and is not solely a genetic trait. Twin studies suggest that while there is a heritable component to optimism, environmental factors also play a crucial role in its development (Carver, Scheier, & Segerstrom, 2010). Cheng and Furnham (2002) further highlight that optimism is closely linked to a positive attitude toward oneself and life, fostering self-confidence, stress resilience, and greater psychological flexibility. Optimism serves a protective function, enhancing mental health and

supporting healthy lifestyle changes (Patton et al., 2011). According to Carver et al. (2010), optimism involves generalized expectations that good things will happen, which shapes motivation and goal-oriented behavior (Scheier & Carver, 1992).

Life satisfaction, a key component of subjective well-being, refers to an individual's overall evaluation of their life based on personal criteria and future expectations. It includes emotional experiences, satisfaction with relationships, self-concept, and perceived coping abilities (Diener, Emmons, Larsen, & Griffin, 1985). It is a holistic assessment rather than a momentary emotional state.

### RATIONALE OF THE STUDY

Family relationships significantly influence an individual's psychological development and life orientation. During young adulthood (ages 18–25), individuals undergo critical transitions—establishing identity, autonomy, and long-term life goals. This period is sensitive to familial influence, as family cohesion, expressiveness, and conflict directly affect emotional regulation, resilience, and the capacity to cope with stress. Despite extensive research on adolescents, there is a lack of in-depth exploration into how ongoing family dynamics continue to shape life orientation in young adults. This study seeks to address this gap by investigating the relationship between family functioning and key psychological constructs optimism, resilience, and coping in individuals aged 18 to 25. Using validated psychological tools, this research will provide theoretical insight and practical implications for mental health interventions, youth counseling, and family therapy.

### REVIEW OF LITERATURE

**Alavi et al. (2020)** revealed that while family flexibility fosters closeness, it can also increase anxiety attachment, indicating cultural nuances in family dynamics. **Ben-Shlomo et al. (2022)** found that limited social activity and past health problems were associated with orthorexia in young adults. **Chung et al. (2024)** studied 379 young adults in Malaysia and the UK, finding that reciprocal and authoritarian filial piety enhanced life satisfaction, with adaptive perfectionism playing a more significant role among Malaysians. **Hihara et al. (2020)** found that identity distress in Japanese youth was highest around career and future goals, influenced by socioeconomic factors. **Israeli context, Yilmaz (2023)** found that friend support and personal values contributed

more to life satisfaction than parental support, especially in older youths, indicating a developmental shift in support systems. **Joshi and Joshi (2021)** reported a negative correlation between optimism and stress, with females experiencing higher stress levels. **Kavya (2022)** reported a strong positive correlation among life satisfaction, optimism, and happiness, though no gender differences were observed. **Lin and Chiao (2022)** emphasized that adverse childhood experiences (ACEs) increase the risk of problematic internet use (PIU) through loneliness, highlighting the need for early intervention. **Chauhan and Gulati (2022)** demonstrated that family cohesiveness supports self-regulation, while competitive family environments may hinder it. **Lopez-Cepero et al. (2024)** identified "shift-and-persist" strategies as strong predictors of cardiovascular health in Puerto Rican youth, underscoring resilience's physiological relevance. **Mangialavori et al. (2021)**, who found that preoccupied attachment and dysfunctional families are linked to problematic smartphone use. **Marzilli et al. (2020)** found that impulsivity mediates the link between family dysfunction and Internet addiction, indicating a need for comprehensive family-based interventions. **Musthab Shira (2024)** found that "quality time" was the most preferred love language among Indian young adults, although no significant link was found between parenting style and conflict resolution. **Paszkowska-Rogacz (2024)** explored career adaptability in 435 young adults aged 18–34, revealing that a transitive life orientation and promotion focus positively influenced adaptability, while prevention focus was linked to worry and control. **Rosenthal et al. (2020)** found that relationship stigma from friends, family, and the public adversely affects mental health in interracial and same-sex couples. Egalitarianism and dyadic coping were protective, buffering the negative psychological effects of stigma. **Saxena et al. (2020)** challenged traditional views by showing that while emotional expressiveness correlated with positive body image, optimism was negatively affected. **Sayed and Sinha (2024)**, who showed that effective communication supports conflict resolution and mental adaptability. **Sultana et al. (2024)** found that family functioning significantly predicted self-esteem and resilience in Bangladeshi university students, highlighting gender differences in family dynamics. **Naydenova and Lamteva (2024)** noted that young adults without job experience were more present-focused and exhibited traits of infantilism, indicating that employment fosters maturity and future orientation. **Yakhnich and Michael (2022)** analyzed immigrant families in Israel, discovering that parent-child dynamics adapt over time and are shaped by cultural expectations.

#### AIM OF THE STUDY

This study AIMS to assess the level of family relationships and life orientation in young adults and explore their correlation, focusing on young adults in India.

### **STATEMENT OF THE PROBLEM**

Family relationships are fundamental to cognitive, emotional, and behavioral development. However, the influence of family processes on life orientation during the crucial 18–25-year-old developmental window remains underexplored. While some research has focused on adolescence, limited attention has been given to how young adults' optimism, resilience, and coping mechanisms are shaped by family cohesion, expressiveness, and conflict. This study aims to fill this research gap by empirically examining these relationships and contributing to the development of psychological interventions, mental health strategies, and family-based therapies tailored for young adults.

### **OBJECTIVE OF THE STUDY**

1. To assess the levels of family cohesion, expressiveness, and conflict among young adult.
2. To examine the life orientation among young adults.
3. To analyze the relationship between family relationship and life orientation.
4. To examine the gender difference in the levels Relationship.
5. To examine the gender difference in the levels of life orientation among young adults.

### **HYPOTHESES OF THE STUDY**

1. There is a significant difference in the levels of family cohesion, expressiveness, and conflict among young adults.
2. There is a significant difference in the levels of life orientation (optimism) among young adults.
3. There is a significant relationship between family relationship dimensions (cohesion, expressiveness, conflict) and life orientation among young adults.
4. There is a significant gender difference in the levels of family cohesion, expressiveness, and conflict among young adults.

5. There is a significant gender difference in the levels of life orientation among young adults.

## METHODOLOGY

### SAMPLE

The present study comprises a sample of 170 young adults, aged between 18 to 25 years, selected from various regions across India. The sample is equally distributed by gender, including 85 males and 85 females. Participants were selected based on specific inclusion criteria: they had to be within the age range of 18–25 years, reside in India, and be willing to provide informed consent for participation. Individuals were excluded from the study if they were below 18 or above 25 years of age, declined to give informed consent, or submitted survey responses that were incomplete or inconsistent.

## RESEARCH DESIGN

This study follows a quantitative, correlational, and comparative research design to examine the relationship between family relationships and life orientation among young adults, as well as to compare differences based on gender. This design helps in understanding the level of these variables and their correlation without manipulating any conditions. The study will be conducted in a natural setting, ensuring that the data collected reflects real-life experiences. Using this design, valuable insights can be gained about how family relationships influence life orientation in young adults.

### VARIABLES

- **Independent Variables (IV)-** 1) Cohesion 2) Expressiveness 3) Conflict
- **Dependent Variables (DV)-** 1) Optimism 2) Resilience 3) Coping Strategies

## OPERATIONAL DEFINITION

- Family relationships are the interactions, ties, and communication patterns within a family unit. In this study, family relationships will be assessed using the Brief Family Relationship Scale (BFRS), which measures Cohesion, Expressiveness, and Conflict within the family.
- Life Orientation refers to an individual's overall attitude on life, especially their predisposition to be optimistic or pessimistic. In this study, life orientation will be examined using the Revised Life Orientation Test (LOT-R), which assesses an individual's positive or negative future expectations.

## TOOLS USED

### 1) Brief Family Relationship Scale

The Brief Family Relationship Scale (BFRS), developed by Tolan, Gorman-Smith, and Henry (2010), assesses family dynamics across three key dimensions: cohesion, expressiveness, and conflict. Higher scores in cohesion and expressiveness indicate healthier family relationships, while higher conflict scores suggest dysfunction. The scale uses a Likert rating format and has demonstrated satisfactory reliability. Cronbach's alpha values range from moderate (0.51–0.58) for specific subscales to good (0.78–0.89) for the overall and shorter versions, confirming the BFRS as a reliable tool for evaluating family functioning and its impact on psychological well-being.

### 2) Revised Life Orientation Test

The Revised Life Orientation Test (LOT-R), developed by Scheier, Carver, and Bridges (1994), measures dispositional optimism through six scored items on a 5-point Likert scale, assessing both optimistic and pessimistic tendencies. Higher scores reflect a more positive life outlook, while lower scores suggest pessimism. The LOT-R has demonstrated adequate reliability, with Cronbach's alpha ranging from 0.66 to 0.78 for the total score, and around 0.70 and 0.63 for the optimism and pessimism subscales, respectively. Test-retest reliability shows stability over time, making the LOT-R a reliable and valid tool for assessing life orientation in diverse populations.

## PROCEDURE

In this study, data from the sample was gathered using Google Forms, an electronic form (E-form) approach. According to the study's goals, the form clearly stated the technique and instructions supplied in the scales' manuals. Participants were guaranteed of their confidentiality, and it was underlined that all questions should be answered to ensure the data was comprehensive. While no specific time limit was mentioned, the data collection process was completed within 10-15 minutes.

## DATA ANALYSIS

The data were analyzed using descriptive statistics. The Pearson's correlation coefficient was utilized to investigate the association between family factors and life orientation. In addition, an independent samples t-test was used to examine gender differences in family aspects and life orientation.

### **Relationship Between Family Dynamics and Life Orientation**

The third objective of the present study was to analyze the relationship between family relationship and life orientation. Pearson's correlation was used to examine the relationship between Cohesion, Expressiveness, Conflict and Life Orientation (LOT-R) Score.

**Table 01**

**displays the Pearson correlation coefficients and statistical significance between family relationship dimensions (cohesion, expressiveness, conflict) and life orientation (LOT-R scores).**

|                      | Cohesion Score | Expressiveness Score | Conflict Score | LOT-R Score |
|----------------------|----------------|----------------------|----------------|-------------|
| Cohesion Score       | 1.00           | 0.577                | -0.430         | -0.353      |
| Expressiveness Score | 0.577          | 1.00                 | -0.335         | -0.247      |
| Conflict Score       | -0.430         | -0.335               | 1.00           | 0.298       |
| LOT-R Score          | -0.353         | -0.247               | 0.298          | 1.00        |

From Table 01, the results of the relationships between family dynamics and life orientation can be seen. The research study found a substantial negative association ( $r = -0.35$ ) between family cohesiveness and life orientation, with lower cohesion scores suggesting increased optimism. A negative connection was identified for family expressiveness ( $r = -0.25$ ), with lower scores suggesting stronger expressiveness and higher optimism. In contrast, family conflict exhibited a strong positive link with life orientation ( $r = 0.30$ ), implying that lower conflict scores (showing more conflict) correspond with lower optimism. These data suggest that supportive family situations with strong cohesiveness, open communication, and limited conflict are related with a more positive view among young people.

### **Gender Differences in Family Relationship Dimensions Among Young Adults**

The fourth objective of the present study was to examine the gender differences in the levels of family cohesion, expressiveness, and conflict among young adults. To analyze these differences, t-tests were conducted, and the results are presented in Table 4.8.

**Table 02. Showing the results of Levene's Test for Equality of Variances.**

|                       | <b>F</b> | <b>Sig.</b> |
|-----------------------|----------|-------------|
| <b>Cohesion</b>       | 0.387    | 0.534       |
| <b>Expressiveness</b> | 3.841    | 0.051       |
| <b>Conflict</b>       | 1.635    | 0.203       |

From table 02 the results of Levene's Test for Equality of Variances can be seen. The result of Cohesion shows a frequency (F) of 0.387 and significance of 0.534. The result of Expressiveness shows a frequency (F) of 3.841 and significance of 0.051. The result of Conflict shows a frequency (F) of 1.635 and a significance of 0.203. Since the significance values are greater than 0.05 ( $p > 0.05$ ), the F ratios are not significant. Therefore, equal variances are assumed for Cohesion, Expressiveness, and Conflict. The homogeneity of variances assumption is met, and T-Test was used to analyze gender differences.

**Table 03**

**Showing the results of T-test for gender difference in the levels of Cohesion, Expressiveness and Conflict.**

|                | Gender | (N) | Mean   | (SD)  | Mean Difference | T-Value | Degree of Freedom | P Value |
|----------------|--------|-----|--------|-------|-----------------|---------|-------------------|---------|
| Cohesion       | Male   | 85  | 5.235  | 4.314 | 0.504           | - 0.377 | 168               | 0.707   |
|                | Female | 85  | 5.470  | 3.810 |                 |         |                   |         |
| Expressiveness | Male   | 85  | 3.270  | 1.809 | - 0.320         | 0.155   | 168               | 0.877   |
|                | Female | 85  | 3.224  | 2.129 |                 |         |                   |         |
| Conflict       | Male   | 85  | 10.824 | 3.444 | - 0.195         | 2.272   | 168               | 0.024   |
|                | Female | 85  | 9.589  | 3.639 |                 |         |                   |         |

From Table 03, the results of Cohesion, Expressiveness, and Conflict can be seen. The result of Cohesion shows the gender difference between male ( $M=5.235$ ,  $SD=4.314$ ) and female ( $M=5.470$ ,  $SD=3.810$ ). T-Test showed a non-significant t-value (-0.377;  $p>0.05$ ). This indicates that there is no significant difference in the level of Cohesion between male and female.

The result of Expressiveness shows the gender difference between male ( $M=3.270$ ,  $SD=1.809$ ) and female ( $M=3.224$ ,  $SD=2.129$ ). The T-Test showed a non-significant t-value (0.155;  $p>0.05$ ). This indicates that there is no significant difference in the level of Expressiveness between male and female.

The result of Conflict shows the gender difference between male ( $M=10.824$ ,  $SD=3.444$ ) and female ( $M=9.589$ ,  $SD=3.639$ ). The T-Test showed a significant t-value (2.272;  $p<0.05$ ). This indicates that there is a significant difference in the level of Conflict between male and female, with males reporting higher levels of conflict than females.

### **Gender Differences in Life Orientation Among Young Adults**

The fifth objective of the present study was to examine the gender differences in the levels of life orientation among young adults. To analyze these differences, t-tests were conducted after checking for the homogeneity of variances, and the results are presented in Table 4.9.

**Table 04. Showing the results of Levene's Test for Equality of Variances.**

|                         | <b>F</b> | <b>Sig.</b> |
|-------------------------|----------|-------------|
| <b>Life Orientation</b> | 7.333    | 0.007       |

From table 04, the results of Levene's Test for Equality of Variances can be seen. The result of Life Orientation (LOTR) shows a frequency (F) of 7.33 and significance of 0.01 .Since the significance value is less than 0.05 ( $p < 0.05$ ), the F ratio is significant. Therefore, equal variances are not assumed for Life Orientation. The homogeneity of variances assumption is not met, and a modified T-Test (such as Welch's t-test) should be used to analyze gender differences in Life Orientation.

**Table 05.**

**Showing the results of Welch's T-Test for gender difference in the levels of Life Orientation.**

|                         | <b>Gender</b> | <b>(N)</b> | <b>Mean</b> | <b>(SD)</b> | <b>Mean Difference</b> | <b>T-Value</b> | <b>Degree of Freedom</b> | <b>P Value</b> |
|-------------------------|---------------|------------|-------------|-------------|------------------------|----------------|--------------------------|----------------|
| <b>Life Orientation</b> | Male          | 85         | 12.835      | 2.707       | - 1.309                | 0.716          | 168                      | 0.475          |
|                         | Female        | 85         | 12.459      | 4.016       |                        |                |                          |                |

From Table 05, the result of gender difference in the level of Life Orientation can be seen. The result shows the gender difference between male ( $M=12.835$ ,  $SD=2.707$ ) and female ( $M=12.459$ ,  $SD=4.016$ ). Welch's T-Test showed a non-significant t-value (0.716;  $p>0.05$ ). This indicates that there is no significant difference in the level of Life Orientation between male and female.

## DISCUSSION

The present study aimed to examine the levels of family relationship dimensions (cohesion, expressiveness, and conflict) and life orientation among young adults, as well as to explore gender differences in these variables. This chapter discusses the findings in relation to previous research and theoretical frameworks.

### Family Relationship Dimensions Among Young Adults

The study found that a considerable majority of young people (75.9%) reported high levels of family cohesion, indicating strong emotional relationships within their families. This finding is consistent with previous research showing that increased family closeness improves family function and psychological wellness. Fang et al. (2004) found that families with stronger cohesiveness function better, but those with poor cohesion are more likely to have psychological and behavioral problems in their children.

Similarly, the majority of participants (61.2%) reported high levels of family expressiveness, indicating that most young adults believe their families communicate openly and expressively. This is relevant since research has shown that people from families with greater levels of emotional expression face less adjustment difficulties than those from homes with lower levels of emotional expression (Johnson, 2010). In young people, family expressiveness has been connected to improved emotional understanding and social skills.

In terms of family conflict, the majority of participants (63.5%) indicated moderate levels, with only a small proportion reporting high levels (14.1%). This balanced distribution shows that, while conflict is a regular part of family interactions, most young adults deal with it in a reasonable way.

According to research, moderate amounts of conflict, when addressed constructively, can help people develop problem-solving abilities and emotional regulation.

### **Life Orientation Among Young Adults**

The results for life orientation indicated a concerning trend, with more than half of the participants (57.1%) expressing low levels of optimism, 41.8% reporting moderate optimism, and only 1.2% reporting high optimism. The prevalence of low optimism ratings shows that many young individuals in the sample have less optimistic hopes for their future.

This conclusion is particularly significant since life orientation has been linked to different elements of psychological well-being and job flexibility in young people. Optimism is essential in the search for and existence of significance in life, as well as in developing a positive attitude toward life. The low levels of optimism seen in this study may reflect greater socioeconomic difficulties confronting young adults today, such as economic uncertainty, professional demands, and social expectations.

## **Relationship Between Family Dynamics and Life Orientation**

The study also examined the relationship between family relationship dimensions and life orientation. The findings revealed a strong negative connection between family cohesiveness and life orientation ( $r = -0.35$ ), implying that better family cohesion (lower scores) is linked with more optimism. Similarly, family expressiveness had a negative correlation with life orientation ( $r = -0.25$ ), implying that more expressive families instill optimism in young individuals. In contrast, family conflict showed a strong positive connection with life orientation ( $r = 0.30$ ), implying that lesser conflict (higher scores) is associated with greater optimism.

These findings support the hypothesis that supportive family environments characterized by strong cohesion, open communication, and minimal conflict are associated with a more optimistic outlook among young adults.

### **Gender Differences in Family Relationship Dimensions**

The study identified no significant gender differences in family cohesiveness and expressiveness, indicating that male and female young people have equal perceptions of emotional connectedness and communication openness within their families. This conclusion contrasts prior research indicating that females report stronger degrees of closeness to their parents (Mendonça & Fontaine 2013).

However, there was a substantial gender difference in the perception of family conflict, with men reporting higher levels of conflict than women. This conclusion is intriguing since it contradicts some earlier research indicating that females are more sensitive to family processes due to their higher inclination for interpersonal closeness. Males' greater levels of conflict may represent variations in how males and females perceive and interpret family relationships, or it might signify true disparities in how families deal with male vs female offspring.

### **Gender Differences in Life Orientation**

The study identified no significant gender differences in life orientation, indicating that male and female young people are equally optimistic about their future. This research implies that optimism as a personality characteristic may be generally stable between genders, however impacted by a variety of cultural, social, and environmental influences.

## CONCLUSION

The study provides valuable insights into the relationship between family dynamics and life orientation among young adults in India. It found that while most participants viewed their families as cohesive and expressive, over half exhibited low optimism. Higher family cohesion, expressiveness, and lower conflict were linked to greater optimism, highlighting the importance of positive family relationships in fostering a hopeful outlook. Males reported higher family conflict than females, suggesting the need for gender-sensitive approaches in interventions.

These findings underscore the role of family functioning in shaping young adults' psychological well-being. Interventions focusing on strengthening family bonds and managing conflict could promote optimism and resilience. The study also calls for educational and mental health programs to address the low optimism levels prevalent among young adults.

While the study's cross-sectional design and reliance on self-report measures limit its scope, it sets the stage for future research exploring the long-term impact of family relationships on young adult development. Overall, it contributes to the literature on family psychology and offers practical insights for supporting young adults during this crucial life stage.

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**"Role of Attachment Styles in Emotional Regulation Across Varying Severity  
of Premenstrual Syndrome in Young Adult Women"**

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**ABSTRACT**

Premenstrual Syndrome (PMS) is a cyclic condition characterized by emotional and physical disturbances that influence women's psychological health. This study aimed to examine how attachment styles impact emotional regulation among women with differing PMS severity. Drawing on principles from attachment theory and emotion regulation frameworks, the research investigated how individual attachment patterns shape emotional functioning during hormonally sensitive phases. An across-sectional approach was employed, involving 186 women aged 18 to 35, divided into clinical and non-clinical PMS groups using the Premenstrual Symptoms Screening Tool (PSST). Emotional regulation was measured through the DERS-18, while attachment styles were assessed using the Revised Adult Attachment Scale (RAAS). Data analysis included independent t-tests, ANOVA, correlation, and regression techniques. Women in the clinical PMS group showed notably higher emotional regulation difficulties, particularly in domains such as impulse control, emotional clarity, and non-acceptance. Attachment anxiety significantly predicted emotional regulation challenges across both PMS groups. Insecure attachment, especially anxious styles, was associated with more pronounced emotional regulation issues compared to secure attachment. These outcomes reinforce a biopsychosocial perspective of PMS by highlighting the combined influence of hormonal shifts and psychological predispositions. The results suggest that incorporating attachment-based and emotion-focused approaches in clinical interventions may benefit women experiencing heightened PMS symptoms.

**Keywords:** Premenstrual Syndrome, Emotional Regulation, Attachment Styles, PMS Severity, Women's Mental Health, Hormonal Fluctuations.

**INTRODUCTION**

Premenstrual Syndrome (PMS) is a recurring set of psychological, physical, and behavioral symptoms

experienced by many women during the luteal phase of the menstrual cycle, typically the week or two before menstruation. Symptoms may include mood swings, irritability, anxiety, depression, fatigue, breast tenderness, and changes in appetite or sleep patterns (Yonkers et al., 2008).

While some women report only mild discomfort, others endure significant distress that interferes with daily functioning. PMS is a significant mental health concern for young adult women, particularly because it can affect academic performance, interpersonal relationships, and general quality of life (Hantsoo & Epperson, 2015).

Despite advances in understanding the biological mechanisms underlying PMS, such as hormonal fluctuations involving estrogen and progesterone, psychological factors are increasingly recognized for their role in the intensity and regulation of PMS symptoms (Rubinow & Schmidt, 2006). Among these factors, attachment style—a central concept from attachment theory—is gaining prominence as a potential moderator of how women experience and regulate PMS-related emotional symptoms.

Attachment theory, first formulated by Bowlby (1969), emphasizes the enduring influence of early caregiving relationships on the development of self-regulatory processes and interpersonal dynamics. In adulthood, attachment patterns are broadly classified as secure, anxious, or avoidant (Mikulincer & Shaver, 2007). Securely attached individuals tend to be comfortable with emotional closeness and are generally effective at managing negative emotions. In contrast, anxiously attached individuals may exhibit hyperactivation of the attachment system, characterized by heightened emotional reactivity, fear of rejection, and a tendency to ruminate. Avoidantly attached individuals often deactivate their emotional responses, suppressing distress to maintain independence and emotional distance (Shaver & Mikulincer, 2002).

These attachment styles have been shown to play a significant role in emotional regulation, particularly under stress. Emotional regulation refers to the ability to monitor, evaluate, and modify emotional responses to meet situational demands (Gross, 2002). For women experiencing PMS, especially those with moderate to severe symptoms, the capacity to effectively regulate emotional distress is essential. Women with secure attachment styles are likely to engage in adaptive emotional regulation strategies—such as reappraisal, problem-solving, and seeking support—which can buffer them from the emotional volatility commonly reported during the premenstrual phase (Stadler et al., 2020). Conversely, those with insecure attachment styles may resort to maladaptive strategies, such as emotional suppression or rumination, which can amplify the intensity of PMS symptoms (Pilver et al., 2011).

Emerging research suggests that attachment insecurity may be a vulnerability factor for heightened

emotional dysregulation during PMS. For example, women with anxious attachment may experience premenstrual mood symptoms more intensely due to their heightened sensitivity to interpersonal cues and a tendency to catastrophize stressors (MacGregor & Antoni, 2009).

Similarly, avoidantly attached individuals may struggle with emotional suppression, leading to increased psychological strain during PMS (Kane et al., 2007).

Thus, while hormonal changes trigger PMS, the way women perceive, interpret, and respond to these changes may be strongly influenced by their underlying attachment orientations.

Furthermore, the interaction between attachment style and PMS severity is not only limited to emotional responses but also affects coping behavior and interpersonal dynamics. For instance, anxiously attached women may exhibit increased dependency or interpersonal conflict in close relationships during the premenstrual phase, as their emotional needs intensify (Girme et al., 2015). On the other hand, avoidant individuals may withdraw or emotionally disengage, which could prevent them from accessing social support, thereby worsening feelings of isolation and distress. These behavioral patterns often contribute to a vicious cycle where ineffective emotion regulation leads to interpersonal problems, which in turn heighten emotional symptoms.

In young adulthood, a period often marked by transitions, identity formation, and relational exploration, the implications of such dysregulation are profound. College-aged women, who are frequently navigating academic, social, and occupational challenges, may be particularly susceptible to PMS-related impairment when insecure attachment and poor emotional regulation co-occur. Additionally, societal stigmas and lack of awareness about PMS can exacerbate the emotional burden, leading to underreporting or inadequate treatment (Epperson et al., 2012).

The psychological framework integrating attachment theory with PMS severity offers a biopsychosocial perspective—one that recognizes the interplay between hormonal, psychological, and relational factors. This perspective may help in understanding the individual differences observed in the experience of PMS. While one woman may exhibit resilience and minimal distress, another, perhaps with an insecure attachment style, may experience PMS as emotionally debilitating. Recognizing the role of individual psychological predispositions, such as attachment patterns, allows for a more nuanced approach to assessment and intervention.

Clinically, these insights hold promise for developing targeted strategies. For example, interventions focusing on improving emotional awareness, interpersonal functioning, and attachment security such as emotion-focused therapy or mindfulness-based cognitive therapy could be particularly effective for

women with severe PMS and insecure attachment profiles (Albertini et al., 2019). Moreover, psychoeducation about PMS symptoms and their interaction with personality and attachment may empower women to better anticipate and manage their premenstrual experiences.

Despite these promising implications, there remains a gap in empirical research directly linking attachment styles, emotional regulation, and PMS severity. Much of the existing literature examines these variables in isolation, with few studies integrating them into a cohesive model. As such, more research is needed to explore how different attachment patterns influence emotional regulation specifically during the premenstrual period. Doing so could not only improve our understanding of PMS but also inform more personalized and psychologically informed interventions for women's mental health.

PMS is a multidimensional condition shaped not only by biological rhythms but also by emotional and relational dynamics. Attachment theory offers a compelling framework for understanding why some women are more emotionally vulnerable during PMS, emphasizing the significance of early relational experiences in shaping adult emotional regulation. By examining how attachment styles influence emotional responses to PMS, researchers and clinicians can deepen their understanding of individual variability in symptom expression and develop tailored strategies to support young women in managing this cyclical challenge.

## **REVIEW OF LITERATURE**

**Arora (2021)** explored the relationship between alexithymia, attachment styles, and emotional regulation in adults. The study reported a significant positive correlation between alexithymia and emotional suppression, and a negative correlation between secure attachment and alexithymia, suggesting that secure attachment may serve as a protective factor against emotional dysregulation. **Bowlby (1969)**, explains that early caregiver-child interactions form the basis of adult attachment styles, which can be secure or insecure (anxious and avoidant). **Eisenlohr-Moul et al. (2016)** highlighted that women with poor emotion regulation skills experienced heightened mood symptoms during the premenstrual phase. This suggests that attachment-related emotion regulation strategies significantly influence PMS symptom severity. **Eisenlohr-Moul et al., (2015)** this study found that among these symptoms, emotional dysregulation is a significant concern, with many young adult women reporting heightened mood instability, irritability, and depression during the premenstrual period. **Gillath et al. (2005)** reported that individuals with insecure attachment exhibited difficulties in suppressing negative thoughts, which could exacerbate emotional

volatility during hormonal shifts in the menstrual cycle. **Mikulincer & Shaver, (2008)** this study found that Securely attached individuals typically possess effective emotional regulation strategies and exhibit resilience in the face of stress. In contrast, insecurely attached individuals, particularly those with anxious attachment, tend to hyperactivate the attachment system, leading to increased emotional reactivity, rumination, and difficulty in managing negative emotions. **Pandey and Choudhury (2024)** investigated the relationship between attachment styles and interpersonal emotion regulation among married couples in Mumbai. Their findings revealed that insecure attachment styles were significantly associated with maladaptive emotion regulation strategies, highlighting the cultural nuances in emotional processing within Indian marital relationships. **Segal and Cortina (2019)** found that avoidant attachment was associated with increased physical and emotional complaints during the premenstrual phase due to emotional suppression and interpersonal withdrawal. **Singh et al. (2022)** focused on the impact of fearful-avoidant attachment styles on emotional maturity among young adults in Uttar Pradesh. The study concluded that individuals with fearful-avoidant attachment exhibited lower emotional maturity, emphasizing the role of attachment styles in emotional development. **Stanton and Campbell (2014)** examined the relationship between attachment style and premenstrual distress in young women. Their findings revealed that women with anxious attachment reported higher PMS severity and greater emotional reactivity. **Tholia and Suri (2020)** examined the mediating role of personality traits between attachment styles and difficulties in emotion regulation among adolescents in Delhi. The study found that ambivalent attachment was directly related to emotion regulation difficulties, with neuroticism serving as a significant mediator. **Yonkers et al., (2008)** this study found that Premenstrual Syndrome (PMS) is a cyclical disorder involving a range of emotional, psychological, and physical symptoms occurring during the luteal phase of the menstrual cycle and subsiding with the onset of menstruation.

### AIM OF THE STUDY

"To examine the "Role of Attachment Styles in Emotional Regulation Across Varying Severity of Premenstrual Syndrome in Young Adult Women"

### OBJECTIVES OF THE STUDY

- To examine the impact of PMS severity on emotional regulation.
- To explore the role of attachment anxiety in predicting emotional regulation difficulties.
- To assess the relationship between attachment styles and emotional regulation in women with clinical and non-clinical PMS.
- To compare emotional regulation difficulties across women with clinical PMS and non-

clinicalPMS, focusing on specific emotional regulation subscales (e.g., acceptance of emotional responses, emotional clarity, impulse control).

### **HYPOTHESES OF THE STUDY**

- Women with clinical PMS will report significantly greater difficulties in total emotional regulation compared to women with non-clinical PMS.
- Attachment anxiety will be a significant predictor of emotional regulation difficulties in both women with clinical and non-clinical PMS.
- Women with insecure attachment styles (anxious and avoidant) will report higher emotional dysregulation compared to those with secure attachment styles, particularly during PMS.
- Women with clinical PMS will show greater difficulties in emotional regulation subscales, such as emotional clarity, impulse control, and acceptance of emotional responses, compared to women with non-clinical PMS.

### **METHODOLOGY**

#### **SAMPLE**

The sample comprised 186 adult women aged between 18 and 35 years. Participants were categorized into clinical PMS and non-clinical PMS groups based on scores obtained from the Premenstrual Symptoms Screening Tool (PSST). The clinical group included individuals meeting criteria for moderate to severe PMS, while the non-clinical group included those with minimal or no PMS symptoms. Participants were selected using a non-probability purposive sampling method, considering the specific inclusion criteria related to age, gender, and menstrual experiences. Data were collected through both online and offline modes to ensure broader participation.

#### **RESEARCH DESIGN**

The present study adopted a quantitative, cross-sectional, and correlational research design to investigate the relationships among attachment styles, emotional regulation, and PMS severity. This design was considered appropriate as it allowed for the assessment of variables at a single point in time and facilitated the examination of statistical associations between them. Additionally, a between-groups design was employed to compare women with clinical PMS to those with non-clinical PMS, focusing on differences in emotional regulation and attachment patterns.

#### **VARIABLES**

##### **Independent Variables:**

- **PMS Severity:** Premenstrual Syndrome (PMS) includes physical and emotional symptoms that occur before menstruation. PMS severity is independent as it is expected to influence emotional regulation.
  - Clinical PMS: Severe symptoms that impact daily life (e.g., mood swings, irritability).
  - Non-Clinical PMS: Mild or no symptoms.
- **Attachment Styles:** Attachment styles describe how individuals respond to intimacy and stress in relationships. These attachment styles are independent variables, influencing emotional regulation. The four styles are:
  - Secure: Comfortable with intimacy and independence.
  - Anxious: Preoccupied with fear of abandonment, seeking constant reassurance.
  - Avoidant: Avoids intimacy and suppresses emotions.
  - Fearful: Desires intimacy but fears rejection and is emotionally distressed.

#### **Dependent Variable:**

- **Emotional Regulation:** Emotional regulation refers to managing and understanding emotional responses. Emotional regulation is the dependent variable, influenced by PMS severity and attachment styles. It includes:
  - Emotional Clarity: Understanding one's emotions.
  - Impulse Control: Managing impulsive emotional reactions.
  - Acceptance of Emotions: Accepting emotions without suppression.

### **RESEARCH INSTRUMENTATION**

#### **1) Premenstrual Symptoms Screening Tool (PSST; Endicott et al., 2000)**

The Premenstrual Symptoms Screening Tool (PSST; Endicott et al., 2000) is a 19-item self-report questionnaire used to assess the severity of premenstrual symptoms. It evaluates both physical and emotional symptoms experienced during the luteal phase, such as mood swings, irritability, fatigue, and discomfort. The tool comprises two subscales: Symptom Severity and Interference with Daily Life, focusing on how symptoms affect daily activities, including work and social life. In this study, participants were categorized as clinical (moderate-to-severe) or non-clinical (mild) based on their PSST responses, with non-clinical individuals showing mild or no significant premenstrual symptoms.

#### **Revised Adult Attachment Scale (RAAS; Collins, 1996)**

The Revised Adult Attachment Scale (RAAS; Collins, 1996) is an 18-item self-report tool used to assess adult attachment styles in close relationships. It categorizes individuals into four styles: secure, anxious, avoidant, and fearful. Secure attachment reflects comfort with closeness; anxious attachment indicates fear of rejection; avoidant attachment involves discomfort with intimacy; and fearful attachment combines anxiety and avoidance, showing a desire for closeness but fear of being hurt. In this study, the RAAS was used to evaluate participants' attachment styles and examine their impact on emotional regulation, particularly in relation to the severity of premenstrual symptoms (PMS).

#### **Emotion Regulation Scale (DERS-18; Victor&Klonsky,2016)**

The DERS-18 is an 18-item self-report measure used to assess difficulties in emotion regulation, particularly relevant in contexts like premenstrual syndrome (PMS). Rated on a 5-point Likert scale, it evaluates five key subscales: Emotional Clarity, Impulse Control, Non-Acceptance of Emotional Responses, Emotional Awareness, and Use of Effective Regulation Strategies. In this study, the DERS-18 was utilized to examine emotional regulation challenges among women with clinical and non-clinical PMS. Special focus was given to subscales such as emotional clarity and impulse control, as these aspects are believed to be significantly affected by PMS-related emotional fluctuations and distress.

#### **DATA COLLECTION PROCEDURE**

The data collection for this study was conducted using both online (Google Forms) and offline (paper-based) methods, ensuring voluntary and anonymous participation. Participants were recruited via social media and direct contact, with informed consent obtained beforehand. They completed three standardized questionnaires: PSST, RAAS, and DERS-18, taking approximately 15–20 minutes. Ethical standards were strictly followed, including the right to withdraw and maintaining participant confidentiality. To ensure data quality, all responses were reviewed post-collection, and any incomplete or inconsistent entries were excluded from the final dataset to maintain reliability and validity in the analysis.

#### **STATISTICAL INTERPRETATION**

At the first stage data will be treated by descriptive statistical techniques i.e. mean and standard Deviation and ANOVA will be done by using SPSS Software.

**Hypothesis 1: Women with clinical PMS will report significantly greater difficulties in emotional regulation compared to women with non clinical PMS.**

**Table 01:**

Independent Samples t-test: Differences in Emotional Regulation (Clinical vs. Non-Clinical PMS)

| Variable                   | Non-Clinical PMS(Mean) | Clinical PMS (Mean) | t-value | df  | p-value  |
|----------------------------|------------------------|---------------------|---------|-----|----------|
| Awareness                  | 7.90                   | 8.01                | -0.23   | 184 | 0.822    |
| Clarity                    | 7.63                   | 9.25                | -3.41   | 184 | 0.001**  |
| Goals                      | 9.06                   | 10.19               | -2.35   | 184 | 0.020*   |
| Impulse                    | 7.13                   | 9.35                | -4.71   | 184 | <0.001** |
| Non-Acceptance             | 6.65                   | 8.27                | -3.29   | 184 | 0.001**  |
| Strategies                 | 7.16                   | 9.63                | -5.63   | 184 | <0.001** |
| Total Emotional Regulation | 45.53                  | 54.70               | -5.32   | 184 | <0.001** |

Note: \*p<0.05, \*\*p<0.01

### Statistical Analysis:

An independent samples t-test was conducted to examine group differences in overall emotional regulation and across all six DERS subscales. Results revealed that women with clinical PMS reported significantly more difficulty regulating emotions than those with non-clinical PMS. Five out of six subscales, along with the total emotional regulation score, showed statistically significant differences.

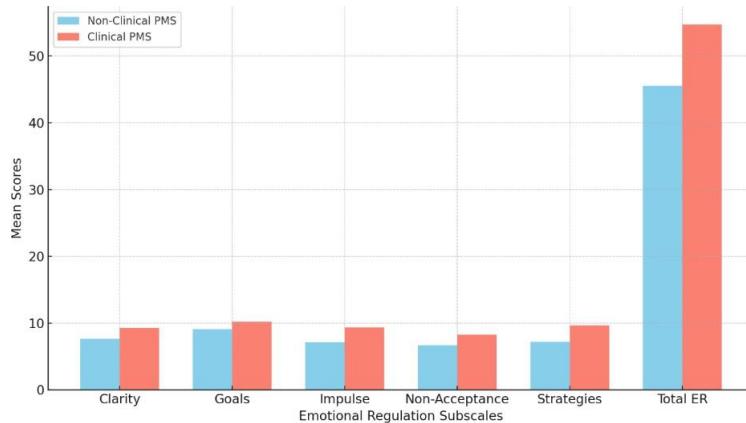
### Total Emotional Regulation Score:

- Clinical PMS group ( $M=54.70$ )
- Non-clinical group ( $M=45.53$ )
- $t(184)=-5.32, p<0.001$

### Interpretation:

These results strongly support Hypothesis 1, confirming that clinical PMS is associated with

broader emotional regulation challenges. The clinical group demonstrated significantly higher total dysregulation scores, suggesting a more global impairment in managing emotional experiences. While some subscales varied in significance, the most prominent issues were noted in impulse control and emotional strategies, indicating that women with clinical PMS may particularly struggle to inhibit emotional reactions and apply adaptive coping techniques.



*Fig Comparison of emotional regulation subscales between PMS groups*

**Hypothesis2: Attachment anxiety will be a significant predictor of emotional regulation difficulties in both women with clinical PMS and non clinical PMS.**

**Table02**

Correlation and Regression: Attachment Anxiety and Emotional Regulation Pearson Correlation: Anxiety × Emotional Regulation Subscales

| Subscale       | r-value | p-value  |
|----------------|---------|----------|
| Clarity        | 0.395   | <0.001** |
| Goals          | 0.402   | <0.001** |
| Impulse        | 0.366   | <0.001** |
| Non-Acceptance | 0.436   | <0.001** |
| Strategies     | 0.446   | <0.001** |
| TotalER        | 0.490   | <0.001** |

### Regression Model Summary (Predicting Total Emotional Regulation)

| Model              | R <sup>2</sup> | Adjusted R <sup>2</sup> | F-value | p-value  |
|--------------------|----------------|-------------------------|---------|----------|
| Model with Anxiety | 0.240          | 0.236                   | 54.805  | <0.001** |

### Regression Coefficients

| Predictor | B      | SE B  | Beta  | Sig.     |
|-----------|--------|-------|-------|----------|
| Constant  | 21.472 | 2.218 | —     | 0.000    |
| Anxiety   | 1.093  | 0.148 | 0.490 | <0.001** |

\*\*p<0.001

### Statistical Analysis

Pearson correlation analysis revealed strong, statistically significant positive correlations between attachment anxiety and all subcomponents of emotional regulation. The highest correlation was observed with Total Emotional Regulation ( $r= 0.490$ ,  $p<0.001$ ), followed by significant links with strategies, non-acceptance, goals, and clarity.

To further assess the predictive power of attachment anxiety, a simple linear regression was conducted. The model was statistically significant ( $F = 54.805$ ,  $p < 0.001$ ), with anxiety accounting for 24% of the variance in total emotional regulation scores ( $R^2=0.240$ ). The standardized beta coefficient ( $\beta=0.490$ ) confirms that higher anxiety predicts significantly greater emotional dysregulation.

### Interpretation

The findings provide strong evidence for Hypothesis 2. Individuals with higher levels of attachment anxiety exhibit greater difficulties in emotional regulation across multiple subscales, particularly in their ability to manage impulses, develop strategies, and accept their emotions. The regression results confirm that anxiety is a significant and meaningful predictor of emotional regulation difficulties.

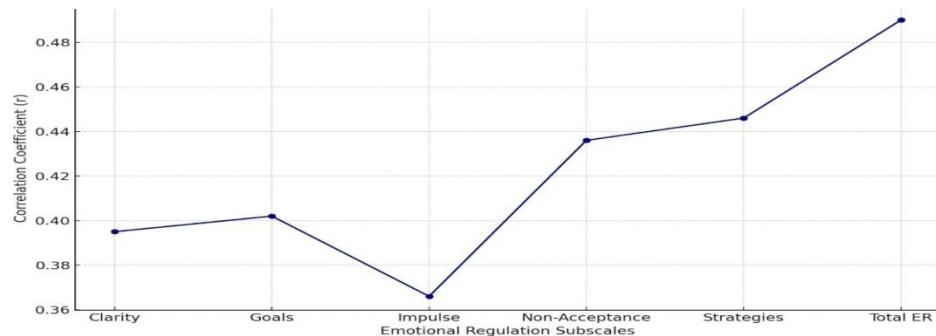


Fig: Correlation of attachment anxiety with emotional regulation subscales.

**Hypothesis3:** Women with insecure attachment styles (anxious and avoidant) will report higher emotional dysregulation compared to those with secure attachment styles, particularly during PMS.

**Table 03:**

**One-Way ANOVA: Differences in Emotional Regulation by Attachment Style**

| Source        | SumofSquares | df  | MeanSquare | F     | p-value  |
|---------------|--------------|-----|------------|-------|----------|
| BetweenGroups | 3154.366     | 3   | 1051.455   | 8.718 | <0.001** |
| WithinGroups  | 21944.352    | 182 | 120.606    |       |          |
| Total         | 25098.718    | 185 |            |       |          |

**Post-Hoc Comparison (TukeyHSD)**

| Comparison      | MeanDifference | Sig.    |
|-----------------|----------------|---------|
| Anxious–Secure  | 22.25          | 0.000** |
| Fearful– Secure | 16.64          | 0.006** |
| Avoidant–Secure | 14.81          | 0.027*  |

\*p< 0.05, \*\*p<0.01

**Statistical Analysis**

A one-way ANOVA was performed to determine if emotional regulation scores differed

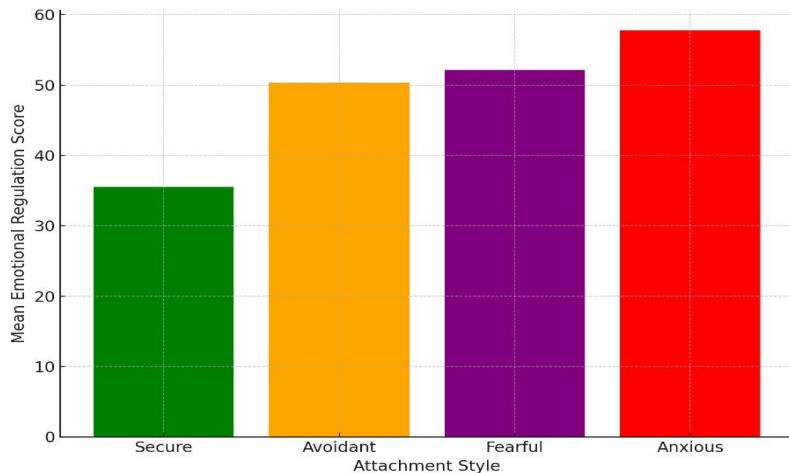
based on attachment style. The analysis was statistically significant,  $F(3, 182)=8.718$ ,  $p < .001$ , indicating that the mean levels of emotional regulation vary across the four attachment groups.

Post-hoc Tukey HSD tests showed that:

- Anxiously attached participants scored significantly higher on emotional dysregulation ( $M = 57.75$ ) compared to securely attached participants ( $M = 35.50$ ,  $p < 0.001$ ).
- Fearful and avoidant groups also had significantly higher scores than these secure group.

### Interpretation

These results strongly support Hypothesis 3. Women with insecure attachment styles, particularly anxious and fearful, reported significantly higher levels of emotional dysregulation compared to securely attached women. The anxious group's mean score was over 22 points higher than the secure group—a substantial difference that reflects deep emotional instability and regulation challenges.



*Emotional regulation scores by attachment styles*

**Hypothesis 4: Women with clinical PMS will show greater difficulties in emotional regulation subscales, such as emotional clarity, impulse control, and acceptance of emotional responses, compared to women with non-clinical PMS.**

**Table 04 :**

Independent Samples t-test: Emotional Regulation Subscales (Clinical vs. Non-Clinical PMS)

| Subscale        | Non-Clinical PMS<br>(Mean) | Clinical PMS<br>(Mean) | t-value | df  | p-value  |
|-----------------|----------------------------|------------------------|---------|-----|----------|
| Clarity         | 7.63                       | 9.25                   | -3.41   | 184 | 0.001**  |
| Impulse Control | 7.13                       | 9.35                   | -4.71   | 184 | <0.001** |
| Non-Acceptance  | 6.65                       | 8.27                   | -3.29   | 184 | 0.001**  |

\*\*p <0.01

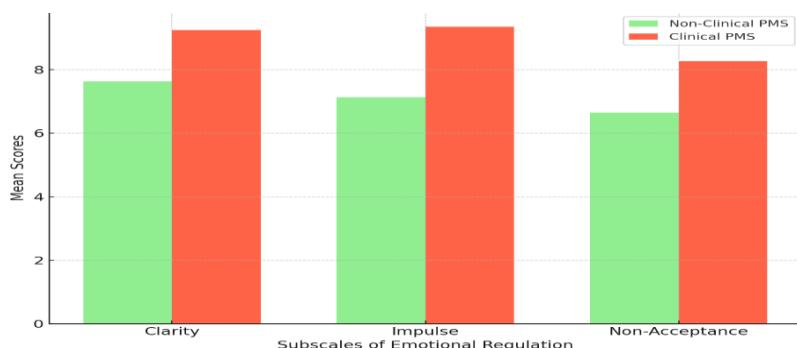
#### Statistical Analysis:

To explore which specific emotional domains are most impacted, independent samples t-tests were conducted on three key subscales: clarity, impulse control, and non-acceptance. Each revealed statistically significant differences between clinical and non-clinical PMS groups:

- Clarity: Clinical PMS(M=9.25) vs. Non-clinical(M=7.63), t ( 184)=-3.41, p =0.001
- Impulse Control: Clinical PMS(M=9.35) vs. Non-clinical(M=7.13), t(184) = -4.71, p<0.001
- Non-Acceptance: Clinical PMS(M= 8.27) vs. Non-clinical(M= 6.65), t(184) = -3.29, p=0.001

#### Interpretation:

Hypothesis 4 is also supported, highlighting that emotional dysregulation in PM S is not only generalized but also concentrated within specific emotional competencies. Difficulties in emotional clarity, impulse inhibition, and emotional acceptance were significantly greater in the clinical group. These results suggest that PMS not only elevates emotional distress but also disrupts foundational regulation abilities — how emotions are understood, tolerated, and managed.



*Difference in specific emotional regulation subscales (PMS groups)*

## DISCUSSION

### **Hypothesis 1: Women with clinical PMS will report significantly greater difficulties in emotional regulation compared to women with non-clinical PMS.**

The findings strongly supported this hypothesis. Statistical analyses revealed that participants in the clinical PMS group reported significantly higher scores on total emotional regulation difficulties, confirming broader emotional impairment. While individual subscale differences were also observed, this hypothesis specifically addresses the overall regulation; targeted subscale analysis is discussed in Hypothesis

This result is consistent with the biopsychosocial model of PMS (Epperson et al., 2012), which posits that hormonal changes interact with psychological predispositions to influence emotional functioning.

One reason for this result may lie in the physiological changes experienced by women during the luteal phase of the menstrual cycle, where fluctuating levels of estrogen and progesterone affect neurotransmitters like serotonin and GABA. These fluctuations contribute to irritability, mood swings, and reduced emotional control (Bäckström et al., 2011; Schmidt et al., 1998). Consequently, women experiencing clinical PMS may have more difficulty understanding and controlling their emotions, leading to poor regulation in areas such as impulse control and emotional clarity. In essence, hormonal instability intensifies the emotional experience, making it harder for individuals to manage emotional responses effectively.

Furthermore, psychological factors such as lower emotional resilience and cognitive overload during PMS can further worsen dysregulation. Individuals dealing with PMS symptoms may already feel physically uncomfortable or fatigued, reducing the cognitive resources available for self-regulation. This interplay between physiological strain and psychological stress likely underpins the significant regulation difficulties observed.

### **Hypothesis 2: Attachment anxiety will be a significant predictor of emotional regulation difficulties in both women with clinical and non-clinical PMS.**

Regression analysis confirmed this hypothesis. Attachment anxiety emerged as a significant predictor of emotional dysregulation, accounting for a notable proportion of the variance in emotional regulation across both PMS groups. This finding is aligned with the work of Mikulincer and Shaver (2007), who assert that individuals with anxious attachment hyperactivate

their attachment systems under stress, resulting in heightened emotional reactivity and reduced capacity for regulation.

The reason for this is that anxiously attached individuals constantly fear rejection and abandonment, which keeps them in a state of emotional hypervigilance. During the premenstrual phase, when emotional sensitivity is already heightened due to hormonal changes, this hypervigilance becomes even more intense. These individuals may catastrophize minor emotional cues, leading to difficulty in calming themselves down or processing emotions rationally. The hormonal component amplifies their already insecure internal working model, making it hard to engage in effective emotion regulation strategies like reappraisal or distancing.

Moreover, Cassidy's (1994) theory of emotion regulation suggests that anxious individuals are prone to ruminative thinking and cling to others for reassurance during emotional distress. When this reassurance is not available or when they feel more emotionally unstable due to PMS, they may spiral into emotional dysregulation. This explains why both clinical and non-clinical PMS groups showed a predictive relationship between attachment anxiety and emotion regulation difficulties.

**Hypothesis 3: Women with insecure attachment styles (anxious and avoidant) will report higher emotional dysregulation compared to those with secure attachment styles, particularly during PMS.** The one-way ANOVA and post-hoc comparisons supported this hypothesis. Women within secure attachment styles (especially anxious and fearful types) reported significantly higher emotional dysregulation scores compared to securely attached women. This pattern was consistent across both clinical and non-clinical PMS groups but was more pronounced in the clinical PMS group. This can be explained by understanding how attachment styles function under stress. Anxious individuals become emotionally overwhelmed and hyperactivate their attachment needs, whereas avoidant individuals tend to deactivate emotions and suppress emotional expression (Mikulincer et al., 2003). Both of these strategies are maladaptive, especially during hormonally charged periods like PMS. For anxious women, emotional triggers during PMS may evoke fears of abandonment or rejection, heightening emotional dysregulation. For avoidant women, PMS-related stress may lead to emotional suppression, which can result in emotional bottling and later outbursts.

Bartholomew and Horowitz's (1991) model supports this view, highlighting that fearful attachment combines both anxious and avoidant dimensions, making individuals both emotionally reactive

and avoidant of emotional closeness. Such internal conflict may contribute to confusion, poor emotional clarity, and impulsivity. This would explain why women with fearful attachment exhibited some of the highest levels of dysregulation in the current study.

**Hypothesis 4: Women with clinical PMS will show greater difficulties in emotional regulation subscales, such as emotional clarity, impulse control, and acceptance of emotional responses, compared to women with non-clinical PMS.**

This hypothesis was also validated by the findings. The clinical PMS group showed significantly greater difficulties in the aforementioned subscales. These dimensions reflect core components of emotional regulation capacity, as outlined by Gratz and Roemer (2004). The specificity of the deficits supports the idea that PMS-related emotional difficulties are not general mood disturbances but involve particular disruptions in how emotions are processed, understood, and managed.

Why this happens may relate to the increased cognitive and emotional load during PMS. Emotional clarity requires introspection and calm reflection, which can be difficult when the individual is experiencing mood swings, fatigue, or irritability. Impulse control is impaired when hormonal changes decrease serotonin functioning, a neurotransmitter heavily involved in inhibitory control (Yonkers et al., 2008). Difficulty in accepting emotional responses could stem from frustration about not being able to control one's mood, leading to self-criticism and shame. All of these components make emotional regulation especially challenging for women experiencing clinical PMS. These results underscore the importance of looking beyond emotional intensity to understand how women interpret, evaluate, and act upon their emotions during PMS.

## CONCLUSION

This study explored how attachment styles influence emotional regulation in women experiencing varying levels of premenstrual syndrome (PMS) severity. Guided by four hypotheses and grounded in attachment theory, emotion regulation models, and the biopsychosocial perspective of PMS, the research found strong support for the idea that psychological factors, particularly attachment patterns, significantly impact emotional functioning during hormonally sensitive periods. Women with clinical PMS reported greater emotional regulation difficulties, especially in emotional clarity, impulse control, and acceptance of emotional responses. Attachment anxiety emerged as a key predictor of emotional dysregulation in both clinical and non-clinical PMS groups. Anxiously and fearfully attached women showed more intense mood disturbances compared to securely attached women, with challenges amplified during PMS due to heightened physiological and

emotional sensitivity. The findings suggest a compounding effect where insecure attachment and clinical PMS interact to intensify emotional difficulties. This highlights the need to move beyond solely biological explanations and consider relational and psychological vulnerabilities. The study advocates for incorporating attachment-based assessments and interventions into mental and reproductive health care. It emphasizes the value of emotional literacy, coping skills, and person-centered strategies in supporting women's emotional well-being throughout the menstrual cycle, promoting a more holistic approach to women's mental health.

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## **PIJPSS-PSY-07-03-006**

### **Fear of Missing Out (FoMO), Envy, and Rumination Among Young Adults: The Role of Digital Engagement A correlational study**

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#### **ABSTRACT**

This study aimed to assess the relationship between Fear of Missing Out (FoMO), envy (benign and malicious), rumination, and digital engagement among young adults. Using a correleational design with 102 participants, this study explored how these factors interact. Pearson's correlation analysis revealed a strong positive relationship between FoMO and envy(total)( $r=0.716$ ), between envy(malicious)andFoMO( $r=0.706$ ), between FoMO and rumination ( $r = 0.5708$ ), between envy (total) and rumination ( $r = 0.607$ ) and between envy (malicious) and rumination ( $r = 0.584$ ). Moderate correlation was found between envy (benign) and FoMO ( $r = 0.488$ ) and between envy (benign) and Rumination ( $r = 0.463$ ). These findings support existing research on the psychological impact of increased digital engagement among young adults particularlygenZ, emphasizingthein connectionbetween these variables and their role in emotional distress and the constant need for comparison among young adults using digital media.

**Keyword-** Fear of MissingOut, Envy, and Rumination YoungAdults.

#### **INTRODUCTION**

##### **Digital engagement**

Digital engagement has become an inseparable part of daily life, transforming how people connect, communicate, and perceive both themselves and others. It serves as a digital space where individuals share their thoughts, emotions, and experiences while also consuming content from a vast online community. At its core, digital engagement can be defined as a collection of online platforms that facilitate real-time interaction, enabling users to create, share, and engage with digital content. From text-basedplatformslike Twitter (now X) to highly visual ones like Instagram and TikTok, digital engagement continues to evolve, shaping modern social dynamics and influencing individual behaviors (Tandon et al., 2024).

Another crucial aspect of digital engagement is the role of expectations in shaping user experiences. Social platforms create an environment where people feel the need to curate and

present their lives in the best possible light. The pursuit of validation through likes, comments, and engagement metrics fosters unrealistic standards, making users more susceptible to feelings of self-doubt, envy, and dissatisfaction. When people see seemingly perfect portrayals of others' lives highlight reels filled with success, luxury, or happiness it can lead to negative self-evaluation and excessive rumination. Many individuals unconsciously compare their everyday realities to these idealized digital versions, fueling FoMO and reinforcing a sense of missing out on experiences, achievements, or social connections (Flores et al., 2023).

Digital engagement has fundamentally transformed how individuals connect, communicate, and form relationships in the digital age. It has become an essential tool for maintaining social ties, expanding networks, and staying informed about the lives of others. However, while social media offers unparalleled accessibility and convenience, its impact on relationship quality, emotional well-being, and social interaction remains a subject of debate. Research suggests that social media can serve as both a facilitator and a barrier to meaningful relationships, creating opportunities for connection while simultaneously fostering feelings of loneliness, superficiality, and emotional dissatisfaction (Pasolong, 2025).

One of the primary findings in recent studies on social media and relationships is that digital interactions are often perceived as supplementary rather than a replacement for face-to-face communication (Pasolong, 2025).

Another significant issue with social media-based relationships is the superficial nature of online interactions. Many students report that digital exchange often lacks depth, consisting primarily of likes, comments, and short messages that fail to foster meaningful emotional bonds (Pasolong, 2025). Unlike face-to-face conversations, which allow for genuine connection and deeper discussions, social media interactions tend to be brief and transactional. This limited form of communication prevents individuals from fully engaging in personal or intimate discussions, leading to feelings of emotional detachment. For instance, Pasolong (2025) found that students often feel as though they are merely "checking in" with friends through social media rather than truly engaging in relationships.

Social media plays a dual role in influencing emotional well-being. On the one hand, it can provide positive reinforcement through likes, shares, and comments, boosting self-esteem and making individuals feel socially valued. Many students report experiencing a sense of validation when receiving positive feedback on their posts, as it reinforces their

social presence and self-worth (Pasolong, 2025). On the other hand, social media also fosters negative emotional experiences, particularly through social comparison and the Fear of Missing Out (FoMO). Seeing curated, idealized portrayals of others' lives such as vacation pictures, achievements, or social events can lead to feelings of inadequacy and exclusion (Pasolong, 2025).

### **Fear Of Missing Out (FoMO)**

FoMO manifests in different ways, categorized into state FoMO and trait FoMO (Abel et al., 2016). State FoMO is a temporary and situational form of anxiety that arises when an individual becomes aware of a missed opportunity, such as an exclusive event or a social gathering they were not invited to. In contrast, trait FoMO is a chronic condition, where individuals consistently feel anxious about missing out, regardless of actual events. Those with high trait FoMO are more likely to engage in compulsive social media use, constantly monitoring updates to avoid feelings of exclusion (Dempsey et al., 2019).

Social media intensifies both forms of FoMO by presenting an endless stream of content showcasing social activities, professional milestones, and aspirational lifestyles. Many users feel compelled to participate, even when it is not in their best interest, simply to maintain social inclusion. The presence of FoMO is not just limited to social interactions; it extends to consumer behavior, career choices, and lifestyle decisions, influencing the way people spend their time, money, and attention (Bläse et al., 2023).

While FoMO can sometimes serve as motivation to stay socially engaged, it also has negative psychological effects, particularly when reinforced through social media and digital marketing strategies. Increased Anxiety and Stress- Continuous exposure to curated content portraying idealized versions of reality can lead to self-doubt and anxiety. Users may feel their own lives are inadequate in comparison to what they see online (Yin et al., 2021).

Sleep Disruptions and Digital Addiction Studies have found that FoMO is strongly linked to bedtime procrastination, where individuals delay sleep to stay engaged with social media content (Flores et al., 2023). This behavior contributes to poor sleep quality, digital addiction, and mental fatigue (Zhang et al., 2024). Reduced Productivity and Attention Span- Constant social media updates create distractions, reducing focus and cognitive performance.

Many individuals find it difficult to concentrate on academic or professional tasks due to their compulsion to check notifications frequently. Emotional Exhaustion and Social Burnout- The persistent need to stay connected and up-to-date can lead to feelings of exhaustion, disengagement,

and even social withdrawal, as individuals struggle to keep up with an endless stream of content (Pasolong, 2025). These psychological effects highlight the darker side of digital engagement, where constant connectivity does not necessarily equate to emotional fulfillment. Instead, excessive social media use can lead to negative self-perception, dissatisfaction, and an increased likelihood of depressive symptoms.

Beyond its impact on social interactions, FoMO also plays a crucial role in consumer decision-making, particularly in industries like fast fashion (Bläse et al., 2023). The fashion industry thrives on the fear of missing out on the latest trends, with brands leveraging limited-time offers, influencer marketing, and scarcity tactics to create a sense of urgency among consumers.

### **Envy and its types**

Psychologists have categorized envy into two primary forms: benign envy and malicious envy (Van de Ven et al., 2009). Benign envy is often seen as a motivational force that drives individuals to improve themselves. It can inspire people to work harder, set higher goals, and strive to achieve what they perceive others have attained. For example, seeing a friend secure a job or travel to a dream destination may encourage someone to pursue similar opportunities.

On the other hand, malicious envy is far more destructive, leading to resentment, frustration, and even hostility toward the envied person. Instead of motivation, it fosters bitterness and negativity, which can result in harmful behaviors such as cyberbullying, online trolling, or passive-aggressive social media interactions (Liu et al., 2024). While both forms of envy have existed long before digital technology, social media has intensified their prevalence by creating an environment where individuals are constantly confronted with success stories, luxury purchases, and aspirational lifestyles.

Social media platforms like Instagram, TikTok, and Snapchat have revolutionized how people interact, providing an immediate and immersive way to document and share life experiences. However, they have also fueled unprecedented levels of social comparison, making envy an inescapable aspect of digital engagement. Studies indicate that users who frequently engage with highly curated social media content are more likely to experience self-doubt, decreased life satisfaction, and heightened stress levels (Wenninger et al., 2021). The visual dominance of these platforms plays a crucial role in envy's impact. Filtered, high-definition images and professionally edited videos create an illusion of effortless success, making users believe that others lead significantly more fulfilling lives than they actually do.

A key feature that exacerbates envy in digital spaces is the engagement-driven validations inherent to social media. Metrics such as likes, shares, and comments act as public indicators of popularity and social status, reinforcing competitive dynamics. Seeing a peer receive thousands of likes on a vacation post, for example, can trigger feelings of inferiority and exclusion, even if the same individual had no prior desire to travel. This phenomenon has been particularly influential among young adults and teenagers, who are in the formative stages of identity development and social belonging (Liu et al., 2024).

### **Rumination**

Rumination, the persistent and repetitive focus on distressing thoughts, has become increasingly relevant in today's digital era, where social media, mobile phone addiction, and online validation reinforce cycles of overthinking and emotional distress. While introspection is an essential aspect of self-awareness and problem-solving, excessive rumination often leads to heightened anxiety, depression, and compulsive behaviors (Nolen-Hoeksema et al., 2008).

Digital platforms have intensified this phenomenon by providing constant exposure to idealized lifestyles, curated successes, and engagement-driven social validation, making it easier than ever for individuals to compare their own experiences with those of others.

Instead of allowing thoughts to fade naturally, the internet encourages users to store past interactions, analyze their online presence, and dwell on perceived shortcomings, fueling cycles of self-doubt and dissatisfaction (Nolen-Hoeksema et al., 2008).

Psychologists categorize rumination into two primary forms: reflective rumination, which involves active problem-solving and learning from past experiences, and brooding rumination, which is characterized by passive and self-critical thinking that leads to emotional distress (Nolen-Hoeksema et al., 2008).

Envy arises when individuals compare their realities to these idealized portrayals, believing they are falling short in some way. Rumination fuels this envy by keeping these negative comparisons at the forefront of the mind, preventing individuals from moving past their feelings of self-doubt (Wenninger et al., 2021). Instead of using envy as motivation to improve, many users remain trapped in cycles of frustration and resentment, repeatedly dwelling on what they lack. This creates a loop where individuals, rather than disengaging, return to social media in search of validation, only to be met with more content that triggers additional rumination and envy (Wenninger et al., 2021).

Fear of Missing Out (FoMO) is another major consequence of rumination in digital spaces. FoMO, the anxiety that others are engaging in rewarding experiences from which one is absent, is deeply intertwined with ruminative thinking. People who frequently ruminate are more likely to become hyper-aware of missed opportunities, replaying past events and fixating on what they did not experience (Wenninger et al., 2021). . This constant cycle of overthinking, combined with digital media's emphasis on showcasing success, creates an overwhelming mental burden that can be difficult to escape (Zhang et al., 2024).

### **OBJECTIVES**

1. To examine the relationship between FoMO (fear of missing out) and Envy(benign) in young adults using social media.
2. To examine the relationship between FoMO (fear of missing out) and Envy Malicious) in young adults using social media.
3. To examine the relationship between FoMO (fear of missing out) and Ruminationin young adults using social media
4. To examine the relationship between benign envy and rumination among young adults using social media.
5. To examine the relationship between maliciousenvy and rumination among young adults using social media.
6. To examine the relationship between to tenvy and FoMO (fear of missing out) among young adults using social media.

### **HYPOTHESIS**

1. There will be a significant relationship between FoMO (fear of missing out) and Envy (benign) in young adults using social media.
2. There will be a significant relationship between FoMO (fear of missing out) and Envy (malicious) in young adults using social media.
3. There will be a significant relationship between FoMO (fear of missing out) and Rumination in young adults using social media.
4. There will be a significant relationship between total Envy and FoMO (fear of missing out) in young adults using social media.
5. There will be a significant relationship between total Envy and Ruminationin young adults using social media.

6. There will be a significant relationship between envy(benign) and rumination in young adults using social media.
7. There will be a significant relationship between malicious(benign) and rumination in young adults using social media.

## METHOD

### SAMPLE

Participants were recruited using convenience sampling from undergraduate and postgraduate programs in colleges and universities, as well as the working population. A total of 102 participants were selected based on inclusion criteria, which required individual to be active social media users (spending at least one hour daily on platforms such as Instagram, Facebook, Twitter, or LinkedIn) and enrolled in full-time academic programs or employed. Individuals diagnosed with clinical conditions such as major depressive disorder or generalized anxiety disorder, as well as those not actively using social media, were excluded from the study.

### RESEARCH DESIGN

The present study employed a cross-sectional, correlational research design to examine the relationship between digital consumption patterns, Fear of Missing Out (FoMO), envy, and rumination among Indian college students and young professionals aged 18–30 years.

### PROCEDURE AND TOOLS

Data was collected through an online survey, ensuring accessibility and ease of participation. Standardized instruments were used to measure the study variables, including the Fear of Missing Out Scale (Przybylski et al., 2013) to assess FoMO, the Dispositional Envy Scale (Smith et al., 1999) to measure envy, and the Ruminative Responses Scale (Nolen-Hoeksema, 1991) to evaluate rumination patterns.

Digital consumption patterns were assessed using a custom questionnaire measuring time spent on social media and specific online activities. The study followed ethical guidelines, ensuring confidentiality and voluntary participation.

Informed consent was obtained electronically before participants proceeded with the survey. Data quality was maintained through screening procedures that excluded incomplete responses or those failing embedded attention checks.

Data analysis was conducted using Microsoft Excel, employing descriptive statistics to summarize key variables and Pearson's correlation analysis to explore relationships among FoMO,

envy, rumination, and digital consumption patterns. The findings were compiled into a detailed results table.

## RESULTS

**Table-1-Pearson's Correlation Results (N=102)**

| Variables               | FoMO   | Envy<br>Total | Envy<br>Benign) | Envy<br>(Malicious) | Rumination |
|-------------------------|--------|---------------|-----------------|---------------------|------------|
| <b>FoMO</b>             | 1      | 0.716*        | 0.488*          | 0.706*              | 0.5708*    |
| <b>Envy Total</b>       | 0.716* | 1             | -               | -                   | 0.607*     |
| <b>Envy (Benign)</b>    | 0.488* | -             | 1               | -                   | 0.463*     |
| <b>Envy (Malicious)</b> | 0.706* | -             | -               | 1                   | 0.584*     |
| <b>Rumination</b>       | 0.570* | 0.607*        | 0.463*          | 0.584*              | 1          |

As shown in table-1 given above Person's correlation analysis was conducted to examine the relationship between Fear of Missing Out (FoMO), different types of envy (total, benign, and malicious), and rumination in a sample of 100 participants. The results indicate several strong and statistically significant correlations ( $p < .001$ ) among these variables.

FoMO and Envy (Total & Malicious) are strongly correlated ( $r=0.716$ ,  $r=0.716$  and  $r=0.706$ , respectively), suggesting that individuals experiencing high FOMO are more likely to feel envious, particularly with a malicious intent.

FoMO and Benign Envy have a moderate correlation ( $r=0.488$ ,  $r=0.488$ ), indicating that while FoMO is associated with envy, it is more strongly linked to its negative (malicious) form rather than its benign form.

Rumination is positively correlated with all other variables, with the highest correlations observed with Envy Total ( $r=0.607$ ) and FoMO ( $r=0.5708$ ,  $r=0.5708$ ), indicating that individuals prone to repetitive negative thinking also experience higher levels of FoMO and envy.

## DISCUSSION

The present study aimed to assess the relationship between digital engagement, Fear of Missing out (FoMO), envy and rumination among young adults. The study examined how social media engagement can amplify feelings of envy both benign and malicious, rumination and majorly fear of missing out in young adults. The literature review suggested that many individuals

unconsciously compare their everyday realities to these idealized digital versions, fueling FoMO and reinforcing a sense of missing out on experiences, achievements, or social connections (Flores et al., 2023). FoMO is particularly prevalent among Generation Z, a demographic that has grown up in an era dominated by digital communication, where social validation is often measured through likes, shares, and online presence (Pasolong, 2025).

Unlike previous generations, who primarily engaged in face-to-face social comparison, Gen Z has grown up in an era where social validation is largely digital. Their self-worth and social identity are often shaped by likes, followers, and engagement metrics, making them particularly susceptible to envy-driven FoMO (Pasolong, 2025). Research suggests that Gen Z is highly responsive to influencer content, especially when it promotes lifestyle aspirations and luxury experiences (Liu et al., 2024).

Hence while conducting the present study the demographic chosen was young adults keeping in mind the previous literature, the sample was collected through online and offline questionnaires. Tools that were used were the fear of missing out (FoMO) scale by Przybylski, Murayama, DeHaan, & Gladwell, 2013, Rumination Scale by Susan

Nolen-Hoeksema and the Benign and Malicious Envy Scale (BeMaS). Social media engagement was self-reported by the participants. A total of 102 responses were collected and correlation was drawn between the variables on Microsoft Excel.

The finding showed a strong positive correlation between fear of missing out (FoMO) and envy ( $r = 0.716$ ,  $p < 0.05$ ), indicating that individuals who frequently experience fear of missing out (FoMO) are more likely to feel envious of others. This finding aligns with previous studies suggesting that fear of missing out (FoMO) often arises from social comparisons made through digital platforms, where individuals perceive others as leading more fulfilling lives (Przybylski et al., 2013). The structured nature of social media, which presents curated and idealized presentations of reality, exacerbates this comparison process.

Also, the significant relationship between fear of missing out (FoMO) and rumination ( $r = 0.5708$ ,  $p < 0.05$ ) suggests that individuals who experience fear of missing out (FoMO) tend to engage in repetitive negative thinking about missed opportunities. Research by Elhai et al. (2016) has shown that excessive social media engagement, driven by FOMO, is linked to anxiety and depressive symptoms, likely due to constant preoccupation with what one is missing. The compulsive nature of digital engagement, particularly in social networking sites, may worsen rumination by

constantly exposing individuals to curated, idealized portrayals of others' lives (Tandon et al., 2024). This aligns with research showing that rumination mediates the relationship between FOMO and poor sleep quality, as individuals stay up late engaging with social media instead of resting (Flores et al., 2023).

This cycle of excessive digital engagement and emotional distress may further contribute to poor mental health outcomes. individuals who experience fear of missing out (FoMO) may continuously dwell on past missed experiences and compare themselves unfavorably to others, leading to heightened stress and anxiety (Zhang et al., 2024). These findings align with studies demonstrating that fear of missing out (FoMO) and rumination media to the relationship between social anxiety and problematic social media use (Dempsey et al., 2019).

Envy was significantly associated with both FoMO and rumination, emphasizing its role in the negative psychological impact of digital interactions. The strong correlation between FoMO and malicious envy ( $r = 0.706$ ,  $p < 0.05$ ) is particularly concerning, as malicious envy involves resentment and hostility toward others' success (Lange & Crusius, 2015). This suggests that individuals who frequently experience FoMO may not only feel envious but may also harbor negative emotions toward those they perceive as having better experiences.

On the other hand, benign envy was moderately correlated with FoMO ( $r = 0.488$ ,  $p < 0.05$ ), indicating that some individuals may experience envy in a way that motivates self-improvement rather than causing distress. This aligns with findings from Vande Venet et al. (2011), which suggest that benign envy can be a constructive emotional response, encouraging individuals to set personal goals. However, given the high correlation between envy (total) and rumination ( $r = 0.607$ ,  $p < 0.05$ ), it is clear that even when envy is benign, it may still lead to excessive reflection on one's shortcomings.

The strong correlation between envy and rumination ( $r = 0.607$ ,  $p < 0.05$ ) indicates that social comparisons made online often lead to persistent negative thoughts, reinforcing feelings of inadequacy (Yin et al., 2021). This is particularly concerning given the evidence that rumination can serve as a pathway to depressive symptoms and other mental health issues (Nolen-Hoeksema et al., 2008).

The broader psychological and behavioral consequences that were found suggest that FoMO, envy, and rumination form a self-reinforcing cycle that amplifies digital engagement. Individuals who experienced high levels of FoMO tend to feel envious, particularly in a malicious way and engage

in persistent negative thinking. This pattern is concerning because it contributes to high digital engagement, increased stress, and greater likelihood of developing anxiety and depressive symptoms (Liu et al,2024).

Past research has shown that excessive digital engagement, particularly when driven by Fear of Missing Out (FoMO) and envy, can lead to emotional exhaustion, social withdrawal, and a decline in overall well-being (Tandon et al., 2021). The present study further supports these findings by demonstrating that individuals who frequently experience FoMO and envy are significantly more likely to engage in rumination, which in turn prolongs emotional distress and hinders psychological recovery.

Given these findings, it is imperative to develop targeted interventions aimed at reducing the psychological consequences of digital engagement. Some potential strategies are outlined below:

**Mindful Digital Engagement:** Encouraging individuals to engage in intentional and controlled social media use, rather than passive scrolling, may help reduce negative social comparisons and excessive rumination (Astuti, 2022). **Digital Detox Programs:** Periodic breaks from social media have been shown to reduce compulsive engagement and emotional distress (Huntetal.,2018). **Cognitive-Behavioral Strategies:** Cognitive-behavioral techniques such as cognitive restructuring and mindfulness practices can help individuals reframe negative social comparisons and reduce ruminative thinking (Nolen-Hoeksema et al., 2008).

**Social Media Literacy Education:** Educating individuals about the curated and often idealized nature of social media content can help them interpret posts more critically and avoid harmful social comparisons (Chou & Edge, 2012).

**Encouraging Offline Social Interaction:** Promoting face-to-face interactions can help counteract the negative effects of excessive digital engagement by fostering authentic emotional connections and genuine social support (Twenge et al., 2018).

This study highlights the complex relationships between FoMO, envy, ruminationand digital engagement, reinforcing the need for greater awareness and investigation strategies to promote healthier online behaviors. Addressing the psychological risks associated with increasing digital engagement can help improve mental well-being and reduce the negative emotional impacts of social media use.

## CONCLUSION

The present study aimed to assess the relationship between Fear of missing out(FoMO), envy,

rumination and digital engagement among young adults. The results showed a positive correlation between Fear of missing out (FoMO), Envy (benign and malicious), ruminationanddigita lengagement. Showing that these variablesare strongly interconnected adding to the existing knowledge about digital engagement and its psychological impact on young adults.

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**"The Relationship Between Achievement Goal Orientation and Academic Anxiety Among Board Examination Students: A Comparative Study of CBSE and ICSE Schools."**

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**ABSTRACT**

This study investigates the relationship between achievement goal orientation and academic anxiety among students preparing for board examinations, focusing on a comparative analysis of two major Indian educational boards: CBSE and ICSE. A sample of 276 students from Class 10 and Class 12 was selected using random sampling from two urban co-educational schools, one affiliated with each board. Standardized instruments—the Achievement Goal Questionnaire-Revised (AGQ-R) and the SCARED-C (Screen for Child Anxiety Related Emotional Disorders – Child Version) were used to assess goal orientations and academic anxiety, respectively. Statistical analyses, including Pearson correlation, independent samples t-tests, two-way ANOVA, and regression, were conducted using SPSS. Results revealed that ICSE students reported significantly higher levels of academic anxiety and achievement goal orientations across all dimensions compared to their CBSE counterparts.

**Keyword-** Achievement Goal Orientation, Academic Anxiety, CBSE and ICSE.

**INTRODUCTION**

In today's fast-paced, achievement-driven world, academic pressure has become a defining experience for many school-going children, especially those in higher secondary grades preparing for board examinations. As societies place increasing emphasis on success, performance, and competition, children and adolescents are often caught in a web of expectations that extend beyond the classroom. While academic excellence remains a central goal of education, the accompanying anxiety that many students experience is a growing concern both globally and in the Indian context. Academic anxiety, characterized by feelings of tension, worry, and fear related to academic tasks, is no longer seen as just an occasional reaction to exams or schoolwork. It has now evolved into a widespread psychological phenomenon affecting students' mental health, academic performance, and overall well-being (Putwain, 2007). In India, where academic performance is closely tied to

future educational and career opportunities, the competition among students is intense. This is particularly true for students appearing for board examinations in classes 10 and 12, which are seen as decisive milestones for college admissions and career paths.

The competitive socio-economic environment in India plays a significant role in fuelling this anxiety. With limited seats in prestigious universities, a growing population of aspirants, and an overemphasis on academic achievement as a means of social mobility, students often find themselves under immense pressure to excel. Families, driven by aspirations for upward mobility and stability, may inadvertently contribute to this pressure by equating success with high marks, ranks, and entrance exam scores (Deb et al., 2015). As a result, many students begin to internalize these expectations and experience heightened anxiety related to their academic performance.

In this landscape, the schooling system becomes more than just a facilitator of learning—it becomes a critical environment that either mitigates or magnifies academic anxiety. The nature of curriculum delivery, the structure of assessments, teacher-student relationships, and the broader school culture all interact with individual student characteristics to influence emotional and psychological responses to learning. Indian students are primarily enrolled under two prominent education boards: the Central Board of Secondary Education (CBSE) and the Indian Certificate of Secondary Education (ICSE). Though both aim to provide quality education, their pedagogical approaches, assessment formats, and academic expectations differ significantly.

CBSE tends to follow a curriculum aligned closely with national competitive exams and emphasizes streamlined content delivery, conceptual understanding, and standardized evaluation methods. On the other hand, ICSE provides a broader, more detailed curriculum that places equal importance on language, arts, and sciences, with a greater focus on analytical and writing skills (Agrawal & Kumar, 2021). While both systems promote academic development, they also create different types and intensities of pressure. For example, CBSE students may feel heightened anxiety due to frequent high stakes testing and alignment with national entrance exams, whereas ICSE students may experience stress due to the extensive content load and time-consuming assessments (Verma & Roy, 2020).

At the center of this issue lies a student's achievement goal orientation a psychological framework that explains the motivations behind striving for success or avoiding failure. Achievement goal orientation refers to whether a student is driven by a desire to learn and master new skills (mastery goals), or by the need to perform well compared to others and gain validation (performance goals)

(Elliot & McGregor, 2001). The type of orientation adopted can significantly influence how a student responds to academic challenges. Students with mastery goals tend to view setbacks as opportunities for growth, whereas those with performance-avoidance goals often experience heightened anxiety and fear of failure.

Given the high-stakes academic environment in India, especially within CBSE and ICSE school systems, understanding how achievement goal orientation interacts with academic anxiety is crucial. The way students interpret their academic tasks, shaped by their schooling system and societal pressures, may either buffer them against or expose them to psychological distress. This study aims to explore the nature of this relationship and examine how different school systems CBSE and ICSE moderate the link between achievement goal orientation and academic anxiety among board examination students.

## **REVIEW OF LITERATURE**

**Banerjee and Kumar (2022)** using a mixed-methods approach on 500 board students found that academic anxiety peaked in the final three months of board preparation, with significant emotional and physiological symptoms reported. Students adopting intrinsic motivation strategies showed lower levels of anxiety. **Cassady & Johnson, (2002)** this study found that Academic anxiety is a prevalent emotional experience among students during high-stakes examinations and has been shown to negatively impact concentration, memory, and overall academic performance. **Choudhury and Choudhury (2021)** examined board-specific stressors and found that students from ICSE schools were more likely to adopt performance-avoidance goals due to a more competitive environment, thereby experiencing higher academic anxiety compared to their CBSE counterparts. **Iyer and Dutta (2022)** reported that ICSE students were more likely to adopt performance-approach and performance-avoidance orientations, while CBSE students showed a more balanced mix of mastery and performance goals. **Lau and Nie (2008)**, who reported that mastery-oriented students displayed lower anxiety levels and greater engagement in learning. **Mehta and Sharma (2022)** in Delhi NCR schools found that CBSE students were more likely to adopt mastery-oriented goals due to the board's emphasis on conceptual clarity, while ICSE students leaned towards performance goals, reflecting the board's academic rigor and assessment pressure. **Patel and Desai (2023)** conducted a study on 300 CBSE and ICSE students and found that performance-avoidance goal orientation was the strongest predictor of academic anxiety, especially among ICSE students. They concluded that school board curricula and

evaluation systems influenced students' motivational profiles and anxiety levels. **Putwain and Symes (2011)** found that performance-avoidance goals significantly predicted higher levels of test anxiety, whereas mastery goals showed a negative correlation with academic stress. **Rao and Sahu (2019)** revealed that ICSE students reported higher academic stress due to the volume of syllabus and pressure to perform across multiple subjects. This could potentially impact their goal orientation and anxiety levels. **Reddy and Roy (2021)** noted that ICSE students were more prone to performance pressure due to comprehensive syllabi and multiple internal assessments. Conversely, CBSE's competency-based curriculum was linked to reduced academic anxiety and better conceptual understanding. **Sharma and Sud (2020)** conducted a study on high school students and found that those with a mastery orientation were better equipped to manage academic anxiety during board exams. On the other hand, performance-oriented students, particularly those from schools with strict evaluation policies, showed elevated anxiety levels. **Singh and Rani (2023)** highlighted that 68% of students in their sample reported moderate to high levels of test anxiety during board exam preparation. The study emphasized that parental expectations and fear of failure were key contributors, particularly among ICSE students. **Spielberger (1980)** defined test anxiety as a situation-specific anxiety arising from the fear of negative evaluation in testing scenarios. Academic anxiety has both cognitive and emotional components, which can hinder the achievement of academic goals. **Thomas and Joseph (2021)** found a significant negative correlation between mastery goal orientation and academic anxiety among high school students. Those with mastery goals were less anxious, more self-regulated, and better at coping with exam pressure. **Von der Embse et al. (2018)** found that academic anxiety is more intense in students subjected to high academic expectations and rigorous assessment systems. It is also influenced by individual differences, including goal orientation, self-concept, and coping mechanisms. **Wang and Ng (2021)** explored achievement motivation among Asian adolescents and found that mastery goals were positively linked with resilience and academic engagement, whereas performance-avoidance goals correlated with higher stress and disengagement.

## **STATEMENT OF THE PROBLEM**

This study investigates the relationship between achievement goal orientation and academic anxiety among students preparing for board examinations, specifically comparing CBSE and ICSE school systems.

## OBJECTIVES OF THE STUDY

1. To examine the relationship between achievement goal orientation and academic anxiety among board examination students.
2. To compare levels of academic anxiety between students from CBSE and ICSE boards. To assess differences in achievement goal orientations among students enrolled in CBSE and ICSE schools.
3. To explore the moderating role of the school board (CBSE vs. ICSE) in the relationship between achievement goal orientation and academic anxiety.
4. To contribute empirical insights that can inform educational practices aimed at reducing academic anxiety and promoting healthier motivational climates in schools.

## HYPOTHESES OF THE STUDY

1. There is a significant relationship between achievement goal orientation and academic anxiety among board examination students.
2. CBSE and ICSE students significantly differ in their levels of academic anxiety.
3. CBSE and ICSE students significantly differ in their achievement goal orientations.
4. The type of school board (CBSE or ICSE) moderates the relationship between achievement goal orientation and academic anxiety.

## RESEARCH METHODOLOGY

### SAMPLE

The present study utilized a total sample of 276 students drawn from two urban co-educational schools, one affiliated with the CBSE board and the other with the ICSE board. From each school, 69 students were randomly selected from both Class 10 and Class 12, resulting in four balanced groups. A random sampling technique was used within classrooms to ensure diversity and minimize selection bias. Inclusion criteria involved students enrolled in Class 10 or 12, preparing for final board exams. Exclusion criteria eliminated students from other boards, those with diagnosed learning or mental health issues, and those unwilling or absent during data collection.

### RESEARCH DESIGN

The present study design was appropriate for examining the relationship between achievement goal orientation and academic anxiety among students preparing for board examinations. By using a correlational approach, the study aimed to explore the association between the two psychological

variables without manipulating any conditions. The cross-sectional nature of the study allowed for data collection at a single point in time. Additionally, the comparative aspect enabled analysis across different groupsstudents from CBSE and ICSE boards, and from Class 10 and Class 12facilitating meaningful group-level comparisons.

## **MEASURES**

Two standardized psychological tools were used to measure the core variables of the study:

### **1. Achievement Goal Orientation – Revised (AGQ-R)**

The Achievement Goal Questionnaire – Revised (AGQ-R), developed by Elliot and Murayama (2008), is a widely used tool for assessing students' academic goals. It focuses on four types of achievement goals: mastery-approach, mastery-avoidance, performance-approach, and performance-avoidance. Participants are asked to rate their level of agreement with various statements related to their academic motivations for the current semester using a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). This questionnaire helps in understanding how students approach learning and performance, offering insights into their motivation, which can influence academic behaviors, outcomes, and overall educational experience.

### **2. Screen for Child Anxiety Related Emotional Disorders – Child Version (SCARED-C)**

Created by Birmaher et al. (1997), the SCARED-C is a 41-item scale used to assess various anxiety domains in children and adolescents. Items are rated on a 3-point scale (0 = not true, 1 = somewhat true, 2 = very true). This tool evaluates general anxiety, social anxiety, school phobia, separation anxiety, and panic disorder. The scale is widely used in both research and clinical contexts and is validated for use in school-age populations.

## **DATA COLLECTION PROCEDURE**

The data were collected through in-person visits to two selected schools, one affiliated with the CBSE board and the other with the ICSE board. Prior to the visits, written permission was obtained from the respective school principals. The consent letters explained the study's purpose, the voluntary nature of participation, and confidentiality protections, and were attached to the questionnaire forms distributed to students.

On the day of data collection, students from both Class 10 and Class 12 were assembled in their respective classrooms. After a brief introduction, the researcher explained the nature of the study and clarified any doubts. Each student received a questionnaire packet containing the AGQ-R and

SCARED-C scales. Students were instructed to answer honestly and were given approximately 25–30 minutes to complete the forms. The researcher was present throughout the session to provide clarification if needed. Completed forms were collected immediately to maintain data integrity.

## STATISTICAL ANALYSIS

Statistical analysis was conducted using SPSS. Pearson's correlation assessed the relationship between achievement goal orientation and academic anxiety. Independent samples t-tests compared differences between CBSE and ICSE students. Two-way ANOVA examined the interaction effects of board type and class level on both academic anxiety and achievement goal orientation.

## RESULTS AND ANALYSIS

### Descriptive Statistics

A total of 276 students participated in this study, equally divided between ICSE (Set 0) and CBSE (Set 1) boards ( $n = 138$  for each group). Descriptive statistics were calculated for Academic Anxiety and the four dimensions of Achievement Goal Orientation: Mastery Approach (MAPP), Mastery Avoidant (MAV), Performance Approach (PAP), and Performance Avoidant (PAV).

**Table- 1- Descriptive Statistics for Key Variables (N = 276)**

| Variable             | Mean  | SD    | Minimum | Maximum |
|----------------------|-------|-------|---------|---------|
| Academic Anxiety     | 32.71 | 12.43 | 2.00    | 61.00   |
| Mastery Approach     | 11.65 | 2.41  | 1.00    | 15.00   |
| Mastery Avoidant     | 9.37  | 3.18  | 3.00    | 19.00   |
| Performance Approach | 11.48 | 2.62  | 3.00    | 15.00   |
| Performance Avoidant | 10.65 | 3.21  | 3.00    | 15.00   |

The overall mean anxiety score was moderately high, with ICSE students ( $M = 35.09$ ,  $SD = 12.90$ ) reporting higher levels than CBSE students ( $M = 30.33$ ,  $SD = 11.49$ ).

### Group Comparison: CBSE vs ICSE

Independent sample t-tests revealed statistically significant differences between ICSE and CBSE students:

**Table 2- Independent Samples t-Test Summary**

| Variable         | t    | p    | Mean Diff | Interpretation |
|------------------|------|------|-----------|----------------|
| Academic Anxiety | 3.23 | .001 | 4.75      | ICSE > CBSE    |
| Mastery Approach | 2.91 | .004 | 0.83      | ICSE > CBSE    |
| Mastery Avoidant | 5.86 | .000 | 2.12      | ICSE > CBSE    |

|                      |      |      |      |             |
|----------------------|------|------|------|-------------|
| Performance Approach | 2.15 | .032 | 0.67 | ICSE > CBSE |
| Performance Avoidant | 7.83 | .000 | 2.74 | ICSE > CBSE |

### Correlation Analysis

Pearson correlation coefficients showed the relationships between academic anxiety and achievement goal orientations:

**Table 3- Correlation Matrix (N = 276)**

| Variable             | Anxiety |
|----------------------|---------|
| Mastery Approach     | -0.04   |
| Mastery Avoidant     | 0.11    |
| Performance Approach | 0.14*   |
| Performance Avoidant | 0.17**  |

\* p < .05, \*\* p < .01

Performance-related goals especially Performance Avoidant were significantly and positively correlated with anxiety, while Mastery Approach was weakly and negatively associated.

### Regression Analysis

A stepwise regression analysis was conducted to examine which types of goal orientations significantly predicted academic anxiety.

**Table 4- Regression Summary (N = 276)**

| Predictor            | B    | $\beta$ | t    | p    |
|----------------------|------|---------|------|------|
| Performance Avoidant | 0.67 | .17     | 2.92 | .004 |

**R<sup>2</sup> = 0.030, F(1, 274) = 8.50, p = .004**

Only Performance Avoidant orientation emerged as a significant predictor of anxiety, accounting for 3% of the variance.

### Moderation Analysis: Role of School Board

Separate regressions were conducted for ICSE and CBSE groups to understand moderation effects.

**Table 5- Regression for ICSE (n = 138)**

| Predictor            | B     | $\beta$ | t     | p    |
|----------------------|-------|---------|-------|------|
| Mastery              | -1.56 | -.26    | -3.03 | .003 |
| Performance Avoidant | 1.05  | .23     | 2.63  | .010 |

**R<sup>2</sup> = 0.083, F(2, 135) = 6.92, p = .003**

**Table 6- Regression for CBSE (n = 138)**

| Predictor            | B    | $\beta$ | t    | p    |
|----------------------|------|---------|------|------|
| Performance Approach | 0.96 | .22     | 2.61 | .010 |

$$R^2 = 0.048, F(1, 136) = 6.81, p = .010$$

These findings show that predictors of anxiety differ across boards: ICSE students were more affected by avoidant and mastery goals, while for CBSE students, performance-based aspirations significantly predicted anxiety.

## DISCUSSION

This study explored how students' achievement goal orientations relate to their experience of academic anxiety, specifically in the context of India's two major school boards—CBSE and ICSE. Given the high-stakes nature of board examinations in India, the study's findings are highly relevant for understanding student well-being, school culture, and educational practices. One of the most striking outcomes was that ICSE students reported higher academic anxiety than CBSE students and also scored higher on all four types of goal orientations. This suggests that the educational environment in ICSE schools may be more cognitively and emotionally demanding. However, what makes this study particularly important is not just identifying that anxiety exists, but understanding why it differs based on students' motivations and educational systems. Let's explore this in depth.

### When the Desire to Avoid Failure Becomes Overwhelming

One consistent finding was that performance-avoidant goal orientation—the motivation to avoid doing worse than others was strongly linked to academic anxiety across the sample. This aligns with what previous studies have found globally (Elliot & McGregor, 2001; McGregor & Elliot, 2002): when students are driven by fear rather than curiosity or ambition, anxiety naturally follows. Imagine a student who studies not because they love learning, but because they're terrified of disappointing their parents or being seen as "not smart enough" compared to peers. This constant fear becomes a psychological burden, showing up as restlessness, self-doubt, and even physical symptoms before exams. Our data confirms this: students who scored high on performance-void ant goals also tended to report higher anxiety. This was particularly true for ICSE students, suggesting that the board's comprehensive curriculum and often demanding assessments may unintentionally push students toward avoidance-based motivation. In such an environment, it's not just about striving to learn or excel—it's about not failing, and that distinction makes all the

difference.

### **The Surprising Role of Mastery Goals**

In most motivational research, mastery goals—the desire to learn, improve, and understand—are considered healthy. They're usually associated with deeper engagement, better coping, and lower stress levels. So it was unexpected when our data showed that even mastery-oriented ICSE students reported higher anxiety.

### **Why might this be happening?**

In the ICSE system, students are encouraged to explore topics in depth, write analytically, and manage substantial academic workloads. For students with high personal standards, this might lead to what psychologists call maladaptive perfectionism—setting the bar so high that anything less than perfect feels like failure. These students may truly enjoy learning but still experience anxiety because they believe they must master everything perfectly. This aligns with Pekrun's Control-Value Theory (2006), which says that anxiety often arises when students deeply value success but feel they don't have enough control over achieving it. In the case of ICSE students, the desire to master the syllabus may clash with time pressures or vague grading criteria, creating stress even among highly motivated learners.

### **Performance-Approach Goals and CBSE Students**

For CBSE students, the relationship between goals and anxiety looked slightly different. Here, it was performance-approach goals—striving to do better than others—that were significantly linked with anxiety. This is important because, while performance-approach goals can sometimes motivate students to succeed, they can also create intense pressure, especially in environments where comparison is constant.

CBSE, being closely aligned with national-level entrance exams, often promotes a competitive academic culture. Students are not only preparing for their board exams but also simultaneously gearing up for JEE, NEET, CUET, and other high-stakes entrance tests. In such an environment, performing better than others becomes the norm, and anxiety becomes a side effect of chasing ranks, not just learning.

In this case, motivation becomes external: students feel the need to win, not necessarily to understand. And when winning becomes tied to identity or parental approval, the stakes become emotionally exhausting.

### **How Educational Systems Shape Emotional Experiences**

Why do these motivational patterns differ between CBSE and ICSE? It's because the educational systems themselves create different psychological climates. - CBSE is often seen as exam-oriented, with a streamlined syllabus and a focus on scoring well in standardized tests. This environment encourages external benchmarks—how many marks, what rank, what percentile. It can drive performance-approach goals, but also foster performance anxiety when students feel they must constantly prove themselves. - ICSE, on the other hand, values analytical thinking, creativity, and expression. It has a wider syllabus, with a heavier focus on English, humanities, and projects. While this can cultivate a love for learning and mastery goals, it can also increase cognitive load and internal pressure especially among students who aim for excellence in everything. In short, CBSE students may experience more competition-driven anxiety, while ICSE students face a mix of workload pressure and perfectionistic stress. Both systems have strengths, but both also need to be more mindful of how their structures affect students' mental health.

### **Adolescence, Identity, and the Meaning of Success**

Let's not forget the bigger picture: these students are teenagers, navigating one of the most turbulent stages of life. They're forming identities, figuring out who they are, and trying to make decisions that feel like they'll determine their entire future. In India, where academic success is deeply tied to respect, security, and social mobility, students often carry the emotional weight of family expectations, cultural ideals, and future dreams. For many, board results are not just numbers, they're symbols of worth, pride, and possibility. This means that motivation isn't purely cognitive. It's emotional, even existential. Students may pursue mastery because they want to feel competent. They may chase performance because they want to feel accepted. When the educational environment reinforces these pressures intentionally or not, it contributes to growing levels of academic anxiety.

### **Humanizing the Numbers: What the Data Doesn't Show**

While the statistics in this study tell a clear story, they can't capture the lived experiences of students behind the numbers.- The girl who studies until midnight because she wants to top the class but feels crushed by the thought of letting her family down. - The boy who hides his anxiety under a mask of confidence but worries daily about college admissions.- The student who loves literature but feels it's "less valuable" because her peers are scoring higher in science. These are the hidden narratives of academic anxiety. They remind us that

even seemingly adaptive goals like wanting to improve or succeed can become burdensome when driven by fear, not curiosity.

### **Practical Takeaways for Schools and Families**

1. Rethink how we define success. Success should not only mean “topping the exam.” It can also mean growth, resilience, creativity, or even learning from mistakes. Schools and parents must model this broader view of achievement.
2. Create safe academic environments. Teachers should foster classrooms where mistakes are normalized, not penalized. Feedback should focus on effort and progress, not just final marks.
3. Teach emotional and goal awareness. Students should be encouraged to reflect on why they are studying. Are they learning for themselves, or just to avoid failure? Goal-setting workshops and counseling sessions can help clarify healthy motivations.
4. Offer support without pressure. Parents and schools should be mindful of unspoken expectations. Even well-meaning encouragement can feel like pressure if students interpret it as “you must not fail.”
5. Include mental health resources in every school. Anxiety is not a weakness—it’s a response to pressure. Schools need trained counselors, stress-reduction programs, and peer support systems that students can rely on.

### **Contributions and Reflections**

This study contributes to the understanding of how motivational psychology plays out in real Indian classrooms, something that has been understudied in local research. It shows that achievement goals are not simply personal traits they’re shaped by educational systems, family cultures, and societal expectations.

It also challenges the idea that “more motivation” is always better. As this study reveals, the type of motivation matters and so does the context in which it is nurtured. Even mastery goals, typically seen as positive, can cause anxiety in overly demanding or perfectionistic environments.

By focusing on both CBSE and ICSE systems, the study offers comparative insights that can inform board-level reforms, school practices, and student counseling efforts. It suggests that academic resilience can’t be built on pressure alone—it must be supported by compassion, reflection, and balance.

## CONCLUSION

The present study explored the intricate relationship between achievement goal orientation and academic anxiety among students preparing for high-stakes board examinations, with a particular focus on comparing students from the Central Board of Secondary Education (CBSE) and Indian Certificate of Secondary Education (ICSE) boards. The findings revealed significant differences not only in the levels of academic anxiety but also in the type and intensity of achievement goals endorsed by students from the two boards.

One of the most compelling findings was that ICSE students reported higher levels of academic anxiety compared to their CBSE counterparts. These students also scored higher across all four achievement goal orientations mastery-approach, mastery-avoidant, performance-approach, and performance-avoidant. While mastery-approach goals are typically associated with adaptive learning behaviors and positive academic outcomes, the concurrent rise in anxiety levels among ICSE students suggests that even seemingly constructive motivations can be overshadowed by the broader educational climate. This raises important questions about how academic systems may inadvertently amplify stress, even among high-performing students.

The differential impact of specific goal orientations on academic anxiety was another key finding. Among ICSE students, performance-avoidant goals where students strive to avoid doing worse than others or appearing incompetent emerged as the strongest and most consistent predictor of academic anxiety. This orientation is typically associated with fear of failure, shame, and a tendency to disengage when faced with difficulty, which may explain the elevated anxiety levels in these students. In contrast, for CBSE students, it was the performance-approach goals—focusing on outperforming peers and gaining recognition that significantly predicted academic anxiety. Although this orientation can sometimes drive achievement, it is also linked to stress and unhealthy competition, especially when success is narrowly defined by exam scores and rankings.

These differences highlight the moderating role of the educational environment in shaping students' motivations and emotional well-being. Although achievement goal orientations originate from personal tendencies and early developmental experiences, they are also significantly shaped by contextual factors such as curriculum design, pedagogical approaches, assessment systems, parental expectations, and peer culture. The ICSE board is often characterized by its rigorous curriculum, detailed syllabi, and focus on depth of understanding, while CBSE is known for its relatively structured and exam-focused pattern. These systemic differences likely contribute to the

variations in how students internalize achievement goals and experience academic pressure. Importantly, this study contributes to the growing body of literature that challenges the assumption that academic success and psychological well-being always go hand in hand. High achievement, when driven by anxiety, fear of failure, or an obsessive need for perfection, can come at a substantial emotional cost. The findings underscore the need for a more holistic approach to education one that balances performance outcomes with mental health, resilience, and personal growth.

Educational policymakers, school administrators, teachers, and parents must recognize that motivation is not merely about pushing students to achieve more but about nurturing environments where learning is meaningful and emotionally sustainable. Interventions aimed at reducing academic anxiety should focus on fostering mastery-oriented goals, where students are encouraged to develop competence, explore subjects with curiosity, and view mistakes as part of the learning process. Additionally, efforts must be made to de-emphasize excessive competition, reduce high-stakes testing pressure, and promote emotional support systems within schools.

In conclusion, the current study sheds light on the psychological consequences of different motivational patterns among board examination students and the systemic factors that exacerbate or mitigate academic stress. It calls for urgent educational reform that places student well-being at the heart of academic success. As India continues to evolve its educational frameworks to meet global standards, it is imperative to remember that the true measure of academic excellence includes not only what students achieve, but also how they feel while achieving it.

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## **Social Media Usage and Its Psychological Impact: A Study on Mindfulness and Social Anxiety in Online and Offline Settings**

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### **ABSTRACT**

This study examined the impact of social media addiction on mindfulness and social anxiety in both online and offline settings among young adults ( $N = 166$ ;  $M = 22.7$ ,  $SD = 2.21$ ). Standardized tools, including the Bergen Social Media Addiction Scale (BSMAS), Mindful Attention Awareness Scale (MAAS), Social Interaction Anxiety Scale (SIAS), and Social Anxiety Scale for Social Media Users (SAS-SMU), were employed. Results showed a significant negative correlation between mindfulness and offline social anxiety ( $r = -0.382$ ,  $p < .001$ ), indicating that higher mindfulness is linked to lower real-life anxiety. However, the relationship between mindfulness and social media addiction was weak and statistically insignificant ( $r = -0.150$ ). A significant positive correlation was found between social media addiction and social anxiety in online contexts ( $r = 0.271$ ,  $R^2 = 0.074$ ), while this link was minimal in offline interactions ( $r = 0.099$ ,  $R^2 = 0.0097$ ). Additionally, social media addiction explained only 2.3% of the variance in mindfulness, and mindfulness did not moderate the impact of addiction on virtual anxiety.

**Keywords**-Social Media, Mindfulness and Social Anxiety.

### **INTRODUCTION**

In recent years, the rapid advancement of digital technology has significantly transformed the ways individuals communicate, socialize, and access information. Among these developments, social media has emerged as a dominant force shaping human interaction. Platforms such as Instagram, Facebook, YouTube, and Twitter have made connectivity and information sharing more accessible than ever before. In India, Instagram and YouTube reported user bases exceeding 350 million and 462 million, respectively, among the 18–30 age group as of 2024. Globally, approximately 68% of Americans use social media, with the highest usage observed among young adults (Pew

Research Center, 2023). The COVID-19 pandemic further accelerated this digital shift, as social restrictions prompted individuals to turn to online platforms for communication and companionship. While social media offers notable benefitssuch as enhanced connectivity, entertainment, and access to diverse informationit also presents considerable psychological risks when used excessively. A growing concern is Social Media Addiction (SMA), conceptualized as a behavioral addiction characterized by compulsive and excessive engagement with social media platforms, resulting in significant impairment in daily functioning (Griffiths, 2000; Starcevic, 2013). SMA exhibits symptoms similar to other behavioral addictions, such as mood modification, salience, tolerance, withdrawal, conflict, and relapse (Andreassen & Pallesen, 2014). Extensive research has linked maladaptive social media use with a range of negative psychological outcomes, including depression, anxiety, low self-esteem, and cognitive impairments (Kuss & Griffiths, 2011; Cao et al., 2020). Excessive use can also diminish real-life social interactions, lower academic or work performance, and disrupt emotional regulation (Wu et al., 2013). Additionally, continuous exposure to idealized depictions of others' lives can trigger harmful social comparisons, fostering feelings of inadequacy, loneliness, and social inferiority (Vogel et al., 2014). It is estimated that around 12% of social media users demonstrate addiction-like behaviors that significantly interfere with their everyday lives (Alabi, 2012; Wolniczak et al., 2013). A related psychological construct is mindfulness, defined as the capacity to maintain focused, non-judgmental awareness of the present moment (Kabat-Zinn, 1994). Mindfulness-based interventions such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) have demonstrated benefits in emotional regulation, stress reduction, and interpersonal functioning (Baer, 2003). However, compulsive social media use can erode mindfulness by fragmenting attention and diminishing present-moment awareness. Research indicates that heavy social media users tend to score lower on mindfulness measures and report greater difficulties in sustaining attention and regulating emotions (Ophir, Nass, & Wagner, 2009; Fuchs et al., 2015). Social media platforms are intentionally designed to promote prolonged engagement through features like endless scrolling, push notifications, and the pursuit of likes and shares. This "attention economy" capitalizes on user distraction and multitasking, which have been shown to impair memory, focus, and cognitive flexibility (Ophir et al., 2009). As users become increasingly immersed in their digital personas and external validation, they may lose touch with their inner experiences, thereby reducing mindfulness and self-awareness. Importantly,

mindfulness has been shown to serve as a protective factor against SMA, helping individuals resist impulsivity, social comparison, and fear of missing out (FOMO) (Brown & Ryan, 2003). Closely associated with SMA and diminished mindfulness is social anxiety, a mental health condition marked by intense fear of social evaluation, embarrassment, or rejection (American Psychiatric Association, 2013). Social anxiety can profoundly impair social, academic, and occupational functioning. For socially anxious individuals, social media can serve both as a refuge and a stressor. According to the Social Compensation Hypothesis, such individuals may prefer online communication as it allows greater control over self-presentation and reduces the discomfort of face-to-face interaction (McKenna & Bargh, 2000). In contrast, the Social Enhancement Hypothesis suggests that individuals with strong social skills use social media to extend their offline relationships (Valkenburg & Peter, 2007). While social media may initially alleviate social anxiety by offering a less intimidating medium for interaction, overreliance on it may hinder real-world social engagement and increase susceptibility to negative feedback and harmful comparisons (Satici & Uysal, 2015). The curated nature of social media fosters pressure to present an idealized self, often intensifying feelings of inadequacy, loneliness, and rejection (Vogel et al., 2014). Socially anxious individuals may engage in excessive self-monitoring, avoid authentic interaction, and remain hyper-aware of potential judgment even online thus perpetuating a cycle of avoidance, anxiety, and social isolation (Valkenburg & Peter, 2007). Given the complex interplay between social media addiction, mindfulness, and social anxiety, it is essential to examine how these constructs influence one another. Recent studies underscore the need for an integrated theoretical framework that incorporates cognitive, emotional, and behavioral perspectives to explain the mechanisms driving SMA and its psychological consequences (Lee et al., 2017). By identifying underlying factors such as attentional dysregulation, emotional reactivity, and diminished mindfulness, researchers and clinicians can develop targeted interventions to promote healthier digital habits, enhance present-moment awareness, and alleviate symptoms of social anxiety. The pervasive influence of social media on young adults' psychological well-being warrants thorough investigation. As the boundaries between online and offline life continue to blur, understanding the psychological dynamics underlying social media addiction and its associations with reduced mindfulness and heightened social anxiety is critical.

## REVIEW OF LITERATURE

Ali et al. (2021) examined how anxiety in social interactions influences compulsive social media

use. The findings revealed that social anxiety, especially fear of rejection and negative evaluation, predicted higher social media addiction. Gender differences were noted: men experienced more fear of rejection, while women were more sensitive to judgment, both fueling excessive online behavior. **Chang et al. (2023)** showed that mindfulness reduced social media addiction by improving attentional control and reducing Fear of Missing Out (FoMO), thus functioning through indirect pathways. **Doğan (2023)** further established mindfulness as a mediator between social media addiction and loneliness in Turkish adolescents, suggesting that higher mindfulness can buffer emotional distress arising from excessive digital use. **Gámez-Guadix and Calvete (2016)** also supported this view in adolescents, revealing moderate to strong negative correlations between mindfulness and problematic internet behaviors such as emotional dependence on the internet, lack of self-control, and negative consequences. **Hüntemann (2023)** found that FoMO was a strong predictor of lower mindfulness levels, even when social media use itself had no direct impact. The study emphasized that interventions promoting mindful digital habits should specifically address FoMO. **Kang et al. (2025)** conducted a large-scale study involving Chinese nurses across 29 hospitals and found that lower levels of mindfulness, shorter job experience, and exposure to workplace violence were strong predictors of problematic social media use. **Kaur et al. (2021)** documented the widespread prevalence of nomophobia (fear of being without a mobile phone) among Indian students and identified a weak but significant positive relationship between nomophobia and social interaction anxiety. **Meynadier et al. (2025)** examined metacognitive beliefs about social media use, finding that both positive and negative beliefs significantly contributed to addiction when emotional risk factors such as depression, anxiety, FoMO, loneliness, and low mindfulness were considered. This integrated model underscores mindfulness as a protective factor that may alter metacognitive processes and reduce addiction vulnerability. **Necula et al. (2020)** examined how maladaptive personality traits (the Dark Triad: narcissism, Machiavellianism, psychopathy) and social anxiety contribute to social media addiction. The study found that these traits, along with social anxiety, modestly but significantly increased vulnerability to compulsive online behavior. **Özturan et al. (2022)** reported a negative relationship between mindfulness and social media addiction among Turkish university students. Higher mindfulness was associated with less compulsive use and better mood regulation, with gender differences indicating that females had stronger emotional regulation skills. **Punyanunt-Carter et al. (2021)** assessed college students' mindfulness in social media use using new scales (SM-MAAS) and

found that mindfulness dimensions such as acting with awareness, non-reactivity, and non-judging were significantly associated with healthier digital behavior. Gender differences were also found, with women scoring higher in mindful social media usage. **Turel and Osatuyi (2017)** showed that peer influence mechanisms play a key role in compulsive social networking site (SNS) use, and that mindfulness moderates these effects. Mindfulness amplified the impact of social pressure self-efficacy in reducing compulsive use while also intensifying the influence of peer behavior, showing a dual moderating effect. **Xie and Wang (2024)**, using longitudinal data and cross-lagged panel modeling, found that while online social anxiety decreased with the use of AI-based virtual companionships, offline social anxiety increased. The study emphasized the dynamic interaction between emotional expression, mindfulness, and digital engagement. **You and Liu (2022)** explored how mindfulness moderates the relationship between social media pressure and behavior in a Chinese context. Mindfulness promoted resilience to pressure and encouraged individuals to shift towards offline interactions when digital stress increased.

## OBJECTIVES

1. To investigate the relationship between social media addiction and mindfulness awareness by employing the Bergen Social Media Addiction Scale (BSMAS) and the Mindful Attention Awareness Scale (MAAS), with the aim of understanding whether frequent social media use impairs an individual's ability to remain focused and present in daily life.
2. To examine the association between social media addiction and social anxiety in both offline (face-to-face) and online contexts, utilizing the Social Anxiety in Social Interactions Scale (SAIS) and the Social Anxiety Scale for Social Media Use (SAS-SMU), in order to assess how anxiety manifests across different social environments.
3. To explore the potential mediating or moderating role of mindfulness awareness in the relationship between social media addiction and social anxiety, investigating whether higher levels of mindfulness can buffer or reduce the psychological distress associated with excessive social media use.
4. To provide evidence-based insights and practical recommendations for designing interventions aimed at mitigating the negative impacts of social media addiction by enhancing mindfulness and reducing social anxiety, particularly among young adults.

## HYPOTHESIS

### Hypothesis1: Relationship Between Social Media Use and Mindfulness

- **Null Hypothesis (H<sub>0</sub>):**-There is no significant relationship between the level of social media usage, as measured by the Bergen Social Media Addiction Scale (BSMAS), and mindfulness, as measured by the Mindful Attention Awareness Scale (MAAS).
- **Alternative Hypothesis (H<sub>1</sub>):**-There is a significant negative relationship between social media usage (BSMAS scores) and mindfulness (MAAS scores), indicating that higher social media use is associated with lower levels of mindfulness.

### Hypothesis2: Relationship Between Social Media Use and Social Anxiety

- Null Hypothesis (H<sub>0</sub>):-There is no statistically significant correlation between social media usage, as measured by the Bergen Social Media Addiction Scale (BSMAS), and social anxiety levels, as measured by the Social Interaction Anxiety Scale (SIAS) and the Social Anxiety Scale for Social Media Users (SAS-SMU).
- Alternative Hypothesis (H<sub>1</sub>):-There is a statistically significant positive correlation between social media addiction (BSMAS scores) and social anxiety, both in general social interactions (SIAS) and in online social media contexts (SAS-SMU), indicating that higher levels of social media use are associated with increased social anxiety symptoms.

## METHODOLOGY

### SAMPLE

The sample for the present study comprised 166 young adults drawn from diverse backgrounds. Participants were selected based on specific inclusion and exclusion criteria to ensure the relevance and accuracy of the data.

**Inclusion criteria** required participants to be between 18 and 30 years of age and actively using at least one social media platform.

**Exclusion criteria** included individuals below 18 or above 30 years of age, those diagnosed with any clinical conditions, and individuals who did not use any social media platforms.

## MEASURES OF THE STUDY

### Bergen Social Media Addiction Scale (BSMAS)

To assess participants' levels of social media addiction, the present study utilized the Bergen Social Media Addiction Scale (BSMAS), developed by Andreassen et al. (2016). This six-item scale is based on core components of addiction theory, encompassing key dimensions such as salience, mood modification, tolerance, withdrawal, conflict, and relapse. Each item is rated on a 5-point Likert scale, ranging from 1 (very rarely) to 5 (very often), with higher scores indicating greater levels of problematic or addictive social media use. The BSMAS has been widely validated in psychological research and demonstrates strong psychometric properties, including high internal consistency and solid construct validity. In the context of the current study, the BSMAS served as a primary instrument to examine the potential relationship between social media addiction and two psychological constructs: reduced mindfulness and increased social anxiety, both in online and offline social contexts.

### **Mindful Attention Awareness Scale (MAAS)**

In this study, mindfulness was measured using the Mindful Attention Awareness Scale (MAAS), developed by Brown and Ryan (2003). This 15-item self-report instrument assesses the frequency with which individuals maintain receptive awareness and attention to present-moment experiences in daily life. Each item is rated on a 6-point Likert scale, ranging from 1 ("almost always") to 6 ("almost never"), with lower scores indicating lower levels of mindfulness. Sample items reflect difficulties in sustaining attention to present tasks or being unaware of one's actions. Higher total scores denote a greater disposition toward mindful awareness. The MAAS has shown strong psychometric properties, including high internal consistency and demonstrated validity across diverse populations, making it a widely accepted measure in psychological research.

### **Socialinteraction anxiety scale (SIAS)**

In this study, participants' levels of social anxiety primarily related to face-to-face encounters were measured using the Social Interaction Anxiety Scale (SIAS), which was created by Mattick and Clarke (1998). Twenty self-report items make up the SIAS, which assesses anxiety related to social interactions including meeting new people, carrying on a conversation, or being the centre of attention. A 5-point Likert scale, with 0 denoting "not at all characteristic of me" and 4 denoting "extremely characteristic of me," is used by respondents to rank each topic; higher scores indicate greater anxiety related to social interactions. The scale has undergone extensive validation and demonstrates strong test-retest reliability and internal consistency.

### **SocialAnxiety Scale for Social Media Users (SAS-SMU)**

The present study assessed social anxiety specifically related to social media use by employing the Social Anxiety Scale for Social Media Users (SAS-SMU), developed by Alkis et al. (2017). The SAS-SMU comprises 21 items designed to capture anxiety experienced in online social contexts. Participants rate each item on a 5-point Likert scale, ranging from 1 ("strongly disagree") to 5 ("strongly agree"), with higher scores indicating greater levels of social anxiety in digital environments. This scale is particularly valuable for understanding how concerns about privacy, judgment, and virtual interactions can contribute to psychological distress associated with social media platforms.

### PROCEDURE

166 people were randomly selected in order to get the data. Each participant was contacted separately. The study was limited to young individuals between the ages of 18 and 30.

Questionnaires used for this study are: BSMAS, MAAS, SIAS and SAS-SMU. The participants' answers were recorded using the questionnaire. The respondents were also made aware that participation was entirely voluntary. The raw score was determined following the collection of replies. As a result, the data was scored. The data was interpreted using statistics.

### RESULTS

**Table 1: Descriptive statistics.**

| <b>Descriptives</b> |                               |  |
|---------------------|-------------------------------|--|
|                     | <b>Social media addiction</b> | <b>Mindfulness awareness and attention</b> |
| N                   | 166                           | 166  |
| Mean                | 13.7                          | 58.4                                       |
| Median              | 14.0                          | 58.5                                       |
| Standard deviation  | 4.01                          | 12.5                                       |
| Minimum             | 5                             | 15   |
| Maximum             | 25                            | 90   |

The study comprised a sample of 166 participants, with a mean age of 22.7 years ( $SD = 2.21$ ), which aligns well with the selected age range of 18 to 30 years. The average score on the Bergen Social Media Addiction Scale (BSMAS) was 13.7, slightly below the established cutoff for the

Indian population. This suggests that most young adults in the sample are approaching, but have not yet reached, a level of social media addiction requiring clinical intervention. Instead, they appear to be caught in a habitual cycle of frequent smartphone use to access social networking sites.

Contrary to the initial hypothesis, participants exhibited a relatively high mean score of 58.4 on the Mindful Attention Awareness Scale (MAAS), indicating that despite extended social media usage, they remain alert and attentive to their present surroundings.

Consistent with the proposed hypothesis, the mean scores on the Social Interaction Anxiety Scale (SIAS) and the Social Anxiety Scale for Social Media Users (SAS-SMU) were 53.0 (SD = 14.8) and 61.3 (SD = 16.4), respectively. These results reflect moderate to high levels of social anxiety, especially in online contexts. This is in line with recent research highlighting that while social media facilitates communication, it may also exacerbate anxiety through fear of negative evaluation, fear of missing out (FoMO), and habitual social comparison. The higher average score on the SAS-SMU compared to the SIAS further underscores that social anxiety is more pronounced in digital interactions than in face-to-face settings.

Overall, these descriptive statistics provide a meaningful foundation for the key variables under study: social media addiction, mindfulness, and social anxiety and establish the basis for conducting statistically significant analyses.

**Table2**

| <b>Variable</b>                    | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> |
|------------------------------------|----------|----------|----------|----------|
| 1. SocialMediaAddiction            | —        |          |          |          |
| 2. Mindfulness                     | -.150†   | —        |          |          |
| 3. SocialInteractionAnxiety        | .099     | -.382**  | —        |          |
| 4. SocialAnxietyinSocialMediaUsers | .271**   | -.114    | .019     | —        |

The relationship between social media addiction (measured by BSMAS), mindfulness (assessed via MAAS), and social anxiety (evaluated using SAS-SMU and SIAS) was examined using Pearson correlation analysis. A negative correlation was observed between social media use and

mindfulness ( $r = -0.150$ ,  $p = .053$ ). Although this result approached statistical significance, it did not meet the conventional threshold, indicating a trend that was not strong enough to reject the null hypothesis. Therefore, despite the correlation direction aligning with expectations, Hypothesis 1 was not statistically supported.

Conversely, Hypothesis 2 received partial support through a significant positive correlation between social media addiction and social anxiety specific to digital platforms (SAS-SMU;  $r = .271$ ,  $p < .001$ ). However, no significant association was found between social media use and general social interaction anxiety (SIAS) ( $r = .099$ ,  $p = .206$ ), providing limited support for the hypothesis in relation to face-to-face social anxiety.

These findings suggest that greater social media use may exacerbate anxiety within online environments, while its relationship with broader social anxiety and mindfulness remains unclear. Further research is warranted to better understand these complex interactions.

**TABLE3**

| <b>Model</b> | <b>R</b> | <b>R<sup>2</sup></b> |
|--------------|----------|----------------------|
| 1            | 0.150    | 0.0226               |

**MINDFULNESS**

| <b>Predictor</b>     | <b>Estimate</b> | <b>SE</b> | <b>t</b> | <b>p</b> |
|----------------------|-----------------|-----------|----------|----------|
| Intercept            | 64.848          | 3.422     | 18.95    | <.001    |
| SOCIALMEDIAADDICTION | -0.468          | 0.240     | -1.95    | 0.053    |

With social media addiction as the predictor and mindfulness as the dependent variable, a straight line regression was carried out. With a low R<sup>2</sup> value of 0.0226, the research produced a non-significant result, indicating that levels of social media addiction could only explain around 2.3% of the variation in mindfulness.

**ModelFitMeasures**

| <b>Model</b> | <b>R</b> | <b>R<sup>2</sup></b> |
|--------------|----------|----------------------|
| 1            | 0.0987   | 0.00974              |

| <b>ModelCoefficients - socialinteractionanxiety</b> |                 |           |          |          |
|---|-----------------|-----------|----------|----------|
| <b>Predictor</b>                                    | <b>Estimate</b> | <b>SE</b> | <b>t</b> | <b>p</b> |
| Intercept   | 48.045          | 4.070     | 11.80    | <.001    |
| SOCIALMEDIAADDICTION                                | 0.363           | 0.286     | 1.27     | 0.206    |

A linear regression analysis was conducted to determine whether social media addiction predicts social interaction anxiety levels. In this case, social media addiction was the predictor and social interaction anxiety was the dependent variable. With an  $R^2$  of only 0.0097, the results demonstrated a poor model fit, indicating that social media addiction might account for less than 1% of the variance in social interaction anxiety.

| <b>ModelFitMeasures</b> |          |                      |
|-------------------------|----------|----------------------|
| <b>Model</b>            | <b>R</b> | <b>R<sup>2</sup></b> |
| 1                       | 0.271    | 0.0736               |

| <b>Model Coefficients -social anxiety in social mediausers</b> |                 |           |          |          |
|--|-----------------|-----------|----------|----------|
| <b>Predictor</b>   | <b>Estimate</b> | <b>SE</b> | <b>t</b> | <b>p</b> |
| Intercept  | 46.12           | 4.368     | 10.56    | <.001    |
| SOCIALMEDIAADDICTION   | 1.11            | 0.307     | 3.61     | <.001    |

A linear regression analysis was conducted in order to better understand the relationship between social media addiction and anxiety in online social contexts. The outcome variable in this case was anxiety during online interactions, while the predictor was social media addiction. Social media addiction is a significant predictor of social anxiety in online settings, according to the research, which demonstrated a statistically significant influence. About 7.4% of the variation in online social anxiety linked to social media addiction was explained by the model.

An moderation study was performed to see whether mindfulness could have an impact on this association. This sought to ascertain whether mindfulness modifies the degree to which social

media addiction and social anxiety are associated in digital environments.

| <b>Moderation Estimates</b>                        |                 |           |          |          |
|--|-----------------|-----------|----------|----------|
|  | <b>Estimate</b> | <b>SE</b> | <b>Z</b> | <b>p</b> |
| <b>SOCIALMEDIAADDICTION</b>                        | 1.07934         | 0.3060    | 3.527    | <.001    |
| <b>MINDFULNESS</b>                                 | -0.09073        | 0.0976    | -0.929   | 0.353    |
| <b>SOCIALMEDIAADDICTION*</b><br><b>MINDFULNESS</b> | -0.00951        | 0.0241    | -.394    | 0.694    |

The results showed that social media addiction strongly predicted users' higher social anxiety ratings ( $B = 1.079$ ,  $p <.001$ ), suggesting that a greater reliance on social media platforms is associated with higher anxiety levels in online interactions. The relationship between social media addiction and mindfulness did not reach statistical significance ( $B = -0.0095$ ,  $p = 0.694$ ), nor did mindfulness by itself demonstrate a significant impact on social anxiety ( $B = -0.091$ ,  $p = 0.353$ ), indicating that mindfulness did not significantly moderate the relationship.

## **DISCUSSION**

The purpose of this study was to examine the effects of social media use, measured by the Bergen Social Media Addiction Scale (BSMAS), on social anxiety and mindfulness within both real-world and virtual social contexts. The findings revealed that while higher mindfulness was associated with reduced overall social anxiety, the relationship between social media addiction and social anxiety remained largely unaffected. Notably, elevated levels of social media addiction significantly predicted higher levels of social anxiety, particularly in digital communication contexts. A total of 166 participants, aged between 18 and 30 years ( $M = 22.7$ ,  $SD = 2.21$ ), took part in the study. The average BSMAS score was 13.7 slightly below the national threshold for problematic use in India suggesting that although participants may not be clinically addicted, many were caught in a cycle of habitual, smartphone-based social media use. Interestingly, participants had a relatively high average score of 58.4 on the Mindful Attention Awareness Scale (MAAS), indicating strong present-moment awareness despite frequent social media use. The average scores on the Social Anxiety Scale for Social Media Users (SAS-SMU) and the Social Interaction Anxiety Scale (SIAS) were 61.3 ( $SD = 16.4$ ) and 53.0 ( $SD = 14.8$ ), respectively both indicating moderate to high levels of anxiety, especially in virtual interactions. These results align with existing

literature suggesting that social media may elevate anxiety due to fears of negative evaluation, fear of missing out (FoMO), and stress from social comparisons. Consistent with the hypotheses, the findings suggest that social anxiety tends to be more pronounced in online environments than in face-to-face social interactions. The elevated SAS-SMU score supports the notion that anxiety related to digital communication may surpass traditional social anxieties. The descriptive statistics yielded meaningful values across key variablesocial media addiction, mindfulness, and social anxietyproviding a solid foundation for inferential analysis. These findings are consistent with prior research, such as Vannucci et al. (2017), who reported a positive association between social media use and social anxiety symptoms, and Oberst et al. (2017), who found a negative impact of problematic social media use on mindfulness.Correlation analysis revealed a modest negative relationship between social media addiction and mindfulness ( $r = -0.150$ ), suggesting that increased usage may be linked to decreased attentional awareness, although this result was not statistically significant. This pattern mirrors findings from Oberst et al. (2017), who also reported reduced self-awareness among frequent social media users. A more notable finding was the significant positive correlation between social media addiction and online social anxiety ( $r = 0.271$ ), indicating that individuals with higher levels of social media use were more likely to experience anxiety during digital interactions. This supports previous studies by Vannucci et al. (2017) and Weidman et al. (2012) that link problematic social media use to heightened vulnerability to online judgment and comparison.However, the correlation between social media addiction and general social interaction anxiety (SIAS) was weaker and not statistically significant ( $r = 0.099$ ,  $p = 0.206$ ), suggesting that social media use may have less influence on offline social anxiety.Mindfulness, on the other hand, was strongly and negatively correlated with offline social anxiety ( $r = -0.382$ ,  $p < .001$ ), supporting research by Keng et al. (2011), which highlights the anxiety-reducing benefits of mindfulness in real-world contexts. Age did not show significant correlations with any of the major psychological variables, indicating that these effects may be relatively stable within this young adult population. Linear regression analysis examining the predictive power of social media addiction on mindfulness yielded a non-significant result ( $R^2 = 0.0226$ ), indicating that social media addiction explains only 2.3% of the variance in mindfulness scores. This weak association reflects previous findings by Dwyer et al. (2018) and Gámez-Guadix et al. (2014), which suggest that excessive digital engagement may impair present-focused attention and promote avoidance behaviors.Similarly, regression analysis of social media addiction

as a predictor of offline social interaction anxiety revealed a very weak association ( $R^2 = 0.0097$ ), indicating that social media addiction accounts for less than 1% of the variance in offline social anxiety highlighting its limited impact on face-to-face social functioning. In contrast, regression analysis demonstrated that social media addiction significantly predicted online social anxiety ( $R^2 = 0.074$ ), suggesting that 7.4% of the variance in anxiety during digital interactions can be explained by social media addiction. This reinforces the notion that the psychological impact of social media is more pronounced in virtual contexts. Moreover, mindfulness did not significantly moderate the relationship between social media addiction and online social anxiety. This suggests that while mindfulness may help reduce offline anxiety, it may not be sufficient to buffer the unique stressors of online interactions such as constant comparison and curated content underscoring the need for targeted interventions.

This study explored the complex relationships between social media addiction, mindfulness, and social anxiety in both offline and online contexts. The findings highlight the significant psychological effects of excessive social media use, particularly its strong association with increased anxiety in virtual environments. While mindfulness was shown to reduce offline social anxiety, it did not significantly mitigate online anxiety related to social media use.

These results underscore the importance of differentiating between online and offline social anxiety and suggest that conventional mindfulness strategies may need to be supplemented with more tailored approaches to address the specific challenges posed by social media. Future research should explore long-term patterns and integrated therapeutic models to better understand and address the psychological consequences of digital engagement.

## **CONCLUSION**

This study investigated the relationship between social media addiction, mindfulness, and social anxiety in both online and offline social contexts. The findings revealed significant psychological consequences of excessive social media use, with a strong positive correlation between high levels of social media engagement and increased social anxiety, particularly in online interactions. Moreover, individuals with higher levels of mindfulness reported lower levels of social anxiety in face-to-face settings. However, mindfulness did not significantly moderate the relationship between online social anxiety and social media addiction. This indicates that while mindfulness may be effective in reducing offline social anxiety, it may not be sufficient to address the unique challenges associated with anxiety stemming from online social interactions. Therefore,

additional, more targeted interventions may be necessary to mitigate online-related anxiety. Overall, the study offers valuable insights into the psychological impact of social media addiction and suggests that integrating mindfulness with other therapeutic strategies could enhance its effectiveness. Future research should consider long-term studies and comprehensive treatment approaches to better understand and manage the psychological effects of social media use.

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## **“The Role of Social Media Influencers in Causing FOMO Syndrome and Shaping Impulsive Buying Behavior in Gen Z and Millennials”**

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### **ABSTRACT**

The present study explores the psychological effects of social media influencers (SMIs) on Gen Z and Millennials, specifically examining their role in activating the Fear of Missing Out (FOMO) and influencing compulsive buying behaviors. Given the growing prominence of influencer-led marketing in the digital era, understanding the underlying behavioral mechanisms behind consumer actions is crucial. The primary aim was to assess how exposure to SMIs is related to FOMO, and how FOMO subsequently impacts impulsive or compulsive buying tendencies. A quantitative research approach was employed, utilizing a structured questionnaire distributed among 216 respondents from Delhi NCR, covering both Gen Z and Millennial consumers. Standardized scales were used to measure the key constructs, and data were analyzed through descriptive statistics, correlation analysis, and linear regression methods. The findings revealed a strong positive correlation between social media influencer exposure and FOMO, and between FOMO and compulsive buying tendencies. Additionally, exposure to SMIs directly and significantly predicted both FOMO and compulsive buying behavior. The findings support established psychological theories such as Social Comparison Theory (Festinger, 1954) and Social Learning Theory (Bandura, 1977), emphasizing the emotional and behavioral influence of influencers. The study highlights the significance of ethical marketing practices and stresses the necessity for digital literacy among consumers. It contributes to consumer psychology literature within the digital marketing landscape and offers practical implications for brands, influencers, and policymakers.

**Key words:** -: Social Media Influencers (SMI), Fear of Missing Out (FOMO), Compulsive Buying Behavior, Gen Z, Millennials, Consumer Psychology, Influencer Marketing, Social Comparison, Digital Behavior, Impulse Buying.

## INTRODUCTION

In today's interconnected world, social media has transformed from a basic communication tool into a dynamic ecosystem where identities are curated, lifestyles are showcased, and consumer choices are shaped instantaneously. With over 4.7 billion active users globally, platforms like Instagram, YouTube, and Twitter have become integral to daily life, offering individuals not only avenues for social connection but also opportunities for marketing and consumption. Central to this transformation is the emergence of SMIsindividuals who cultivate significant online presences by creating content that resonates deeply with their audiences. These influencers command trust, attract attention, and exert significant influence on consumer decision-making, particularly among younger, tech-savvy generations. Through their digital presence, SMIs provide more than entertainment or information; they present aspirational lifestyles, offer product recommendations, and share glimpses into exclusive experiences. Their endorsements often blur the lines between personal expression and commercial advertising, creating environments where products and services are purchased not solely for their utility but for the emotional connections they inspire. Influencers frequently showcase idealized lifestyles and curated realities that followers particularly those from Gen Z and Millennial cohorts aspire to emulate. This phenomenon reflects a broader global cultural and digital shift that has fundamentally redefined consumer behavior in the 21st century. One significant psychological consequence of constant exposure to influencer content is the development of Fear of Missing Out (FOMO)—a form of situational anxiety that arises when individuals perceive that they are being excluded from rewarding or desirable experiences shared by others. This feeling is intensified by the continuous stream of curated, idealized content shared by influencers, portraying exclusive products, experiences, and lifestyles. Such portrayal screata height enedsense of urgency and social pressure among followers, encouraging the mtostay a breast of the latesttrendsand activities. The need to avoid being left behind can prompt impulsive purchasing decisions driven by emotional urgency rather than rational thought. This phenomenon is particularly evident among Gen Z and Millennials generations that have grownupimmersed in digital culture. Studies suggest that these groups are more engaged with influencers and are highly responsive to psychological cues that triggerimpulse buying behaviors. Recent research has demonstrated that social media addiction and heightened FOMO significantly influence impulsive purchasing patterns. Influencers perceived asauthenticandrel a table can further amplify followers'

FOMO, thereby increasing the likelihood of unplanned buying behavior. (Özdemir & Koç, 2024; Yıldırım & Koç, 2023). Trust in an influencer's content has been identified as a significant predictor of impulsive buying, especially in sectors like fashion (Zhang et al., 2023). Although extensive research has examined how SMIs contribute to impulsive buying in various contexts, there is a noticeable gap in understanding these dynamics within the cultural setting of India. Particularly among Indian youth in urban regions like Delhi NCR, social media and influencer culture have seen rapid adoption. However, little empirical research explores the psychological processes and behavioral consequences accompanying this shift. This study aims to address this gap by investigating how exposure to SMIs in the Indian context contributes to the development of FOMO and how FOMO, in turn, influences impulsive buying behavior among Gen Z and Millennial consumers. By exploring these interrelationships, the study offers valuable insights into how social media continues to shape consumer psychology and behavior, shedding light on the broader implications of digital influence on consumption patterns in contemporary India.

### **SIGNIFICANCE OF THE STUDY**

This study is pivotal for understanding contemporary consumer behavior at a time when social media platforms and digital marketing strategies are revolutionizing brand-consumer interactions. The ascension of SMIs as major influencers in consumer decision-making processes represents a paradigm shift in marketing particularly in targeting younger generations. Understanding the psychological drivers behind this shift, especially the role of FOMO in prompting impulsive buying, is critical for marketers, brands, and policymakers navigating the complexities of the digital market place. From a theoretical and practical point, the study enriches the field of consumer psychology by deepening insights into the emotional mechanisms fueling impulsive buying. FOMO, as a psychological construct, has been associated with emotional urgency and spontaneous purchasing behaviors. This study contributes by exploring how social media exposure intensifies these dynamics, further developing existing theories such as Social Comparison Theory (Festinger, 1954) and Social Learning Theory (Bandura, 1977).

Practically, the findings hold significant implications for brands and advertisers seeking to tailor their marketing efforts to align with the emotional and behavioral patterns of younger consumers. By effectively leveraging influencer partnerships, brands can forge authentic connections with audiences, while remaining mindful of the potential psychological impacts of their marketing strategies.

## REVIEW OF RELATED LITERATURE

**Al Oraini (2024)** noted that social media celebrity influence and materialism are strongly linked to compulsive buying, especially among individuals exhibiting celebrity worship behaviors. **Anderson (2024)** linked materialism and compulsive buying directly to influencer marketing, asserting that aspirational content drives repeated, emotionally motivated purchases. **Barari (2023)** explored the darker psychological impacts of influencer marketing, showing how unrealistic ideals promoted by influencers reduce self-esteem and elevate anxiety. **Bartosiak et al. (2023)** found that FOMO affects social, psychological, and financial well-being, with influencers playing a central role in reinforcing these pressures. **Bhardwaj et al. (2023)** concluded that influencers reinforce impulsive buying behaviors by providing social validation and triggering FOMO. **Chakrabarti (2024)** reported that this demographic is particularly vulnerable to FOMO, which drives them to make impulsive purchases to stay relevant and socially accepted. **Chan et al. (2023)** emphasized the benefit of adopting a "Joy of Missing Out" (JOMO) mindset through mindfulness to reduce the negative effects of FOMO on consumer behavior. **Dinh et al. (2023)** demonstrated that FOMO significantly moderates the influence of social media influencers on followers' purchase intentions, especially under time-sensitive promotions. **Hudson and Xixiang (2023)** discussed how influencer endorsements act as social proof, thereby altering brand perceptions and increasing purchase intent. **Ilieva et al. (2024)** found that favorable attitudes toward influencers, especially among youth, significantly increase purchasing behavior due to consistent engagement and content interaction. **Karahan (2023)** introduced parasocial interactions as mediators of impulsive buying, wherein emotional attachment to influencers fosters trust in endorsements. **Kumar and Kumar (2024)** found that social comparison, low self-esteem, and FOMO together act as psychological triggers, leading to impulsive consumption. **Li et al. (2023)** highlighted how promotional incentives and influencer engagement on social commerce platforms foster compulsive buying cycles via FOMO. **Lina et al. (2022)** examined the combined effects of influencer endorsements and the convenience of online shopping, showing increased impulsivity in Gen Z purchases. **Liu et al. (2023)** emphasized the role of visual appeal and peer influence on platforms like Instagram and Facebook in stimulating impulsive purchases. **Mendoza-Moreno and Turriate-Guzmán (2022)** called for ethical influencer marketing practices, warning that deceptive content may mislead consumers and damage trust. Mindfulness as a countermeasure was

studied by **Hussain et al. (2023)**, who found that mindfulness moderates the FOMO-compulsive buying relationship by promoting emotional regulation. **Mishra and Ashfaq (2023)** emphasized the role of influencer-generated content in shaping consumer perceptions and facilitating product adoption. **Ooi et al. (2023)**, influencer marketing significantly affects consumer decision-making by establishing relatability and trust with followers. **Özen and Hus (2025)** demonstrated that individuals addicted to social media are more likely to make impulsive purchases triggered by FOMO, only to later regret them once the initial excitement fades. This underscores the emotional volatility underlying such buying patterns. **Pham et al. (2023)** used the Limited Self-Control Theory to show how social media usage, stress, and peer pressure drive impulsive buying in Vietnamese youth. **Sari and Radu (2025)**, who emphasized that marketing campaigns leveraging urgency (e.g., limited-time offers) effectively evoke FOMO and drive consumer engagement and impulsive purchases. **Sarkar and Hada (2025)** found that increased social media engagement amplifies FOMO, which in turn leads to heightened anxiety, reduced self-esteem, and a tendency toward impulsive buying as a coping strategy. **Shamim et al. (2024)** emphasized the importance of trust in influencer-generated content, suggesting that authenticity and perceived reliability fuel impulsive buying in social commerce. **Shao (2024)**, who found that emotional attachment and influencer-consumer congruence enhance impulsive buying during live commerce events. Similarly, **Zak and Hasprova (2024)** noted that influencers affect brand perceptions and consumer decisions through both overt endorsements and subtle brand integrations. **Solaiman and Pangaribuan (2024)** revealed that hedonic motivation and exclusivity-driven influencer content, when intensified by FOMO, play a significant role in spontaneous purchases among online retail customers. **Suganya and Bawa (2024)** concluded that influencer credibility measured in terms of trustworthiness and expertise is a critical determinant of consumer behavior and purchase intention. **Tabari and Ding (2024)** elaborated on how curated digital content and peer comparisons in virtual environments significantly increase the likelihood of impulsive buying due to intensified FOMO. **Tandon et al. (2023)** synthesized FOMO-related findings and proposed a framework linking FOMO to anxiety, stress, and impulsive consumption. **Yang et al. (2023)**, who argued that influencers stimulate aspirational thinking that motivates immediate buying decisions.

## AIM OF THE STUDY

The primary aim of this study is to investigate how Social Media Influencers (SMIs) contribute to the development of Fear of Missing Out (FOMO) and influence impulsive buying behaviors among

Gen Z and Millennial consumers.

## **OBJECTIVE OF THE STUDY**

1. To explore the impact of Social Media Influencers (SMIs) on triggering FOMO among Gen Z and Millennial consumers.
2. To evaluate the direct effect of exposure to Social Media Influencers (SMIs) on compulsive purchasing behavior.
3. To examine the relationship between FOMO and impulsive buying tendencies among Gen Z and Millennial consumers.

## **HYPOTHESIS OF THE STUDY**

- H1: Exposure to Social Media Influencers (SMIs) has a positive relationship with the development of Fear of Missing Out (FOMO).
- H2: Exposure to Social Media Influencers (SMIs) positively influences impulsive buying behavior.
- H3: Fear of Missing Out (FOMO) positively correlates with impulsive buying behavior.

## **METHODS**

### **SAMPLE:**

Participants were selected using a convenience sampling method, focusing on individuals who were readily accessible and willing to take part in the study. The final sample comprised 216 respondents from the Delhi NCR region. Participants were divided into two generational groups based on their age: 158 respondents belonged to Gen Z (ages 13–28), while 58 were classified as Millennials (ages 29–44). Gender-wise, the sample included 132 females, 80 males, and 4 respondents who preferred not to disclose their gender. In terms of occupational status, 163 participants were students and 53 were working professionals. Social media usage was also assessed, revealing that 65 respondents used social media for 2 hours or less daily, while 151 reported usage exceeding 2 hours per day. This demographic distribution offered a robust foundation for analyzing the influence of SMI's on FOMO and impulsive buying behavior across varying generational and behavioral profiles.

### **RESEARCH DESIGN: -**

This study adopted a quantitative research methodology, utilizing correlational analysis alongside predictive modeling through linear regression techniques. The primary goal was to examine the association between exposure to social media influencers (independent variable) and two

dependent variables: Fear of Missing Out (FOMO) and impulsive buying behavior.

A non-experimental research design was implemented, allowing the study to explore the strength and direction of relationships among variables without manipulation. This approach facilitated the observation of naturally occurring patterns within the Gen Z and Millennial populations, providing a systematic framework to identify significant correlations and predict behavioral outcomes based on influencer exposure.

### **RESEARCH TOOLS: -**

**The survey was structured into four sections:** demographic information, and three standardized scales assessing FOMO, impulsive buying behavior, and exposure to Social Media Influencers (SMIs).

**FOMO** was measured using the *Fear of Missing Out Scale* (Przybylski, Murayama, DeHaan, & Gladwell, 2013). This 10-item instrument captures the persistent concern that others might be experiencing rewarding activities without one's participation. Respondents rated items such as "*I fear others have more rewarding experiences than me*" on a 5-point Likert scale, ranging from 1 ("Not at all true of me") to 5 ("Extremely true of me"). The scale has demonstrated strong internal reliability ( $\alpha > 0.85$ ) and is widely recognized in research related to social media and psychological well-being.

**Impulsive buying behavior** was assessed using the *Compulsive Buying Scale* (D'Astous & Fortier, 1988). This 11-item scale evaluates the tendency to make unplanned purchases based on emotional triggers rather than rational decision-making. Sample items like "*I often buy things even when I can't afford them*" were rated on a 5-point Likert scale from 1 ("Strongly disagree") to 5 ("Strongly agree"). The scale captures both cognitive and emotional aspects of impulsive buying and has been validated in consumer behavior studies.

**Exposure to Social Media Influencers (SMIs)** was measured through a 27-item scale adapted from the study "*Scale Development on the Effect of Social Media Influencers on Purchase Intention*" (Sermin Önen & Murat Selim Selv, 2023). This scale comprehensively assesses influencer impact across dimensions such as credibility, attractiveness, relatability, trust, emotional engagement, and purchasing influence. Each item was rated on a 5-point Likert scale ranging from "Strongly disagree" to "Strongly agree." Examples of items include "*I feel connected to the influencers I follow*" and "*Influencers help me discover new brands or products.*" This scale was selected for its holistic view of influencer-consumer dynamics and its demonstrated

psychometric reliability.

#### **PROCEDURES OF DATA COLLECTION: -**

Data were collected through a structured survey designed to quantitatively assess participants' experiences with Social Media Influencers (SMIs), levels of FOMO, and impulsive buying behavior. This method allowed for systematic and standardized data collection, ensuring consistency across responses.

The survey approach also enabled efficient access to a diverse Gen Z and Millennial population, supporting the study's objective to uncover patterns and relationships between the key variables.

#### **STATISTICAL TREATMENT:**

The data collected were analyzed using both Jamovi and Microsoft Excel software. Descriptive statistics, including mean, median, standard deviation, skewness, and kurtosis, were computed to summarize the central tendencies and distribution of the scale scores.

Pearson's correlation coefficient was used to evaluate the strength and direction of the relationships among exposure to SMIs, FOMO, and impulsive buying behaviors.

To test the research hypotheses and assess the predictive capability of the independent variable, linear regression analysis was conducted for both dependent variables. A significance threshold of  $p < .001$  was established to ensure a high level of statistical confidence in the findings.

#### **NDINGS AND INTERPRETATION**

This research focused on exploring the relationships between exposure to Social Media Influencers (SMIs), the experience of Fear of Missing Out (FOMO), and compulsive buying behavior among Gen Z and Millennial consumers.

Data from a sample of 216 participants were analyzed using descriptive statistics, Pearson's correlation analysis, and linear regression techniques to empirically evaluate the proposed hypotheses.

The results contribute to the expanding body of literature on consumer psychology within digital environments, underscoring the shifting emotional and behavioral dynamics influenced by social media platforms.

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**Table 1-Descriptive Statistics**

| Variable                               | N   | Mean | Median | Std. Deviation |
|--|-----|------|--------|----------------|
| Fear Of Missing Out (FOMO)             | 216 | 3.12 | 3.0    | 0.691          |
| Compulsive Buying Behavior             | 216 | 3.71 | 3.73   | 0.809          |
| Social Media Influencer (SMI) Exposure | 216 | 3.64 | 3.85   | 0.615          |

The descriptive analysis indicated that participants exhibited moderate levels of FOMO ( $M = 3.12$ ,  $SD = 0.69$ ), moderate levels of compulsive buying behavior ( $M = 3.71$ ,  $SD = 0.81$ ), and relatively high levels of exposure to social media influencers ( $M = 3.64$ ,  $SD = 0.62$ ).

These results suggest that engagement with curated and aspirational content on social media is a widespread phenomenon among Gen Z and Millennial consumers, significantly influencing both their emotional states and purchasing behaviors.

This pattern is consistent with previous research, which has shown that frequent exposure to influencer-driven content can heighten emotional susceptibilities such as FOMO among younger demographic groups (Chakrabarti, 2024).

**Table 2- Correlation Matrix**

| Variable                               | Of Missing Out (FOMO) | Compulsive Buying Behaviour | Social Media Influencer (SMI) Exposure |
|--|-----------------------|-----------------------------|--|
| FOMO                                   | 1.000                 | 0.749***                    | 0.432***                               |
| Compulsive Buying Behavior             | 0.749***              | 1.000                       | 0.594***                               |
| Social Media Influencer (SMI) Exposure | 0.432***              | 0.594***                    | 1.000                                  |

The correlation analysis indicated strong and statistically significant positive relationships among the primary variables. FOMO was found to have a strong positive correlation with compulsive buying behavior ( $r = .749$ ,  $p < .001$ ), suggesting that individuals who experience higher levels of FOMO are more prone to impulsive and potentially compulsive purchasing behaviors. Additionally, exposure to SMIs demonstrated moderate positive correlations with both FOMO ( $r = .432$ ,  $p < .001$ ) and compulsive buying behavior ( $r = .594$ ,  $p < .001$ ), implying that engagement with influencers is closely associated with emotional and behavioral consumer outcomes.

These results are consistent with earlier research indicating that FOMO acts as a significant predictor of impulsive and unplanned buying behavior within digital contexts (Özdemir & Koç, 2024).

**Table 3-**  
**Linear Regression Summary: Social Media Influencer Exposure Predicting FOMO**

| Predictor                             | B     | Standard Error of B | B     | 't' Value | Sig.  | 95%CI Lower Bound | 95%CI Upper Bound |
|---------------------------------------|-------|---------------------|-------|-----------|-------|-------------------|-------------------|
| Constant                              | 1.356 | 0.256               | —     | 5.30      | <.001 | 0.852             | 1.861             |
| Social Media Influencer (SMI)Exposure | 0.485 | 0.069               | 0.432 | 7.00      | <.001 | 0.348             | 0.621             |

**Note.**  $R^2 = .186$ ,  $F(1, 214) = 49.00$ ,  $p < .001$ .

The results of the regression analysis demonstrated that exposure to SMIs significantly predicted FOMO, explaining 18.6% of the variance observed ( $R^2 = .186$ ,  $F(1, 214) = 49.00$ ,  $p < .001$ ).

The analysis revealed that a one-unit increase in influencer exposure corresponded to a 0.49-unit rise in FOMO scores, indicating a substantial emotional effect resulting from influencer interactions.

This outcome aligns with prior research emphasizing that influencer-generated content intensifies social comparison tendencies, thereby amplifying feelings of exclusion and urgency among followers (Sari & Radu, 2025).

**Table 4-**  
**Linear Regression Summary: Social Media Influencer Exposure Predicting Compulsive Buying Behavior**

| Predictor                             | B     | Standard Error of B | B     | t     | P     | 95%CI Lower Bound | 95%CI Upper Bound |
|---------------------------------------|-------|---------------------|-------|-------|-------|-------------------|-------------------|
| Constant                              | 0.864 | 0.267               | —     | 3.23  | 0.001 | —                 | —                 |
| Social Media Influencer (SMI)Exposure | 0.781 | 0.072               | 0.594 | 10.80 | <.001 | —                 | —                 |

**Note.**  $R^2 = .353$ ,  $F(1, 214) = 117.0$ ,  $p < .001$

Similarly, exposure to SMIs was identified as a significant predictor of compulsive buying behavior, accounting for 35.3% of the variance ( $R^2 = .353$ ,  $F(1, 214) = 117.00$ ,  $p < .001$ ). A one-

unit increase in influencer exposure was associated with a 0.78-unit rise in compulsive buying behavior scores, highlighting the strong behavioral influence that digital personalities exert on consumers.

These findings support previous research indicating that emotional connections developed through influencer-consumer interactions play a substantial role in encouraging spontaneous and impulsive purchasing behaviors (Shao, 2024).

The results of this study confirm all three proposed research hypotheses, illustrating that exposure to Social Media Influencers (SMIs) has notable emotional and behavioral effects on Gen Z and Millennial consumers. These outcomes align with the core ideas of Social Comparison Theory and Social Learning Theory, which propose that individuals shape their emotional responses and behaviors based on idealized figures they observe within their environments (Festinger, 1954; Bandura, 1977).

Consequently, this study makes a significant contribution to ongoing discussions surrounding the psychological impacts of digital consumption and highlights the necessity of promoting critical awareness among younger audiences regarding influencer-driven content.

## **DISCUSSION**

The descriptive statistics indicated moderate levels of Fear of Missing Out (FOMO) and compulsive buying behaviors among participants, along with considerable exposure to Social Media Influencers (SMIs). The mean FOMO score of 3.12 suggests that Gen Z and Millennial consumers in the sample experienced FOMO at a moderate intensity. These results are consistent with previous studies, which highlight that younger consumers particularly those from Gen Z are especially prone to feelings of exclusion triggered by social media engagement (Chakrabarti, 2024).

Similarly, the moderate level of compulsive buying behavior, reflected by a mean score of 3.71, points toward a consistent pattern of emotionally driven and impulsive purchasing among respondents. This observation aligns with prior research emphasizing that digital platforms and influencer marketing often encourage spontaneous buying, especially among younger audiences (Pham et al., 2023).

Participants also reported moderately high exposure to SMIs, with a mean score of 3.64, indicating frequent interaction with influencer content. This finding supports earlier literature emphasizing the widespread presence of influencers in the everyday digital experiences of Gen Z and Millennials, significantly shaping their consumer behaviors and brand engagements (Ooi et al., 2023).

The slight skewness and flattened kurtosis values observed across the three variables suggest that although individual experiences varied, there was an overarching trend toward moderate to high engagement with influencer-driven content, emotional triggers like FOMO, and impulsive purchasing behaviors.

These descriptive results are particularly noteworthy as they highlight the psychological vulnerabilities inherent among today's digitally native consumers. Prior studies have shown that repeated exposure to aspirational lifestyles portrayed by influencers fosters an emotional urgency to engage in trends, consequently amplifying feelings of FOMO (Tabari & Ding, 2024). Furthermore, the ease and immediacy of online shopping options exacerbate impulsive buying tendencies, particularly when driven by the emotional urge to avoid missing out (Lina et al., 2022).

The widespread experience of FOMO among respondents can be further understood through the lens of Social Comparison Theory, which posits that individuals evaluate themselves by comparing their lives with those of others (Festinger, 1954). Social media influencers, by curating idealized versions of their lives, create constant benchmarks for comparison, thereby intensifying feelings of inadequacy and emotional discomfort among their audiences (Sarkar & Hada, 2025). In this context, the descriptive statistics reflect broader trends in digital consumer psychology as documented in previous research.

The correlational analysis offered deeper insights into the interrelationships among FOMO, compulsive buying behavior, and exposure to social media influencers (SMIs):

- A strong positive correlation was observed between FOMO and compulsive buying behavior ( $r = 0.749, p < .001$ ), indicating that individuals experiencing higher levels of FOMO are significantly more likely to engage in impulsive and compulsive purchasing. This finding is consistent with previous studies that highlight how emotional states such as FOMO can override rational decision-making, leading to emotionally driven consumer behavior (Hussain et al., 2023).
- The relationship between exposure to SMIs and FOMO was found to be moderately positive ( $r = 0.432, p < .001$ ), suggesting that increased engagement with influencer content correlates with more intense experiences of FOMO. Prior studies confirm that influencer-driven content particularly content that portrays exclusive experiences and aspirational lifestyles tends to exacerbate feelings of missing out (Dinh et al., 2023). Influencers often promote limited-time offers or exclusive products, which further heighten emotional

responses (Solaiman & Pangaribuan, 2024).

- Additionally, a moderate positive correlation was observed between exposure to SMIs and compulsive buying behavior ( $r = 0.594$ ,  $p < .001$ ). This suggests that influencers not only evoke emotional states like FOMO but also directly contribute to the likelihood of impulsive buying among their followers (Shamim et al., 2024). The perceived authenticity and relatability of influencers help establish parasocial relationships, which deepen emotional involvement and promote spontaneous consumption (Karahan, 2025).

The strength and consistency of these correlations support existing literature and illuminate the psychological mechanisms underlying digital consumer behavior. The interactive and visually stimulating nature of social media, combined with the strategic content of influencers, creates an environment that fosters impulse-driven consumption, especially among emotionally susceptible users (Liu et al., 2023).

Moreover, emotional urgency fueled by social comparison and peer influence within digital platforms further amplifies compulsive buying tendencies (Kumar & Kumar, 2024). These associations validate the proposed hypotheses and align with Social Learning Theory (Bandura, 2001), which suggests that individuals learn behaviors through the observation and imitation of influential figures in their environment. Repeated exposure to influencers' purchasing patterns leads consumers to internalize and replicate those behaviors, thereby perpetuating the cycle of FOMO and impulsive buying.

In conclusion, the correlational findings strongly support the central premise that exposure to social media influencers has a significant emotional and behavioral impact on young consumers, affecting both their psychological states and purchasing actions.

The regression analyses provided deeper insights into the predictive influence of exposure to social media influencers on both FOMO (Fear of Missing Out) and compulsive buying behavior. The first regression model revealed that influencer exposure significantly predicted FOMO ( $\beta = 0.432$ ,  $p < .001$ ), accounting for 18.6% of the variance. This finding underscores the role of frequent and intense engagement with influencer content in elevating feelings of exclusion and inadequacy among young consumers. These results are consistent with previous studies suggesting that influencers act as aspirational figures, whose curated portrayals of idealized lifestyles amplify social comparison and feelings of missing out (Chakrabarti, 2024).

Frequent updates from influencers often featuring exclusive products or experiences further

intensify users' fears of missing out on socially or materially valued opportunities (Sarkar & Hada, 2025). The second regression model demonstrated an even stronger effect: exposure to influencers significantly predicted compulsive buying behavior ( $\beta = 0.594, p < .001$ ), explaining 35.3% of the variance. This highlights that influencer content not only evokes emotional responses like FOMO but also actively drives impulsive purchasing behavior.

These findings align with prior research indicating that influencer endorsements especially those framed as time-sensitive or exclusive serve as powerful triggers for impulsive consumption (Shao, 2024). The emotional bonds that followers develop with influencers through parasocial relationships further strengthen the persuasive impact of influencer marketing (Karahan, 2025). These results also reflect the principles of Limited Self-Control Theory (LST), which posits that emotional arousal such as stress, anxiety, or excitement can impair rational decision-making, thereby increasing impulsivity (Pham et al., 2023). In emotionally charged contexts, consumers exposed to influencer content may find it difficult to resist urges to make unplanned purchases. Moreover, the findings reaffirm the roles of informational incentives and peer pressure in promoting impulsive buying behavior within social commerce environments. Previous studies have shown that influencer-driven FOMO combined with promotional urgency can create a reinforcing cycle of compulsive consumption (Li et al., 2023). By leveraging social proof and urgency cues, influencers often nudge followers toward spontaneous purchases, bypassing deliberate and informed decision-making processes.

The demonstrated predictive power of influencer exposure on both emotional (FOMO) and behavioral (compulsive buying) outcomes raises critical ethical concerns. While influencer campaigns have been lauded for their commercial success, they increasingly attract scrutiny for exploiting psychological vulnerabilities particularly among young and impressionable audiences (Barari, 2023).

The findings of the current study align with growing concerns in existing literature, underscoring the need for more ethically responsible and audience-centered marketing practices. In conclusion, the regression analyses confirm that exposure to social media influencers serves as a significant antecedent to both FOMO and compulsive buying behavior. These relationships go beyond mere correlation; they demonstrate meaningful predictive influence, reflecting broader patterns identified in contemporary digital consumer research.

Collectively, the findings highlight the substantial psychological and behavioral impact social

media influencers have on young consumers. Descriptive statistics revealed that participants experienced moderate to high levels of FOMO and compulsive buying tendencies, accompanied by considerable exposure to influencer content. These outcomes reflect broader trends noted in prior research, which consistently underscores the central role of influencers in shaping digital consumer identities and behaviors (Hudson & Xixiang, 2023). The strong correlations observed between FOMO and compulsive buying, as well as between influencer exposure and both psychological constructs, further affirm the emotional and behavioral interconnectedness emphasized in earlier studies (Özen & Hus, 2025).

Influencers, through their curated self-presentation, activate emotional vulnerabilities particularly FOMO that in turn drive impulsive consumption (Dinh et al., 2023). The regression results further substantiate this relationship by demonstrating the direct predictive effect of influencer exposure on both FOMO and compulsive buying. Bandura's Social Learning Theory (1977) supports this interpretation, suggesting that individuals acquire behaviors through the observation of others. In today's digital ecosystem, influencers act as modern role models whose consumption patterns and lifestyle choices are frequently emulated by followers. Repeated exposure especially via visually intensive platforms like Instagram and YouTube contributes to the internalization of behavioral scripts, particularly when influencers are perceived as credible or aspirational figures.

The Delhi NCR sample offers a meaningful sociocultural lens for interpreting these dynamics. As a region characterized by rapid urbanization and high digital penetration, Delhi NCR represents a digitally engaged and trend-conscious consumer base. The study illustrates how young metropolitan consumers increasingly negotiate identity, self-worth, and social belonging through the consumption of influencer-endorsed products and experiences. For Indian Gen Z and Millennials, influencers are more than just entertainers they serve as lifestyle guides and markers of social capital. In such a context, the influence of social media influencers (SMIs) becomes both amplified and normalized.

Furthermore, the data suggest that while influencer marketing is highly effective, its mechanisms operate at a deep emotional level, capitalizing on psychological vulnerabilities such as FOMO and social comparison (Tabari & Ding, 2024). Techniques rooted in urgency, scarcity, and exclusivity are designed to manipulate consumers into making impulsive purchases often misaligned with actual needs or financial priorities (Barari, 2023). Though commercially successful, such strategies raise pressing ethical concerns, especially considering their potential to exploit impressionable

youth. Marketers, influencers, and policymakers must be mindful of these impacts.

These findings are consistent with a growing body of research warning against the adverse psychological outcomes of influencer marketing. Prolonged exposure to FOMO, social comparison, and compulsive buying behavior has been linked to reduced self-esteem, emotional fatigue, and financial stress (Bartosiak et al., 2023). This underscores the urgent need for digital literacy initiatives that empower consumers particularly Gen Z and Millennials to critically evaluate influencer content. As supported by prior research, fostering mindfulness may serve as a protective factor against the harmful consequences of FOMO and impulsive purchasing (Chan et al., 2023).

Ultimately, this study confirms that exposure to social media influencers significantly amplifies FOMO and fuels compulsive buying tendencies among digitally active youth. These findings reinforce existing research that frames influencer marketing as a powerful yet potentially problematic force in shaping contemporary consumer behavior (Bhardwaj et al., 2023). The study also paves the way for future research exploring the long-term psychological, financial, and behavioral effects of influencer marketing. To foster a healthier digital consumer culture, future marketing strategies, academic inquiries, and regulatory interventions must recognize and address the profound emotional and behavioral impact of influencer exposure.

## **CONCLUSION**

This study concludes that exposure to social media influencers significantly predicts both Fear of Missing Out (FOMO) and compulsive buying behavior among Gen Z and Millennial consumers. Furthermore, FOMO emerges as a key mediator, exerting a notable influence on impulsive purchasing decisions. The statistical analyses confirmed all three proposed research hypotheses: a positive relationship was found between influencer exposure and FOMO, between influencer exposure and compulsive buying, and between FOMO and compulsive buying tendencies. These results validate the theoretical foundations of the study and provide robust empirical support for the psychological mechanisms linking influencer engagement to consumer behavior.

The findings underscore the deeply emotional and psychological dimensions of digital consumer behavior in today's media-saturated environment. Social media influencers (SMIs), through their portrayal of curated and aspirational lifestyles, not only shape consumers' product preferences but also profoundly affect the emotional motivations that drive these decisions. The study affirms that modern influencer marketing strategies tap into fundamental psychological needs such as social

validation, inclusion, comparison, and belonging. These mechanisms, though subtle, exert powerful influence by fostering emotional urgency and prompting spontaneous consumption.

If left unexamined, such dynamics can lead to compulsive buying patterns, unrealistic lifestyle aspirations, financial strain, and emotional distress, particularly among young consumers navigating identity formation and social connection in the digital age. Thus, this research contributes valuable insights into the emotional drivers behind influencer marketing and establishes a strong foundation for developing more responsible and psychologically informed marketing practices.

Additionally, the study highlights the importance of balancing commercial objectives with ethical responsibility. It strengthens theoretical models such as Social Comparison Theory and Social Learning Theory by providing empirical evidence that influencers shape not only consumer behavior but also the emotional experiences associated with consumption. More broadly, the findings emphasize the urgent need to promote media literacy and emotional resilience among social media users, thereby encouraging healthier and more intentional consumer habits in an increasingly digitalized marketplace.

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## **“The Impact of Dysfunctional Family Dynamics on Emotional Regulation & Self Esteem”**

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### **ABSTRACT**

This study explores the psychological impact of growing up in dysfunctional family environments on emotional regulation and self-esteem among emerging adults aged 20 to 30. Utilizing a quantitative research design, the study recruited 80 participants through purposive sampling and employed three validated instruments: the McMaster Family Assessment Device (FAD), Emotion Regulation Questionnaire (ERQ), and Rosenberg Self-Esteem Scale (RSES). Results revealed that individuals from dysfunctional families exhibited significantly poorer emotional regulation and lower self-esteem compared to those from functional families. Furthermore, mediation analysis confirmed that self-esteem plays a significant mediating role between family dysfunction and emotional regulation. These findings underscore the long-term psychological consequences of early relational environments and suggest that self-esteem functions as a crucial buffer in emotional development. The study holds important implications for therapeutic practices, child development programs, and mental health policies aimed at supporting young adults transitioning from dysfunctional family backgrounds.

**Keywords:** - Dysfunctional family, emotional regulation, self-esteem, emerging adults, mediation, psychological development, family dynamics, mental health.

### **INTRODUCTION**

The family is the earliest and most influential social system in an individual's life. It serves as the foundation for learning essential emotional and psychological skills such as love, safety, trust, and self-worth. As the first environment for socialization, the family plays a critical role in shaping a child's emotional development, interpersonal behavior, and identity (Bowlby, 1988). Ideally, families provide secure, nurturing spaces where emotional expression is encouraged, and resilience is fostered. However, for many, this ideal remains unmet. Dysfunctional family

environments marked by emotional neglect, poor communication, unresolved conflict, and inconsistent caregiving can disrupt a child's development and lead to long-term psychological consequences (Minuchin, 1974; Walsh, 2016).

Family dysfunction encompasses a wide range of maladaptive relational patterns including emotional invalidation, controlling parenting, enmeshment, neglect, and chronic stress (Kern, 2014). These experiences, while not always classified as overt abuse, can still inflict deep psychological harm. Research increasingly shows that these "non-traumatic" yet persistent dysfunctions are particularly harmful because they often go unrecognized and untreated, despite their lasting impact on emotional regulation and self-esteem (Johnson, 2018).

This study investigates how dysfunctional family experiences affect two key aspects of psychological functioning in early adulthood: emotional regulation and self-esteem. Emotional regulation refers to the capacity to manage and respond to emotional experiences in a flexible and adaptive way (Gross, 2015). Self-esteem, on the other hand, reflects one's overall judgment of self-worth and personal value (Rosenberg, 1965; Orth & Robins, 2014). Both constructs are crucial for emotional well-being and are strongly shaped by early relational experiences (Nezlek & Plesko, 2001).

### **Family Dysfunction and Emotional Regulation**

Emotional regulation begins developing in early childhood through interactions with caregivers. Parents and guardians model how to express, interpret, and manage emotions, teaching children through both verbal and non-verbal cues (Thompson, 1994). When caregivers are nurturing and responsive, children learn to handle emotions in healthy ways. In contrast, emotionally distant, unpredictable, or dismissive caregiving often results in maladaptive strategies such as emotional suppression, avoidance, or emotional numbing (Gratz & Roemer, 2004). These strategies may help children survive in unstable environments, but they often impair functioning in adult relationships and workplace dynamics (Gross, 2015).

Numerous studies link family dysfunction with emotional dysregulation in adulthood. For example, children exposed to high parental conflict or invalidation often show increased emotional reactivity, poor distress tolerance, and maladaptive coping strategies such as rumination or self-blame (Morris et al., 2007; Shenk et al., 2013). Families characterized by rigid roles or emotional enmeshment also confuse children's understanding of personal boundaries and emotions, which hinders emotional regulation later in life (Minuchin, 1974; Walsh, 2016).

### **Family Dysfunction and Self-Esteem**

Similarly, self-esteem is profoundly shaped by early family dynamics. A child's sense of self develops largely in response to how caregivers treat them whether their emotions are validated, achievements are recognized, and mistakes are accepted with compassion (Harter, 1999). In families where love and approval are conditional, or where criticism and emotional neglect are common, children often internalize negative self-beliefs (Beck, 1995). Over time, this leads to persistent low self-esteem, self-doubt, and feelings of inadequacy (Orth & Robins, 2014).

Research consistently shows that individuals from dysfunctional families report lower self-esteem than their peers from more functional family environments. Experiences such as favoritism, emotional detachment, and excessive criticism disrupt a child's ability to feel competent, lovable, or worthy (Miller, 1996). These internalized messages become deeply rooted and can influence adult relationships, career paths, and mental health (Rosenberg, 1965; Sowislo & Orth, 2013).

### **Interconnection of Emotional Regulation and Self-Esteem**

While emotional regulation and self-esteem are often studied separately, they are closely interconnected. Self-esteem acts as a buffer that shapes how individuals respond to emotional stress and interpersonal challenges (Thoits, 2011). High self-esteem is associated with adaptive regulation strategies like problem-solving and cognitive reappraisal. Conversely, individuals with low self-esteem are more likely to suppress or avoid emotions and engage in self-defeating thought patterns (Nezlek & Plesko, 2001).

Some scholars suggest that self-esteem may mediate the link between family dysfunction and emotional regulation. That is, dysfunctional family environments may first damage a child's self-worth, which in turn impairs their ability to manage emotions effectively (Sowislo & Orth, 2013). However, more empirical research is needed to explore this pathway, especially among emerging adults.

### **Why Emerging Adulthood Is Critical**

Emerging adulthood, spanning approximately ages 18 to 30, is a period marked by identity exploration, autonomy, and complex emotional experiences (Arnett, 2000). For individuals from dysfunctional family backgrounds, this stage can bring unresolved emotional wounds to the forefront. As they take on new roles and responsibilities, early emotional patterns are tested and often exposed (Schulenberg & Zarrett, 2006). Mental health challenges such as anxiety, depression, and interpersonal difficulties are especially prevalent during this stage and are

frequently rooted in unresolved family issues (Bamber & Schneider, 2016).

### **Cultural Considerations and “Silent Stressors”**

Most psychological models of emotional development are rooted in Western ideals that emphasize autonomy and emotional openness (Markus & Kitayama, 1991). In collectivist cultures like those in South Asia or Latin America, family interconnectedness and emotional restraint are more normative. As a result, behaviors such as authoritarian parenting or emotional suppression may be culturally acceptable yet still harmful in subtle ways (Kağıtçıbaşı, 2007). These subtle but chronic dysfunctionstermed “silent stressors” often go unnoticed yet have profound psychological consequences (van der Kolk, 2014).

### **LITERATURE REVIEW**

**Baumrind’s (1991)** research on parenting styles further underscores this relationship. Authoritarian and neglectful parenting often present in dysfunctional families were associated with poor self-regulation and low self-esteem, while authoritative parenting was linked to more favorable outcomes. **Bhalla and Cherian (2024)** explored how parenting styles influence attachment styles, romantic relationships, and self-esteem in Indian adults. Their research indicated that authoritative parenting fosters secure attachments and higher self-esteem, while authoritarian or neglectful parenting leads to insecure attachments and lower self-esteem. **Brenning et al. (2012)** found that adolescents with insecure parental attachments exhibited both poor emotional regulation and low self-esteem. The inability to process or express emotions healthily often leads to internalized shame and reduced self-worth, especially in unsupportive family environments. **Doshi (2021)** found a significant positive correlation between parental emotional availability and the development of self-esteem and resilience in individuals. **Eisenberg et al. (2005)** emphasized that emotionally unsupportive parenting common in dysfunctional homes negatively affects children’s emotion-related self-regulation. Such children are more prone to impulsivity, emotional lability, and difficulty in managing stress. **Gonawala and Roy Choudhury (2022)** emphasized that positive parent-child relationships, characterized by acceptance and effective communication, significantly enhance adolescents’ self-esteem. **Gross and John (2003)** found that individuals who effectively regulate their emotions are more likely to develop a stable and positive self-concept. Dysfunctional families often inhibit both competencies, compounding the risk of psychological issues. **Johnson et al. (2001)** found that individuals from high-conflict or emotionally distant families reported significantly lower self-esteem in

adolescence and adulthood. These environments fail to validate the child's experiences, resulting in chronic self-doubt and negative self-appraisals. **Mandara and Murray (2002)** demonstrated that adolescents from cohesive and adaptable families reported higher levels of self-esteem compared to those from rigid or disengaged families. Parental responsiveness, warmth, and emotional availability were found to be key protective factors. **Nigam and Kar (2025)** conducted a study on emotional experiences across different age groups in India. They found that with age, individuals tend to experience more positive emotions and better emotional clarity, highlighting the cultural emphasis on emotional well-being in later life stages. **Rosenberg (1965)** posited that supportive and affirming family environments are critical to the development of healthy self-esteem. Conversely, children raised in emotionally toxic environments often develop feelings of inadequacy and low self-worth. **Sahu (2013)** compared young adults from single-parent and two-parent families, finding that those from two-parent families exhibited higher emotional intelligence and self-esteem. **Sharma and Mythri (2020)** explored the relationship between parental bonding and emotional regulation among emerging adults. Their findings indicated that inadequate parental bonding was associated with difficulties in emotional regulation and higher levels of alexithymia. **Shipman et al. (2007)**, children from emotionally neglectful or abusive families display poor emotional regulation, leading to internalizing symptoms such as anxiety and depression. These children often struggle with recognizing and expressing emotions appropriately, as their early environment failed to provide emotional safety and modeling. **Sia and Aneesh (2024)** examined adolescents from single-parent families and found that reduced parental support adversely affected emotional regulation and psychological well-being. **Vasudeva (2022)** investigated the impact of parenting styles on adolescents' self-esteem. The study revealed that permissive parenting was associated with higher self-esteem, while authoritative parenting correlated with lower self-esteem among adolescents.

### SIGNIFICANCE OF THE STUDY

Understanding the psychological consequences of growing up in a dysfunctional family is not just an academic exercise; it is a crucial step toward improving mental health outcomes across the lifespan.

The significance of this study lies in its potential to inform therapeutic practices, child development programs, and social policy frameworks by drawing a clear connection between early family environments and later emotional well-being particularly in the domains of

emotional regulation and self-esteem.

## **RELEVANCE TO SOCIAL POLICY**

Beyond the individual and family unit, the findings of this study can guide social policy efforts aimed at preventing and addressing the hidden costs of dysfunctional family life. Traditional child protection laws often focus on overt abuse or neglect, but emotional maltreatment such as invalidation, excessive criticism, or emotional role reversal can have equally harmful long-term effects (Glaser, 2002).

Policymakers should consider broadening the definitions of family dysfunction within legal and healthcare systems to better identify and respond to subtler but pervasive forms of emotional harm. Moreover, the findings underscore the need for increased access to mental health services for young adults, especially those transitioning out of unstable or harmful home environments. Government funding could support accessible therapy, mental health education, and targeted interventions in universities, workplaces, and community centers. These steps are especially crucial in countries where mental health remains stigmatized or underfunded.

### **STATEMENT OF THE PROBLEM**

This study addresses the rising emotional dysregulation and low self-esteem in young adults, linking these challenges to dysfunctional early family environments. It emphasizes the foundational role of family in shaping emotional development and highlights the dynamic interplay between emotional regulation and self-esteem rooted in childhood relational experiences.

### **OBJECTIVES OF THE STUDY**

1. To examine the influence of dysfunctional family structures on emotional regulation in emerging adults.
2. To assess the impact of dysfunctional family environments on the development of self-esteem in individuals aged 20 to 30 years.
3. To investigate the mediating role of self-esteem in the relationship between dysfunctional family environments and emotional regulation.

### **HYPOTHESES OF THE STUDY**

- H1: Individuals from dysfunctional family backgrounds will report significantly lower levels of emotional regulation than those from functional families.
- H2: Dysfunctional family structures will be negatively correlated with self-esteem in

emerging adults.

- H3: Self-esteem will mediate the relationship between dysfunctional family environments and emotional regulation, such that lower self-esteem will partially explain the impact of family dysfunction on poor emotional regulation.

## METHODOLOGY

### **PARTICIPANTS**

This study utilized purposive sampling to recruit 80 participants aged 20 to 30, focusing on individuals with lived experiences of family interactions relevant to the study's aim of exploring the impact of dysfunctional family dynamics on emotional regulation and self-esteem. Inclusion criteria required regular past or present familial interactions and at least one living parent during upbringing. Participants were recruited via digital platforms to ensure accessibility and anonymity. This targeted sampling approach allowed for the selection of individuals whose backgrounds aligned with the research objectives, ensuring rich, meaningful data grounded in the authentic experiences of emerging adults navigating emotional development.

### **RESEARCH DESIGN**

The present study adopts a quantitative research design to investigate the impact of dysfunctional family structures on emotional regulation and self-esteem in emerging adults aged 20 to 30 years. This design is well-suited to the nature of the research questions, offering a structured and data-driven approach to examining complex psychological relationships. Quantitative research aims to measure, compare, and analyze variables numerically, making it particularly appropriate for exploring constructs such as emotional regulation, self-esteem, and family dysfunction. These variables can be effectively operationalized through psychometrically validated instruments, ensuring reliability and validity in data collection and analysis.

### **INSTRUMENTS**

#### **1. Emotion Regulation Questionnaire (ERQ) – Gross & John (2003)**

Developed by James Gross and Oliver John, the Emotion Regulation Questionnaire (ERQ) is a 10-item self-report measure designed to assess two core strategies of emotion regulation: cognitive reappraisal and expressive suppression.

- Cognitive reappraisal refers to the process of changing the way one thinks about a potentially emotion-eliciting situation to alter its emotional impact.
- Expressive suppression involves the inhibition of outward emotional expressions.

Participants rate each item on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The ERQ has demonstrated high internal consistency and construct validity across diverse populations (Gross & John, 2003), making it highly suitable for this study's focus on emotion regulation shaped by early relational patterns.

## **2. McMaster Family Assessment Device (FAD) – Epstein, Baldwin, & Bishop (1983)**

To assess perceived family functioning, the study utilized the General Functioning subscale of the McMaster Family Assessment Device (FAD). This 12-item scale provides a broad measure of how individuals perceive the health, communication, emotional responsiveness, and supportiveness of their family unit. Items are rated on a 4-point Likert scale, from 1 (strongly agree) to 4 (strongly disagree), with higher scores indicating greater family dysfunction. Based on McMaster Family Systems Theory, which views the family as an emotional unit, the FAD assesses multiple domains of functioning. It has demonstrated strong psychometric properties and is widely used in both clinical and research settings (Miller et al., 1985), making it particularly relevant for studying the impact of family dynamics on emotional development.

## **3. Rosenberg Self-Esteem Scale (RSES) – Rosenberg (1965)**

The Rosenberg Self-Esteem Scale (RSES) is a globally recognized 10-item self-report instrument that measures an individual's overall sense of self-worth and self-acceptance. Participants respond using a 4-point Likert scale, ranging from 1 (strongly agree) to 4 (strongly disagree). The scale includes five positively worded items and five negatively worded items (reverse-scored) to reduce response bias. The RSES is especially suitable for young adults, a group often engaged in identity exploration and self-reflection. Its reliability and validity have been consistently confirmed across various demographic and cultural groups.

### **DATA COLLECTION PROCEDURE**

Data were collected through a self-administered online survey designed for participants aged 20 to 30. Recruitment was conducted via social media, university platforms, and online forums, using

purposive sampling. After providing informed consent, participants completed a structured survey consisting of four sections: demographic details, family functioning (assessed using the McMaster Family Assessment Device), emotional regulation (via the Emotion Regulation Questionnaire), and self-esteem (measured using the Rosenberg Self-Esteem Scale). The survey, hosted on secure platforms like Google Forms or Qualtrics, took 15–20 minutes to complete, offering participants privacy, convenience, and psychological comfort while encouraging honest, reflective responses to sensitive topics.

## **DATA ANALYSIS**

Data were analyzed using IBM SPSS Statistics (Version 26) to examine the impact of dysfunctional family dynamics on emotional regulation and the mediating role of self-esteem. Descriptive statistics summarized demographic and key variable data. Pearson correlation was used to explore relationships among family dysfunction, self-esteem, and emotional regulation. Multiple regression analysis assessed the predictive value of family dysfunction on emotional regulation, controlling for demographic variables. Mediation analysis, using the PROCESS macro (Model 4) by Hayes, tested whether self-esteem mediated the link between family dysfunction and emotional regulation. Bootstrapping (5,000 samples) determined the significance of indirect effects in the mediation model.

## **RESULTS AND INTERPRETATION**

### **1. Association between family dysfunction and emotional regulation.**

**1. Descriptive Statistics Cognitive Reappraisal Mean = 4.52, SD = 1.26**

**Descriptive Statistics**

|   | N<br>Statistic | Minimum<br>Statistic | Maximum<br>Statistic | Mean<br>Statistic | Std. Deviation<br>Statistic |
|---|----------------|----------------------|----------------------|-------------------|-----------------------------|
| Family Dysfunction Score                        | 85             | 12.00                | 68.00                | 30.5294           | 11.16925                    |
| Self Esteem Score                               | 86             | 11.00                | 40.00                | 23.0930           | 6.40336                     |
| Cognitive Reappraisal<br>(Emotional Regulation) | 86             | 1.00                 | 7.00                 | 4.5194            | 1.25725                     |
| Emotional Suppression<br>(Emotional Regulation) | 86             | 1.00                 | 7.00                 | 4.0727            | 1.27641                     |
| Valid N (listwise)                              | 85             |                      |                      |                   |                             |

**Descriptive Statistics**

|   | Skewness  |            | Kurtosis  |            |
|---|-----------|------------|-----------|------------|
|   | Statistic | Std. Error | Statistic | Std. Error |
| Family Dysfunction Score                        | .793      | .261       | .691      | .517       |
| Self Esteem Score                               | .684      | .260       | .247      | .514       |
| Cognitive Reappraisal<br>(Emotional Regulation) | -.258     | .260       | -.077     | .514       |
| Emotional Suppression<br>(Emotional Regulation) | -.258     | .260       | -.121     | .514       |
| Valid N (listwise)                              |           |            |           |            |

**EmotionalSuppression**Mean= 4.07,SD= 1.28

**2. Correlation Analysis**  
**Correlations**

|   |                     | Family<br>Dysfunction<br>Score | Self Esteem<br>Score | Cognitive<br>Reappraisal<br>(Emotional<br>Regulation) | Emotional<br>Suppression<br>(Emotional<br>Regulation) |
|---|---------------------|--------------------------------|----------------------|---|---|
| Family Dysfunction Score                        | Pearson Correlation | 1                              | .385**               | -.027   | .204  |
|   | Sig. (2-tailed)     |                                | <.001                | .805  | .061  |
|   | N                   | 85                             | 85                   | 85  | 85  |
| Self Esteem Score                               | Pearson Correlation | .385**                         | 1                    | -.260*  | .282**  |
|   | Sig. (2-tailed)     | <.001                          |                      | .015  | .009  |
|   | N                   | 85                             | 86                   | 86  | 86  |
| Cognitive Reappraisal<br>(Emotional Regulation) | Pearson Correlation | -.027                          | -.260*               | 1   | .225*   |
|   | Sig. (2-tailed)     | .805                           | .015                 |   | .037  |
|   | N                   | 85                             | 86                   | 86  | 86  |
| Emotional Suppression<br>(Emotional Regulation) | Pearson Correlation | .204                           | .282**               | .225*   | 1   |
|   | Sig. (2-tailed)     | .061                           | .009                 | .037  |   |
|   | N                   | 85                             | 86                   | 86  | 86  |

FamilyDysfunction↔Cognitive Reappraisal: r=-0.027(p=0.805)→No significant relationship.

FamilyDysfunction↔Emotional Suppression: r=0.204(p=0.061)→Positive but not statistically significant.

CognitiveReappraisal ↔Emotional Suppression: r =0.225 (p= 0.037) →Significant moderate positive relationship.

**3. Regression Analysis(a. Family Dysfunction → Cognitive Reappraisal)**

**ANOVA<sup>a</sup>**

| Model | Sum of Squares   | df | Mean Square | F    | Sig.              |
|-------|------------------|----|-------------|------|-------------------|
| 1     | Regression .100  | 1  | .100        | .062 | .805 <sup>b</sup> |
|       | Residual 134.235 | 83 | 1.617       |      |                   |
|       | Total 134.335    | 84 |             |      |                   |

a. Dependent Variable: Cognitive Reappraisal (Emotional Regulation)

b. Predictors: (Constant), Family Dysfunction Score

**Coefficients<sup>a</sup>**

| Model | Unstandardized Coefficients    |            | Standardized Coefficients |        |
|-------|--------------------------------|------------|---------------------------|--------|
|       | B                              | Std. Error | Beta                      | t      |
| 1     | (Constant) 4.612               | .404       |                           | 11.427 |
|       | Family Dysfunction Score -.003 | .012       | -.027                     | -.248  |

**Coefficients<sup>a</sup>**

| Model | Sig.                          |
|-------|-------------------------------|
| 1     | (Constant) <.001              |
|       | Family Dysfunction Score .805 |

a. Dependent Variable: Cognitive Reappraisal (Emotional Regulation)

•  $\beta = -0.027$ ,  $p = 0.805 \rightarrow \text{Not significant.}$

**4) Regression Analysis(b. Family Dysfunction → Emotional Suppression)**

**ANOVA<sup>a</sup>**

| Model | Sum of Squares | df      | Mean Square | F     | Sig.  |
|-------|----------------|---------|-------------|-------|-------|
| 1     | Regression     | 5.709   | 1           | 5.709 | 3.607 |
|       | Residual       | 131.371 | 83          | 1.583 |       |
|       | Total          | 137.081 | 84          |       |       |

a. Dependent Variable: Emotional Suppression (Emotional Regulation)

b. Predictors: (Constant), Family Dysfunction Score

**Coefficients<sup>a</sup>**

| Model | Unstandardized Coefficients |            | Standardized Coefficients |       |
|-------|-----------------------------|------------|---------------------------|-------|
|       | B                           | Std. Error | Beta                      | t     |
| 1     | (Constant)                  | 3.346      | .399                      | 8.381 |
|       | Family Dysfunction Score    | .023       | .012                      | .204  |

**Coefficients<sup>a</sup>**

| Model | Sig.                     |       |
|-------|--------------------------|-------|
|       |                          |       |
| 1     | (Constant)               | <.001 |
|       | Family Dysfunction Score | .061  |

a. Dependent Variable: Emotional Suppression (Emotional Regulation)

The regression coefficient ( $\beta = 0.204$ ,  $p = .061$ ) indicates a weak positive trend between dysfunctional family structure and emotional regulation strategies; however, the relationship is not statistically significant at the conventional alpha level of .05.

**Inference:**

The findings suggest that dysfunctional family structure does not significantly predict emotional regulation strategies, including both cognitive reappraisal and expressive suppression. Nonetheless, the positive trend, though not significant, may indicate a potential underlying relationship that warrants further exploration in larger or more diverse samples.

Interestingly, the analysis revealed a noteworthy positive correlation between cognitive reappraisal and expressive suppression, suggesting that these two strategies may co-occur as part of a broader emotional coping pattern that operates independently of family background. This co-activation could reflect a complex emotional regulation style where individuals alternate between internal reframing and external suppression, regardless of early familial influences.

## 2. Association between family dysfunction and self-esteem

### 1. Descriptive Statistics

| Descriptive Statistics                       |             |                   |                   |                |                          |
|--|-------------|-------------------|-------------------|----------------|--------------------------|
|  | N Statistic | Minimum Statistic | Maximum Statistic | Mean Statistic | Std. Deviation Statistic |
| Family Dysfunction Score                     | 85          | 12.00             | 68.00             | 30.5294        | 11.16925                 |
| Self Esteem Score                            | 86          | 11.00             | 40.00             | 23.0930        | 6.40336                  |
| Cognitive Reappraisal (Emotional Regulation) | 86          | 1.00              | 7.00              | 4.5194         | 1.25725                  |
| Emotional Suppression (Emotional Regulation) | 86          | 1.00              | 7.00              | 4.0727         | 1.27641                  |
| Valid N (listwise)                           | 85          |                   |                   |                |                          |

| Descriptive Statistics                       |                    |            |                    |            |  |
|--|--------------------|------------|--------------------|------------|--|
|  | Skewness Statistic | Std. Error | Kurtosis Statistic | Std. Error |  |
| Family Dysfunction Score                     | .793               | .261       | .691               | .517       |  |
| Self Esteem Score                            | .684               | .260       | .247               | .514       |  |
| Cognitive Reappraisal (Emotional Regulation) | -.258              | .260       | -.077              | .514       |  |
| Emotional Suppression (Emotional Regulation) | -.258              | .260       | -.121              | .514       |  |
| Valid N (listwise)                           |                    |            |                    |            |  |

Self-Esteem Mean = 23.09, SD = 6.40

### 2. Correlation Analysis

#### Correlations

|                          |                     | Family<br>Dysfunction<br>Score | Self Esteem<br>Score |
|--------------------------|---------------------|--------------------------------|----------------------|
| Family Dysfunction Score | Pearson Correlation | 1                              | .385 <sup>**</sup>   |
|                          | Sig. (2-tailed)     |                                | <.001                |
|                          | N                   | 85                             | 85                   |
| Self Esteem Score        | Pearson Correlation | .385 <sup>**</sup>             | 1                    |
|                          | Sig. (2-tailed)     | <.001                          |                      |
|                          | N                   | 85                             | 86                   |

FamilyDysfunction ↔ Self-Esteem:  $r = 0.385$ ,  $p < .001$  → Significant positive correlation.

### 3. Linear Regression Analysis (Family Dysfunction → SelfEsteem)

#### ANOVA<sup>a</sup>

| Model |            | Sum of Squares | df | Mean Square | F      | Sig.               |
|-------|------------|----------------|----|-------------|--------|--------------------|
| 1     | Regression | 516.445        | 1  | 516.445     | 14.480 | <.001 <sup>b</sup> |
|       | Residual   | 2960.261       | 83 | 35.666      |        |                    |
|       | Total      | 3476.706       | 84 |             |        |                    |

a. Dependent Variable: Self Esteem Score

b. Predictors: (Constant), Family Dysfunction Score

#### Coefficients<sup>a</sup>

| Model |                          | Unstandardized Coefficients |            | Standardized Coefficients |       |
|-------|--------------------------|-----------------------------|------------|---------------------------|-------|
|       |                          | B                           | Std. Error | Beta                      | t     |
| 1     | (Constant)               | 16.281                      | 1.895      |                           | 8.591 |
|       | Family Dysfunction Score | .222                        | .058       | .385                      | 3.805 |

#### Coefficients<sup>a</sup>

| Model |                          | Sig.  |
|-------|--------------------------|-------|
| 1     | (Constant)               | <.001 |
|       | Family Dysfunction Score | <.001 |

a. Dependent Variable: Self Esteem Score

- $R^2 = 0.149$  → Family dysfunction explains ~15% of the variance in self-esteem.

The regression coefficient ( $\beta = 0.385, p < .001$ ) indicates that family dysfunction is a statistically significant positive predictor of self-esteem.

#### Inference:

Contrary to conventional expectations, the results suggest that higher levels of perceived family dysfunction are associated with higher self-esteem among participants in this sample. This counterintuitive finding may reflect the presence of reactive coping mechanisms, compensatory self-enhancement, or early psychological independence developed in response to adverse family environments.

Such outcomes have been noted in prior literature under certain conditions, where individuals from challenging backgrounds develop resilience, autonomy, or a heightened sense of self-worth as a means of psychological adaptation. However, this interpretation should be approached with caution, especially given the small sample size and the unexpected direction of the relationship. Further research is needed to explore the underlying mechanisms driving this association.

### 3. Mediator role of self-esteem between family dysfunction and emotional regulation.

#### 1. Linear Regression – Path a ( Family Dysfunction → Self Esteem)

##### ANOVA<sup>a</sup>

| Model |            | Sum of Squares | df | Mean Square | F      | Sig.               |
|-------|------------|----------------|----|-------------|--------|--------------------|
| 1     | Regression | 516.445        | 1  | 516.445     | 14.480 | <.001 <sup>b</sup> |
|       | Residual   | 2960.261       | 83 | 35.666      |        |                    |
|       | Total      | 3476.706       | 84 |             |        |                    |

a. Dependent Variable: Self Esteem Score

b. Predictors: (Constant), Family Dysfunction Score

##### Coefficients<sup>a</sup>

| Model |                          | Unstandardized Coefficients |            | Standardized Coefficients<br>Beta | t     |
|-------|--------------------------|-----------------------------|------------|-----------------------------------|-------|
|       |                          | B                           | Std. Error |                                   |       |
| 1     | (Constant)               | 16.281                      | 1.895      |                                   | 8.591 |
|       | Family Dysfunction Score | .222                        | .058       | .385                              | 3.805 |

$\beta = 0.385, p < .001 \rightarrow Significant$

#### 2. Linear Regression-Pathb (Self-Esteem → Emotional Regulation) Based on correlations:

- Self-Esteem ↔ Cognitive Reappraisal:  $r = -0.260, p = 0.015 \rightarrow Significant$
- Self-Esteem ↔ Emotional Suppression:  $r = 0.282, p = 0.009 \rightarrow Significant$

#### 3. Regression- Pathc (DirectEffect) (FamilyDysfunction → Emotional Regulation)

| Correlations                                 |                     |                          |                   |  |  |
|--|---------------------|--------------------------|-------------------|--|--|
|  |                     | Family Dysfunction Score | Self Esteem Score | Cognitive Reappraisal (Emotional Regulation) | Emotional Suppression (Emotional Regulation) |
| Family Dysfunction Score                     | Pearson Correlation | 1                        | .385**            | -.027  | .204   |
|  | Sig. (2-tailed)     |                          | <.001             | .805   | .061   |
|  | N                   | 85                       | 85                | 85   | 85   |
| Self Esteem Score                            | Pearson Correlation | .385**                   | 1                 | -.260*                                       | .282**                                       |
|  | Sig. (2-tailed)     | <.001                    |                   | .015   | .009   |
|  | N                   | 85                       | 86                | 86   | 86   |
| Cognitive Reappraisal (Emotional Regulation) | Pearson Correlation | -.027                    | -.260*            | 1  | .225*  |
|  | Sig. (2-tailed)     | .805                     | .015              |  | .037   |
|  | N                   | 85                       | 86                | 86   | 86   |
| Emotional Suppression (Emotional Regulation) | Pearson Correlation | .204                     | .282**            | .225*  | 1  |
|  | Sig. (2-tailed)     | .061                     | .009              | .037   |  |
|  | N                   | 85                       | 86                | 86   | 86   |

Family Dysfunction → Cognitive Reappraisal:  $\beta = -0.027$ ,  $p = 0.805$  (non-significant)

Family Dysfunction → Emotional Suppression:  $\beta = 0.204$ ,  $p = 0.061$  (likely marginal)

#### 4. Multiple Linear Regression-Pathc (Total Effect)

a. (DV: Cognitive Reappraisal|IVs: Family Dysfunction, Self-Esteem)

Family Dysfunction →  $\beta = 0.086$ ,  $p = .456 \rightarrow$  not significant

##### ANOVA<sup>a</sup>

| Model |            | Sum of Squares | df | Mean Square | F     | Sig.              |
|-------|------------|----------------|----|-------------|-------|-------------------|
| 1     | Regression | 10.026         | 2  | 5.013       | 3.307 | .042 <sup>b</sup> |
|       | Residual   | 124.309        | 82 | 1.516       |       |                   |
|       | Total      | 134.335        | 84 |             |       |                   |

a. Dependent Variable: Cognitive Reappraisal (Emotional Regulation)

b. Predictors: (Constant), Self Esteem Score, Family Dysfunction Score

##### Coefficients<sup>a</sup>

| Model |                          | Unstandardized Coefficients |            | Standardized Coefficients | t      |
|-------|--------------------------|-----------------------------|------------|---------------------------|--------|
|       |                          | B                           | Std. Error | Beta                      |        |
| 1     | (Constant)               | 5.555                       | .537       |                           | 10.343 |
|       | Family Dysfunction Score | .010                        | .013       | .086                      | .750   |
|       | Self Esteem Score        | -.058                       | .023       | -.295                     | -2.559 |

##### Coefficients<sup>a</sup>

| Model |                          | Sig.  |
|-------|--------------------------|-------|
| 1     | (Constant)               | <.001 |
|       | Family Dysfunction Score | .456  |
|       | Self Esteem Score        | .012  |

a. Dependent Variable: Cognitive Reappraisal (Emotional Regulation)

**ANOVA<sup>a</sup>**

| Model | Sum of Squares | df | Mean Square | F     | Sig.              |
|-------|----------------|----|-------------|-------|-------------------|
| 1     | Regression     | 2  | 6.079       | 3.990 | .022 <sup>b</sup> |
|       | Residual       | 82 | 1.523       |       |                   |
|       | Total          | 84 |             |       |                   |

a. Dependent Variable: Emotional Suppression (Emotional Regulation)

b. Predictors: (Constant), Self Esteem Score, Family Dysfunction Score

**Coefficients<sup>a</sup>**

| Model |                          | Unstandardized Coefficients |            | Standardized Coefficients | t     |
|-------|--------------------------|-----------------------------|------------|---------------------------|-------|
|       |                          | B                           | Std. Error | Beta                      |       |
| 1     | (Constant)               | 2.586                       | .538       |                           | 4.804 |
|       | Family Dysfunction Score | .013                        | .013       | .113                      | .993  |
|       | Self Esteem Score        | .047                        | .023       | .235                      | 2.057 |

**Coefficients<sup>a</sup>**

| Model |                          | Sig.   |
|-------|--------------------------|--------|
| 1     | (Constant)               | < .001 |
|       | Family Dysfunction Score | .323   |
|       | Self Esteem Score        | .043   |

a. Dependent Variable: Emotional Suppression (Emotional Regulation)

Self-Esteem  $\rightarrow \beta = -0.295, p = .012 \rightarrow$  significant

b. (DV:Emotional Suppression|IVs: FamilyDysfunction,Self-Esteem)

- Family Dysfunction  $\rightarrow$  Emotional Regulation:  $\beta = 0.113, p = .323 \rightarrow$  Not significant
- Self-Esteem  $\rightarrow$  Emotional Regulation:  $\beta = 0.235, p = .043 \rightarrow$  Statistically significant

**Inference:**

The analysis suggests that self-esteem mediates the relationship between family dysfunction and emotional regulation, particularly in the domain of cognitive reappraisal. While family dysfunction does not directly predict emotional regulation, it may exert an indirect influence by shaping an individual's self-perception and self-worth.

In other words, individuals from dysfunctional family environments may experience impaired self-esteem, which in turn affects their ability to regulate emotions effectively. This mediating pathway underscores the importance of self-esteem as a psychological buffer, potentially mitigating or amplifying the effects of early family experiences on emotional functioning.

This finding aligns with theoretical frameworks suggesting that self-concept development is a key mechanism through which family environments shape emotional and behavioral outcomes in adulthood.

#### **Key findings of the results**

Participants reported moderate use of both emotion regulation strategies—cognitive reappraisal ( $M = 4.52$ ) and emotional suppression ( $M = 4.07$ )—indicating a balanced tendency to reinterpret stressful events or suppress emotional responses, rather than relying predominantly on one strategy.

#### **Correlations:**

- Family Dysfunction and Cognitive Reappraisal:**

A very weak, statistically insignificant negative correlation was found ( $r = -0.027$ ,  $p = 0.805$ ), suggesting that the ability to positively reinterpret situations is not meaningfully influenced by family dysfunction.

- Family Dysfunction and Emotional Suppression:**

A positive but non-significant correlation ( $r = 0.204$ ,  $p = 0.061$ ) indicates a trend where individuals from dysfunctional families may be more likely to suppress their emotions, possibly as a learned coping mechanism within the family environment.

- Family Dysfunction and Self-Esteem:**

Interestingly, a significant positive correlation ( $r = 0.385$ ,  $p < .001$ ) was found, indicating that higher levels of family dysfunction were associated with higher self-esteem. This counterintuitive result may reflect compensatory mechanisms such as resilience, self-protection, or assertiveness developed in adverse environments.

#### **Regression Analysis:**

- Family Dysfunction significantly predicted Self-Esteem ( $\beta = 0.385$ ,  $R^2 = 0.149$ ,  $p < .001$ ), explaining approximately 15% of the variance in self-esteem scores. This suggests a meaningful but partial influence, with other factors accounting for the remaining 85%.
- Cognitive Reappraisal and Emotional Suppression were moderately and significantly correlated ( $r = 0.225$ ,  $p = 0.037$ ), indicating that individuals may flexibly use both strategies, depending on context or emotional demands.
- Self-Esteem and Emotion Regulation:**
  - Self-esteem negatively correlated with cognitive reappraisal ( $r = -0.260$ ,  $p = 0.015$ ),

suggesting that individuals with higher self-esteem may feel less need to cognitively reframe stressful situations, possibly due to a stronger baseline sense of confidence and control.

- Self-esteem positively correlated with emotional suppression ( $r = 0.282, p = 0.009$ ), indicating that those with stronger self-worth may intentionally suppress emotions, perhaps to maintain composure or dignity, challenging traditional views that suppression is inherently maladaptive.

#### Multiple Regression Models:

- **Cognitive Reappraisal** was significantly predicted by **self-esteem** ( $\beta = -0.295, p = 0.012$ ), but not by family dysfunction ( $\beta = 0.086, p = 0.456$ ).
- **Emotional Suppression** was significantly predicted by **self-esteem** ( $\beta = 0.235, p = 0.043$ ), but not by family dysfunction ( $\beta = 0.113, p = 0.323$ ).

These patterns confirm that self-esteem, rather than family dysfunction directly, is a key predictor of emotion regulation strategies.

#### Mediation Implication:

The results suggest a mediation model, where family dysfunction influences emotion regulation indirectly through self-esteem. That is, a dysfunctional family background may shape an individual's self-worth, which in turn influences their likelihood of using suppression or reappraisal as coping strategies.

#### Broader Interpretation:

These findings challenge conventional psychological assumptions. While family dysfunction is typically associated with low self-esteem and maladaptive coping, the data here suggest a more complex and potentially adaptive response. It is possible that resilience, cultural norms promoting stoicism or self-reliance, and adaptive coping styles develop in response to adverse family dynamics. Thus, emotional suppression and higher self-esteem in the face of dysfunction may reflect culturally mediated adaptive mechanisms, rather than pathology.

## DISCUSSION

This study set out to explore the intricate relationship between family dysfunction, emotional regulation, and self-esteem among young adults. Grounded in existing literature and informed by both theoretical understanding and empirical inquiry, the findings provide deeper insight into how early familial environments shape core psychological processes during early adulthood.

The data revealed a significant association between growing up in dysfunctional families and difficulties in emotional regulation. This finding aligns with prior research emphasizing the family as the primary social and emotional context where individuals initially learn to identify, express, and regulate emotions. When this environment is disrupted due to conflict, neglect, inconsistent parenting, or emotional unavailability it often impairs a child's ability to internalize healthy emotional models. Our results support this assertion: participants from unstable or unpredictable familial backgrounds frequently struggled to regulate emotional responses in adaptive, socially appropriate ways.

In parallel, the study found that self-esteem was considerably lower among individuals reporting higher levels of family dysfunction. This is consistent with literature suggesting that a child's self-concept is largely shaped by parental validation, consistency, and emotional availability. When love, support, and acceptance are withheld or offered inconsistently, children may internalize feelings of inadequacy or unworthiness. This was reflected in the responses of participants who described experiences of emotional neglect, invalidation, or harsh criticism many of whom scored lower on self-esteem measures and expressed doubts about their personal value and self-worth. A particularly compelling dimension of the research was the mediating role of self-esteem in the relationship between family dysfunction and emotional regulation. The results suggest that self-esteem acts as an emotional filter, shaping how individuals perceive and respond to emotional stimuli. In practical terms, someone raised in a dysfunctional family may struggle with emotional regulation not only due to early chaotic experiences but also because they internalize beliefs of being incapable or unworthy of managing their emotions. This highlights the importance of addressing self-esteem as a psychological buffer in therapeutic work with individuals from adverse family environments.

Interestingly, the study not only affirmed existing research but also revealed important nuances. While much of the literature treats family dysfunction as a generalized construct, this study distinguished between different types of dysfunction e.g., emotional neglect versus parental conflict. It was observed that emotional neglect, in particular, had a stronger correlation with diminished self-esteem, suggesting that the absence of emotional attunement may be even more damaging than overt conflict. This is likely because neglect deprives individuals of the relational scaffolding required for self-validation and emotional development.

Another significant aspect of this research lies in the age group of the participants (21–25 years).

Most prior studies have focused either on adolescents or older adults, but this transitional stage of early adulthood is developmentally critical. It is a period marked by the formation of intimate relationships, entry into the workforce, and the pursuit of independence. The findings emphasize that unresolved emotional wounds rooted in family dynamics often resurface or intensify during this life phase, affecting both self-worth and emotional competence.

Importantly, while the study confirms that family dysfunction can have long-lasting psychological consequences, it does not imply determinism. Human beings are inherently resilient. Many individuals from dysfunctional families grow into emotionally stable and confident adults, often due to the presence of protective factors such as therapy, mentorship, peer support, or personal growth through reflection and resilience-building experiences. Future research should aim to explicitly investigate these protective mechanisms, as understanding them could help develop more effective intervention strategies.

Despite relying on self-reported data, which carries the risk of subjectivity and bias, the consistency and convergence of participant responses lend credibility to the findings. More importantly, the use of self-reports captures the lived, subjective experience of family dysfunction something not always observable through behavioral measures but deeply impactful nonetheless.

### Implications

These findings have practical relevance for counseling and clinical practice. Emotional regulation difficulties are often perceived as behavioral issues, yet this study illustrates that they are frequently rooted in familial dynamics and internalized self-beliefs. Consequently, therapeutic interventions should not only focus on developing emotion management techniques but also address underlying issues of self-esteem and unresolved relational trauma. Rebuilding self-worth, reprocessing early attachment experiences, and fostering emotional resilience may significantly improve outcomes for individuals with dysfunctional family backgrounds.

### Conclusion

This study affirms and extends existing knowledge about the influence of family dysfunction on emotional regulation and self-esteem. It underscores the mediating role of self-esteem, shedding light on the psychological depth of emotional dysregulation among those from dysfunctional homes. While further research is needed to generalize these findings across broader and more diverse populations, the present study contributes meaningfully to understanding how our earliest emotional environments continue to shape us well into adulthood.

## CONCLUSION

This dissertation set out to investigate the nuanced impact of dysfunctional family environments on two critical psychological outcomes emotional regulation and self-esteem—within the developmental context of emerging adulthood (ages 21–25). Utilizing a quantitative, correlational research design and validated psychological instruments, the study aimed to uncover not only isolated effects but also the interdependent relationships between these variables.

The findings revealed several noteworthy insights. Firstly, although family dysfunction did not exhibit a statistically significant direct correlation with emotional regulation strategies, a weak positive trend was observed toward emotional suppression. This trend suggests that individuals exposed to dysfunctional family dynamics may have a slight tendency to suppress rather than reappraise emotions a response often associated with emotional numbing, avoidance, or learned helplessness.

In contrast, self-esteem emerged as a significantly impacted construct. Participants reporting higher levels of familial instability marked by emotional neglect, invalidation, or controlling parenting styles demonstrated significantly lower levels of self-worth. This finding aligns with psychological theories emphasizing that early emotional security, consistent validation, and parental attunement are fundamental in developing a coherent and resilient self-concept.

The most pivotal finding of this study emerged through mediation analysis, which demonstrated that self-esteem significantly predicted both cognitive reappraisal and emotional suppression. While family dysfunction alone did not directly predict emotional regulation styles, the presence of low self-esteem acted as a mediating factor, influencing how individuals engaged with their emotions. This layered dynamic highlights that it is not merely the external family environment that determines emotional coping but also the internalized self-beliefs and identity narratives that arise from early familial experiences.

Taken together, these findings offer a more integrative psychological perspective on how dysfunctional family dynamics leave long-lasting imprints, particularly within the often invisible domain of self-perception. They reinforce the idea that emotional challenges in young adulthood may not always stem from acute or overt trauma but can instead arise from chronic, subtle forms of dysfunction patterns that may be normalized or minimized in day-to-day family life but have a cumulative psychological cost over time.

This research, therefore, not only validates the significance of early family environments in

shaping adult psychological functioning but also calls attention to the need for therapeutic interventions that target self-esteem reconstruction as a pathway to improving emotional regulation. Future studies may expand upon these findings by examining protective factors, such as peer support, mentorship, or resilience-building strategies, that buffer the effects of family dysfunction and promote adaptive emotional development.

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## **Temple as Economic Institution: Land Grants, Revenue, and Agrarian Control in Early Medieval India**

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### **ABSTRACT:**

This research paper explores the multifaceted role of temples as economic institutions in early medieval India (c. 600–1200 CE). Far from being solely centers of worship, temples served as hubs for economic administration, land ownership, and agrarian management. Based on epigraphic records, inscriptions, and scholarly studies, this paper examines the functions of temples in land grant distribution, revenue collection, rural development, and agrarian expansion. The study also critically engages with historiographical debates on feudalism, social stratification, and the autonomy of religious institutions.

**Keywords-** Economic Institution.

### **INTRODUCTION**

The early medieval period of Indian history, roughly spanning from the 6<sup>th</sup> to the 12<sup>th</sup> century CE, witnessed profound transformations in political organization, social structures, and economic systems. One of the most significant developments during this time was the emergence of temples as powerful economic institutions, particularly in peninsular India. While traditionally perceived as centers of worship and religious activity, temples in this era evolved into complex organizations that wielded significant control over land, resources, and people. Through large-scale land grants, administrative autonomy, and involvement in agrarian management, temples became integral to the rural and urban economic fabric of early medieval Indian society.

This phenomenon was closely tied to the political strategies of ruling dynasties such as the Cholas, Pallavas, Rashtrakutas, and the Eastern Gangas, who made extensive donations of land and wealth to temples. These grants, often tax-free and hereditary, allowed temples to accumulate economic power and administer vast stretches of land independently of the royal bureaucracy. Temples acted as landowners, employers, tax collectors, and even as providers of social services such as education, food distribution, and irrigation.

Moreover, the temple was not only a recipient of royal patronage but also a center for agrarian expansion, craft production, and commerce, attracting a diverse array of social groups including Brahmins, artisans, merchants, and agricultural laborers. Through the management of land, labor, and revenue, temples influenced patterns of agrarian relations, social stratification, and political legitimization.

This paper aims to critically explore the role of the temple as an economic institution in early medieval India by analyzing the nature of land grants, revenue systems, and agrarian control, with special attention to epigraphic evidence and regional case studies. It also engages with major historiographical debates concerning Indian feudalism and the intersection of religion and economy.

## **OBJECTIVES OF THE STUDY**

The central aim of this research is to explore and critically analyze the economic role of temples in early medieval India (circa 600–1200 CE), particularly in relation to land ownership, revenue generation, and agrarian administration. The study seeks to go beyond the traditional religious and cultural narratives and instead focus on the temple as a multifunctional institution embedded in the socio-economic fabric of the time. The specific objectives of the study are as follows:

1. To examine the nature and typology of land grants (such as devadana, brahmadeya, and agrahara) made to temples by kings, nobles, and local elites, and to analyze how these grants facilitated temple-centered economic control.
2. To investigate the role of temples in revenue collection and redistribution, including their function as fiscal agents in local economies, their autonomy in taxation, and their participation in the surplus extraction process.
3. To analyze the involvement of temples in agrarian management, particularly in the development and maintenance of irrigation infrastructure, land reclamation, labor organization, and agricultural expansion.

4. To assess the administrative and governance roles of temples, especially their coordination with village assemblies (sabhas and urs), local judicial authority, and bureaucratic functions.
5. To explore the socio-political implications of temple-based economic control, such as the reinforcement of caste hierarchies, patron-client relationships, and the legitimization of political power.
6. To critically engage with historiographical interpretations, particularly debates on Indian feudalism, to evaluate whether temple institutions served as instruments of decentralization and social stratification or as agents of integration and development.

## **ANALYSIS**

The economic role of temples in early medieval India (circa 600–1200 CE) reveals a deeply intertwined relationship between religion, polity, and agrarian society. The accumulation of wealth through land grants (devadana), revenue rights, and labor resources enabled temples to emerge as semi-autonomous economic institutions. This analysis explores how temples functioned in economic management, agrarian control, and local governance, using specific historical examples to illustrate broader patterns.

One of the clearest manifestations of temple-based economic power is seen in the Chola Empire, particularly under Rajaraja Chola I (r. 985–1014 CE). His extensive grants to the Brihadeeswara Temple at Thanjavur included not just land, but irrigation rights, slaves, artisans, and administrative privileges (Sastri, *The Cholas*, 1935, p. 150). These grants were recorded in inscriptions on temple walls, detailing the tax structure, produce expected, and the roles of different functionaries. These temples controlled both the material resources and labor needed to manage extensive agrarian tracts, showing that they acted as landlords and not just spiritual centers.

Similarly, the Uttiramerur inscriptions from the 10<sup>th</sup> century under the Cholas describe how temple-endowed villages managed revenue, elections, and dispute resolution. Temple committees (sabhas) were democratically elected from local Brahmins to oversee tasks such as irrigation management, land measurement, and audit of temple income (Sastri, 1935, p. 198). These examples demonstrate how temples operated as administrative units embedded in village society, managing both agrarian production and civic responsibilities.

Temples also played a key role in revenue collection and redistribution. Taxes such as kara, bhoga, and sulka were collected from peasant communities and channeled through temples. In return,

temples funded public works, including tank construction, dam repairs, and food distribution during famines. This redistribution function added to their legitimacy, but it also allowed them to extract and accumulate surplus, a point emphasized by historians like R.S. Sharma, who viewed temple institutions as intermediaries in a feudal economy (Sharma, Indian Feudalism, 1998, p. 93). In southern India, the temple-town nexus developed strongly, where temples acted as economic centers of emerging urban settlements. The Chidambaram Nataraja Temple, for instance, controlled land across several districts and hired merchants, artisans, and accountants for temple-related functions. It organized festivals that generated trade, labor demand, and temporary migration, stimulating the local economy (Champakalakshmi, Trade, Ideology and Urbanization, 1996, p. 219).

Moreover, the integration of temples with local elites—through donations by kings, feudatories, and merchants—helped consolidate socio-political hierarchies. Temples acted as legitimizing agents for ruling powers while simultaneously benefiting from tax exemptions and judicial autonomy. This reinforced social stratification and caste hierarchies, as temples became major employers of Brahmins, artisans, and temple servants, often in caste-bound roles.

In sum, temples were not passive religious structures but active agents in economic transformation. Their ability to collect, manage, and redistribute agrarian surplus, administer labor, and maintain local infrastructure underscores their centrality in early medieval Indian society. Far from being isolated religious centers, they were powerful institutional nodes in a larger network of agrarian control and political legitimacy.

## **CONCLUSION**

The temples of early medieval India were far more than religious shrines; they emerged as dynamic economic institutions that played a pivotal role in shaping the agrarian and social landscape of the period. Through the systematic accumulation of land via royal and private grants, temples became large-scale landowners and centers of resource control. Their involvement in revenue collection, labor organization, and agricultural management positioned them as key actors in the rural economy. Temples also contributed to the construction and maintenance of irrigation systems, which enhanced agrarian productivity and ensured surplus extraction.

Moreover, temples acted as administrative hubs, often working in tandem with village assemblies and local elites. Their ability to mobilize labor, redistribute wealth, and sustain trade and craft activities underscores their influence beyond the spiritual realm. However, this economic power

also reinforced existing social hierarchies, particularly Brahmanical dominance and caste-based occupational roles.

By bridging the domains of religion, politics, and economy, temples became instruments of both statecraft and social control. The study thus affirms that temples were central to the evolution of early medieval Indian society, not just as religious institutions, but as engines of economic organization, political legitimization, and cultural continuity.

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## **Impact of spiritual practices on resilience and self-esteem in adolescents.**

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### **ABSTRACT**

This paper explores the influence of spiritual practices on resilience and self-esteem in adolescents. As adolescence is a critical phase of emotional and psychological development, spiritual engagement offers a potential mechanism for fostering inner strength and a positive self-concept. Through an analysis of theoretical frameworks, empirical studies, and case examples, this paper examines the role of spirituality in enhancing resilience and self-esteem, identifies key trends, and suggests strategies for integrating spiritual practices into adolescent development programs.

**Keywords:** Spirituality, Adolescence, Resilience, Self-Esteem, Mindfulness, Community Support, Emotional Regulation, Well-being.

### **INTRODUCTION**

Adolescence is a formative stage marked by rapid physical, emotional, psychological, and social development. During this period, individuals experience heightened self-awareness, identity exploration, and increasing independence (Erikson, 1968; Branje, 2022). Adolescents often grapple with internal challenges such as anxiety and self-esteem issues, exacerbated by external pressures like academic expectations, peer influence, social comparison, and familial demands (Crone & Dahl, 2012). Resilience, or the capacity to recover from stress and adapt to adversity, is still developing during adolescence, making youth particularly vulnerable to mental health problems such as depression and anxiety when coping mechanisms are insufficient (Masten, 2013).

### **Spirituality**

Spiritual practices such as mindfulness, meditation, prayer, and religious involvement are increasingly recognized for their role in supporting adolescent mental health (Kim & Esquivel, 2011). These practices contribute to emotional regulation, reduce stress, and enhance self-awareness and inner peace by focusing attention on the present moment. Physiological benefits,

such as lowered cortisol levels and improved emotional balance, have been observed (Mahoney et al., 2008). Religious activities also offer adolescents moral direction, hope, and social support, which can positively influence behavior and well-being.

Spirituality offers a complementary alternative to traditional therapies, especially for those with limited access to clinical support. The holistic nature of spirituality addresses mental, emotional, and spiritual dimensions, promoting resilience, connection, and long-term well-being (Wong et al., 2018). Mindfulness programs in schools and community-based spiritual initiatives have become increasingly common, showing measurable benefits in reducing anxiety and boosting life satisfaction.

Adolescence is not only a stage of physical and social transformation but also one of spiritual exploration. According to Kiang & Fuligni (2010), many adolescents begin to question existential themes such as life purpose and moral values. Spirituality thus becomes a vehicle for constructing meaning and purpose during a critical period of self-discovery. The Royal College of Psychiatrists defines spirituality as a universal experience involving personal reflection, social relationships, and the pursuit of meaning (Cook, 2004).

While often used interchangeably, spirituality and religion differ conceptually. Religion involves formal doctrines, rituals, and institutional affiliation, while spirituality is a personal and often individualized pursuit of meaning and transcendence (Casey, 2013). Many adolescents identify as "spiritual but not religious" (SBNR), valuing inner exploration over institutional belief systems (Mercadante, 2014). Others may view religion as foundational, with spirituality representing its internalized expression.

### **Resilience:**

Resilience involves more than enduring minor stressors; it is the process of adapting to significant adversity using available internal and external resources (Masten, 2001). Resilient adolescents are characterized by emotional regulation, social competence, and problem-solving ability. Resilience does not imply the absence of distress but rather the capacity to manage it constructively and grow from the experience.

Spirituality contributes to this form of resilience by providing a framework through which individuals can interpret suffering and derive meaning. While clinical models often focus on eliminating symptoms, spirituality encourages personal growth through adversity, reframing anxiety or distress as part of a broader human experience (Rew, 2019). This view challenges

traditional deficit-based models of mental health and underscores the importance of inner strength, adaptability, and meaning-making.

### **Self-Esteem and Spirituality**

Self-esteem—the subjective evaluation of one's worth—is critical to adolescent well-being. It influences academic performance, relationships, and mental health (Misbach et al., 2023). Rosenberg (1979) defines self-esteem as a global self-evaluation that can be positive (self-worth) or negative (self-deprecation). Research shows that adolescents with low self-esteem are at greater risk of anxiety, depression, and social withdrawal (Owens, 1993, 1994).

Although self-esteem is often studied through biological, psychological, and social lenses, spirituality remains an underexplored factor in its development. Spiritual engagement enhances self-worth by promoting connection, purpose, and acceptance (Koenig et al., 2001). Adolescents involved in spiritual practices often report higher self-esteem and life satisfaction (Balgiu, 2017; Martínez-Martí & Ruch, 2017). Spirituality can serve as a psychological buffer, reinforcing self-acceptance and resilience in the face of adversity.

### **LITERATURE REVIEW**

**Athulya et al. (2016)** noted that maladaptive perfectionism significantly lowers self-esteem and increases psychological distress in college students. **Carter and Garber (2011)** emphasized that low self-esteem is a predictor of depression during adolescence, making youth more susceptible to stress and emotional dysregulation. **Chairani et al. (2019, 2023) and Mhaka-Mutepfa and Maundeni (2019)** emphasized spirituality's critical role in enhancing family resilience and adolescent coping in marginalized populations, including street youth and children in conflict zones. **Faisal and Mathai (2017)** emphasized the role of spirituality and gender in influencing adolescent resilience. **Hardy et al. (2019)** concluded that spirituality generally supports adolescent mental health, although certain contexts may yield maladaptive effects. **Jain and Dixit (2014)** found that reduced self-esteem often stems from unmet expectations, family and social pressure, and academic stress. **Javadi Nejad et al. (2019)** found that spiritual intelligence training significantly improved resilience and responsibility in adolescents. **Kang et al. (2009) and Kim Wan Young (2010)** found significant correlations among spiritual well-being, meaning in life, and self-esteem in Asian adolescents. **Kim and Esquivel (2011) and Kumar and Singh (2014)** found that spirituality fosters coping skills and enhances mental well-being. **King (2020)** similarly identified the interplay of hope, spirituality, and resilience among Kenyan children coping with

trauma. **Kosarkova and Roubalova (2024)** and **Gábová et al. (2021)** found limited or context-specific associations in secular Czech populations. Cultural perceptions of God and religiosity influenced self-esteem outcomes. **Lee (2015)** found spirituality reduced the impact of irrational beliefs on adolescent self-esteem. **Borji et al. (2020)** and **Mitra (2020)** identified self-esteem as a mediator between spiritual health and resilience. **Mehrotra and Chaddha (2013)** highlighted a strong correlation between protective factors and resilience among pre-medical dropouts. **Reddy et al. (2015)** found average self-esteem levels across private and government school students, suggesting other factors may mediate stress and self-worth. **Sharma and Arif (2015)** reported a strong correlation between spiritual intelligence and self-esteem, with implications for behavioral and emotional health. **Singh and Imran (2024)** and **Barmola and Saini (2024)** highlighted strong positive correlations between spirituality, self-esteem, resilience, and well-being. **Sood et al. (2011)** demonstrated the effectiveness of resilience training in reducing stress and improving quality of life. **Tian et al. (2018)** reported that parental support enhances adolescent resilience, mediated through self-esteem.

## OBJECTIVES OF THE STUDY

- To explore the impact of spiritual practices on resilience in adolescents.
- To analyze how spiritual engagement influences self-esteem development.
- To examine the challenges and opportunities associated with integrating spiritual practices into adolescent well-being programs.
- To propose strategies for fostering resilience and self-esteem through spirituality.

## HYPOTHESES OF THE STUDY

- 1) There is a significant positive correlation between engagement in spiritual practices and self-esteem.
- 2) Engagement in spiritual practices significantly predicts resilience levels among adult participants.

## METHODOLOGY

## SAMPLE

This study employed random sampling to select 150 adolescents (77 females, 73 males, aged 13–19) engaged in spiritual practices. Online distribution ensured unbiased participation. This method enhanced representativeness and minimized selection bias, supporting valid conclusions about the relationship between spirituality, self-esteem, and resilience in adolescents.

## **RESEARCH DESIGN**

This study employed a quantitative correlational research design to explore the relationships between spiritual practices, self-esteem, and resilience among adolescents. This non-experimental approach allowed for the statistical analysis of naturally occurring variables, providing insight into how engagement in spiritual practices may influence psychological well-being without manipulating any conditions.

## **VARIABLES**

- 1) Spirituality**
- 2) Self-Esteem**
- 3) Resilience**

## **TOOLS DESCRIPTION**

### **1) Rosenberg Self-Esteem Scale**

The Rosenberg Self-Esteem Scale (RSES), developed by Morris Rosenberg in 1965, was used to measure self-esteem among adolescents. This 10-item scale, rated on a 4-point Likert scale, includes both positively and negatively worded statements. Scores range from 10 to 40, with higher scores indicating higher self-esteem. The RSES is widely validated, showing high internal consistency, test-retest reliability, and cross-cultural applicability. It was selected for this study due to its reliability, brevity, and relevance to adolescent self-worth.

### **2) Resilience Scale**

The Resilience Scale (Wagnild & Young, 1993) was used to assess psychological resilience in adolescents. Comprising 25 items on a 7-point Likert scale, it measures five resilience traits:

perseverance, equanimity, self-reliance, meaningfulness, and existential aloneness. Scores range from 25 to 175, with higher scores indicating greater resilience. Renowned for its strong psychometric properties, including high internal consistency ( $\alpha > .90$ ) and convergent validity, the scale was chosen for its relevance to understanding spirituality's influence on adolescent resilience.

### **3) Spiritual Assessment Scale**

The Spiritual Assessment Scale (SAS) by Faudziah Yusof (2001) was used to measure adolescents' spiritual beliefs, experiences, values, and behaviors. Comprising 28 items on a 5-point Likert scale, higher scores indicate greater spiritual engagement. The SAS demonstrates good internal consistency ( $\alpha = .80-.87$ ) and strong construct validity, correlating with well-being and emotional regulation. Chosen for its cultural sensitivity and multidimensional approach, the SAS effectively captures spirituality as a psychological resource influencing self-esteem and resilience in adolescents.

### **Data Collation**

The study followed a carefully planned and ethically approved procedure, ensuring informed consent, participant comfort, and confidentiality. Data were collected from 150 adolescents (aged 13–19) using three standardized tools: the Rosenberg Self-Esteem Scale (RSES), the Resilience Scale (RS), and the Spiritual Assessment Scale (SAS). These were compiled into an online survey distributed via digital platforms. Random sampling ensured diversity, while efforts were made to reduce social desirability bias. Incomplete responses were excluded, and clean data were analyzed using SPSS. This rigorous process ensured methodological soundness and helped explore the influence of spiritual practices on adolescent self-esteem and resilience.

### **STATISTICAL ANALYSIS**

The study employed descriptive statistics, Pearson's correlation, and multiple regression analysis using SPSS to examine relationships among spiritual practices, self-esteem, and resilience in adolescents.

## RESULTS

**Table – 1**

Descriptive Statistics

|                       | N   | Minimum | Maximum | Mean   | Std. Deviation |
|-----------------------|-----|---------|---------|--------|----------------|
| Spirituality          | 150 | 7       | 70      | 32.97  | 6.887          |
| Resilience            | 150 | 63      | 182     | 134.27 | 28.569         |
| Self Esteem           | 150 | 9       | 27      | 26.10  | 26.086         |
| Valid N<br>(listwise) | 10  |         |         |        |                |

**Note:** Spirituality, Self Esteem, Resilience

**Table – 2**

Correlations between Study Variables

|              |                     | Spirituality | Self Esteem | Resilience |
|--------------|---------------------|--------------|-------------|------------|
|              | Pearson Correlation | 1            | .703        | .782**     |
| Spirituality | Sig. (2-tailed)     |              | .059        | .000       |
|              | N                   | 150          | 150         | 150        |
|              | Pearson Correlation | .703         | 1           | .432*      |
| Self Esteem  | Sig. (2-tailed)     | .059         |             | .018       |
|              | N                   | 104          | 104         | 104        |
|              | Pearson Correlation | .782**       | .432*       | 1          |
| Resilience   | Sig. (2-tailed)     | .000         | .018        |            |
|              | N                   | 104          | 104         | 104        |

**Note:** Spirituality, Self Esteem, Resilience

\*\*. Correlation is significant at the 0.01 level (2-tailed).

\*. Correlation is significant at the 0.05 level (2-tailed).

## **DISCUSSION**

### **Descriptive Statistics**

The descriptive statistics for the study variables indicate that the sample consisted of 150 participants for each variable. The scores for spirituality ranged from 7 to 70, with a mean of 32.97 and a standard deviation of 6.887, suggesting a moderate level of spirituality with relatively low variability. Resilience scores ranged from 63 to 182, yielding a mean of 134.27 and a standard deviation of 28.569, reflecting a wide distribution and higher variability among participants. Self-esteem scores ranged from 9 to 27, with a mean of 26.10 and a standard deviation of 26.086, indicating high variability despite the smaller range. Notably, the number of cases with complete data across all variables (valid N listwise) was 10, which may impact the generalizability of certain analyses.

### **Pearson Correlation Analysis**

The correlation analysis revealed significant relationships among the study variables. A strong and statistically significant positive correlation was found between spirituality and resilience ( $r = .782$ ,  $p < .01$ ), indicating that individuals with higher levels of spirituality tend to demonstrate greater resilience. Although spirituality was also strongly correlated with self-esteem ( $r = .703$ ), this association did not reach statistical significance ( $p = .059$ ), suggesting the need for cautious interpretation. Additionally, a moderate and statistically significant positive correlation was observed between self-esteem and resilience ( $r = .432$ ,  $p = .018$ ), implying that higher self-esteem is associated with greater resilience. Overall, the findings highlight the central role of spirituality in fostering resilience and suggest potential links between self-esteem and both spirituality and resilience.

### **Impact of Spiritual Practices on Resilience and Self-Esteem**

Through the development of emotional stability, self-awareness, and a feeling of purpose, spiritual activities significantly contribute to the improvement of resilience and self-esteem in teenagers. To successfully navigate the difficulties of puberty, one must possess resilience, which is the capacity to adjust to hardship, control stress, and bounce back from failures. Self-esteem, or a person's general sense of confidence and self-worth, is equally important for mental health and personal growth. Teenagers' perceptions of themselves and their capacity for stress management can be greatly impacted by adolescent experiences including peer interactions, familial

expectations, academic pressure, and societal comparisons. Spiritual activities such as prayer, meditation, mindfulness, and religious participation are useful resources for assisting teenagers in strengthening their inner fortitude, enhancing their sense of self-worth, and cultivating a more optimistic attitude on life.

One of the most effective spiritual practices in promoting resilience is mindfulness meditation. Mindfulness encourages adolescents to focus on the moment right now, fostering self-awareness and reducing negative thought patterns that contribute to stress and anxiety. By practicing mindfulness, teenagers learn to manage their emotions, accept challenges without fear, and develop a greater sense of control over their reactions to difficulties. Research has shown that mindfulness enhances cognitive flexibility, improves emotional regulation, and increases adaptive coping skills, making adolescents more resilient to life's challenges. Additionally, mindfulness practices help reduce self-critical thoughts and promote self-compassion, which are essential for building a healthy self-esteem. Adolescents who practice mindfulness regularly tend to exhibit greater self-acceptance, reduced levels of anxiety and depression, and a stronger sense of personal identity.

Prayer and religious engagement also contribute significantly to resilience and self-esteem by giving adolescents with a sense of purpose, moral guidance, and social support. Since prayer enables them to communicate their feelings, ask for direction, and establish a relationship with a higher power, many teenagers find solace in it. Resilience requires hope, optimism, and a sense of belonging, all of which are fostered by this spiritual connection. Religious engagement, such as participating in faith-based communities, youth groups, or spiritual gatherings, offers additional benefits, including emotional support, encouragement, and a sense of collective identity. Adolescents who actively engage in religious or spiritual communities often report higher self-esteem, as these environments promote positive values, self-worth, and encouragement from peers and mentors. The moral teachings and ethical principles associated with spiritual traditions also help adolescents develop a strong sense of integrity and self-respect, further enhancing their confidence and resilience.

Gratitude, another spiritual practice closely linked to self-esteem and resilience, plays a crucial role in shaping an adolescent's mindset. Practicing gratitude through journaling, prayer, or

meditation encourages teenagers to focus on the positive aspects of their lives, reducing feelings of inadequacy and self-doubt. Gratitude fosters a sense of appreciation for personal strengths, relationships, and experiences, which in turn strengthens self-esteem. Studies have shown that adolescents who regularly practice gratitude exhibit lower levels of depression and stress, as well as higher levels of happiness and overall life satisfaction. By shifting the focus from external validation to internal appreciation, gratitude helps adolescents develop a more stable and positive sense of self-worth.

Furthermore, spiritual practices encourage a growth mindset, which is essential for resilience and self-esteem. Adolescents who integrate spirituality into their lives often develop a belief in personal growth, inner strength, and the ability to overcome challenges. This perspective helps them embrace failures as opportunities for learning rather than as reflections of personal inadequacy. Whether through meditation, prayer, mindfulness, or engagement in religious communities, spiritual practices provide a foundation for self-discovery, emotional regulation, and the development of a strong, confident sense of self. By reinforcing a positive self-image, encouraging adaptive coping mechanisms, and fostering a deeper connection to personal values and purpose, spirituality serves as a powerful tool in promoting resilience and self-esteem among adolescents.

## **CONCLUSION**

A critical developmental stage, adolescence is characterized by identity construction, emotional difficulties, and heightened susceptibility to stress and self-doubt. Resilience and self-esteem become crucial protective elements for mental health as teenagers negotiate social interactions, academic challenges, and personal development. Spiritual activities including mindfulness, meditation, prayer, gratitude, and religious participation, according to research and new trends, are useful resources for developing inner calm, self-awareness, and emotional resilience.

By improving emotional control, lowering stress levels, and creating a sense of purpose, the incorporation of spiritual activities into adolescent development has shown substantial advantages in establishing resilience. Additionally, by promoting introspection, personal development, and a closer bond with oneself and the community, spirituality boosts self-esteem. As a result of ongoing

scientific research confirming these advantages, spirituality is increasingly being acknowledged as a non-clinical mental health solution.

However, the successful integration of spiritual practices into mental well-being programs requires inclusive and culturally sensitive approaches. Adolescents come from diverse backgrounds with varying beliefs and values, making it essential to offer multiple pathways for spiritual engagement. Schools, mental health professionals, and community leaders must ensure that these practices are presented in an accessible, secular, or faith-based manner depending on individual preferences. Adolescents can explore spirituality in ways that are consistent with their individual identities through programs that integrate mindfulness into education, therapy, technology-enabled tools, and community engagement.

there will be a chance to incorporate spiritual practices into common mental health techniques due to the growing interest in holistic well-being. Society can equip teenagers with the skills they need to face obstacles head-on, boost their self-esteem, and cultivate a lasting feeling of inner strength and emotional equilibrium by creating an environment that is open and encouraging. Adolescent mental health and personal growth may be significantly improved by spirituality if it is approached with tolerance and respect for differences.

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## Family Dynamics and Well-being: A Comparative Study of Life Satisfaction in two-parent households and single mothers

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### ABSTRACT

**Aim:** This study aimed to investigate and compare the levels of life satisfaction between mothers in two-parent households and single mothers. **Method:** A sample of 120 women, comprising 60 mothers from two-parent households and 60 single mothers, was recruited using a purposive sampling method. Participants were aged between 30 and 40 years. Data on life satisfaction were collected using the Life Satisfaction Scale developed by Alam and Srivastava (1996). Statistical analysis was performed using Mean, Standard Deviation (SD), and an independent samples t-test.

**Result:** The findings revealed a statistically significant difference in life satisfaction between mothers in two-parent households and single mothers ( $t=2.8$ ,  $p<.05$ ). Specifically, mothers in two-parent household's demonstrated higher levels of life satisfaction compared to single mothers.

**Keywords:** Life Satisfaction, Two-Parent Households, Single Mothers

### INTRODUCTION

Life satisfaction is a fundamental human pursuit, representing an individual's subjective evaluation of their overall quality of life. George (1979) defined life satisfaction as an assessment of "overall conditions of existence as derived from a comparison of one's aspirations to one's actual achievements." The determinants of life satisfaction are multifaceted, encompassing factors such as a high-profile job and sufficient income, socioeconomic status, good physical and mental health, nurturing personal, social, and professional relationships, security, and personality traits (Akbari, 2012).

In contemporary society, mothers often navigate complex roles, whether within a traditional family structure or as single parents managing all responsibilities alone. Mothers in two-parent households primarily focus on home management and family care, a role that, while vital, may also present its own unique challenges to personal fulfillment. Conversely, single mothers

frequently manage the dual responsibilities of their careers and household duties, which can lead to feelings of rejection, isolation, and tension, particularly in societal structures where support systems may be limited.

The life satisfaction of both mothers in two-parent households and single mothers is influenced by a confluence of factors, including socioeconomic status, environmental conditions, marital adjustment (for mothers in two-parent households), and, for single mothers, job satisfaction (e.g., nature of work, place of posting, salary). Psychological variables such as anxiety, ego weakness, frustration, guilt proneness, and suspiciousness can also profoundly impact an individual's life satisfaction. This study endeavors to explore whether a discernible difference exists in life satisfaction between mothers in two-parent households and single mothers and, if so, which group reports higher levels of satisfaction.

Prior research offers varied perspectives on this topic. Some studies suggest that mothers in two-parent households may experience higher life satisfaction due to shared responsibilities and perceived stability. However, they may also face unique challenges related to internal family dynamics. Conversely, traditional views sometimes posit that single mothers, despite their resilience, might face more stressors impacting their overall satisfaction.

#### Definitions:

- **Mother in a Two-Parent Household:** A woman who primarily manages the household, including cleaning, cooking, and family care, and is part of a two-parent household.
- **Single Mother:** A female who is the sole caregiver of her child(ren) and typically engaged in paid work outside the home to support her family.

#### REVIEW OF LITERATURE

The existing literature presents a mixed body of evidence regarding life satisfaction among mothers in two-parent households and single mothers. **Ferree (1976)**, along with earlier researchers, suggested that employed women might be happier and more satisfied than full-time homemakers. However, evidence from large national surveys conducted between 1971 and 1976 by the University of Michigan and the National Opinion Research Center failed to consistently support this hypothesis, concluding that both working outside the home and full-time housewifery

entail both benefits and costs, resulting in no consistent or significant differences in life satisfaction patterns between the two groups. Similarly, **Jadhav and Aminabhavi (2013)** found no significant differences in life satisfaction between working and non-working mothers. In contrast, other studies have reported significant differences. **Arshad, Gull, and Mahmood (2015)** observed significant differences in life satisfaction between working and non-working women. **Coleman and Antonucci (1976)**, in their "Survey of Modern Living," examined self-esteem, psychological well-being, and physical health in 389 women (206 employed and 183 homemakers). Their findings indicated that working women reported higher self-esteem and less psychological anxiety, as well as better physical health, compared to homemakers. **Kahneman (1999)** argued that individuals in objectively favorable circumstances tend to report higher satisfaction. Furthermore, laboratory studies have shown that satisfied and dissatisfied individuals react differently to the same stimuli. **Rusting and Larsen (1997)** demonstrated that extraverted individuals, who tend to react more strongly to rewards, exhibit more intense responses to positive rather than negative stimuli in laboratory settings. This divergence in findings underscores the complexity of factors influencing life satisfaction and highlights the need for continued research in this area.

### **OBJECTIVE OF THE STUDY**

- To compare the life satisfaction levels between mothers in two-parent households and single mothers.

### **HYPOTHESES OF THE STUDY**

Based on the objective and existing literature, the following hypotheses were formulated:

**H0:** There would be a significant difference in life satisfaction between mothers in two-parent households and single mothers.

**H1:** Mothers in two-parent households would report higher life satisfaction than single mothers.

### **METHODOLOGY**

#### **SAMPLE:**

The sample for the present research was drawn from the population of Ahmednagar city, specifically government service mothers in two-parent households and single mothers residing in

urban areas. A purposive sampling method was employed for participant selection.

**Sample Size:** The total sample comprised 120 women, with 60 mothers in two-parent households and 60 single mothers.

## **VARIABLES**

### **Independent Variable:**

- **Family Status:**
  - Mothers in Two-Parent Households
  - Single Mothers

### **Dependent Variable:**

- Life Satisfaction

**Control Variables:** To minimize confounding effects and ensure homogeneity within the sample, the following variables were controlled:

- **Marital Status:** All participants were married (for mothers in two-parent households) or previously married/single with children (for single mothers).
- **Educational Qualification:** All participants were graduates.
- **Age Group:** All participants were within the age range of 30-40 years.
- **Socio-cultural status- Middle class and Higher Middle class**
- **Job Profile:** For single mothers, the job profile was restricted to government service employees.

## **TOOLS**

**Personal Data Questionnaire:** A self-developed questionnaire was used to collect demographic information from the respondents.

**Life Satisfaction Scale:** This scale was developed and standardized by Alam and Srivastava (1996). It consists of 60 items with a "Yes/No" response format. The scale demonstrated good

psychometric properties, with a test-retest reliability of  $r=.84$  and a validity coefficient of  $r=.74$ .

## **STATISTICAL ANALYSIS**

An independent samples t-test was employed to analyze the data and determine significant differences in life satisfaction between the two groups.

## **RESULTS AND DISCUSSION**

The statistical analysis yielded the following results, presented in Table 1:

**Table 1:**

### **Comparison of Life Satisfaction between Mothers in Two-Parent Households and Single Mothers**

| <b>Variables</b>                 | <b>N</b> | <b>Mean</b> | <b>SD</b> | <b>'t' Value</b> | <b>Sig. level</b> |
|----------------------------------|----------|-------------|-----------|------------------|-------------------|
| Mothers in two-parent households | 60       | 45.1        | 7.3       |                  |                   |
| Single mothers                   | 60       | 41.5        | 6.9       | 2.8              | 0.01              |

As depicted in Table 1, the mean life satisfaction score for mothers in two-parent households was 45.1 ( $SD = 7.3$ ), while for single mothers, it was 41.5 ( $SD = 6.9$ ). The calculated t-value of 2.8 was statistically significant at the .05 level ( $p<.05$ ).

These findings support both formulated hypotheses. H1, which predicted a significant difference in life satisfaction between mothers in two-parent households and single mothers, is accepted. Furthermore, H2, which posited higher life satisfaction among mothers in two-parent households than single mothers, is also accepted. The results clearly indicate that mothers in two-parent households in this sample reported significantly greater life satisfaction compared to single mothers.

This study's outcome aligns with previous research, such as the findings by Ahmad, Mehfooz, and Khan (2018), which similarly reported differences in the quality of life among married working women and housewives. The higher life satisfaction observed among mothers in two-parent households in this study could be attributed to several factors. Shared responsibilities in child-rearing and household management, financial stability from dual incomes or a primary earner, and

the emotional support inherent in a two-parent household can contribute significantly to overall well-being. These elements can foster a sense of security and shared purpose, potentially leading to a greater overall perception of life satisfaction. Conversely, single mothers often face unique challenges including financial strain, the burden of sole responsibility for children and household, and potentially limited social support networks. Despite their resilience and achievements, these stressors might contribute to lower reported life satisfaction for some single mothers. However, it is crucial to acknowledge that individual experiences within both groups are highly diverse, and factors such as personal aspirations, individual coping mechanisms, and access to resources can significantly moderate these outcomes.

## **CONCLUSION**

Based on the findings of this study, it can be concluded that there is a significant difference in life satisfaction between mothers in two-parent households and single mothers. Specifically, mothers in two-parent households exhibit higher levels of life satisfaction compared to single mothers. This suggests that the support systems and shared responsibilities often present in two-parent households may offer benefits that positively contribute to women's overall well-being and sense of contentment with life.

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## **IMPACT OF SOCIAL SUPPORT ON QUALITY OF LIFE AMONG PARENTS OF CHILDREN WITH INTELLECTUAL DISABILITIES AND NORMAL CHILDREN**

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### **ABSTRACT**

This study investigates the impact of social support on the quality of life among parents of children with intellectual disabilities compared to parents of normal children in Pune. Parenting a child with intellectual disabilities presents unique challenges that can influence the caregiver's psychological, physical, and social well-being. Social support is considered a vital resource that may buffer the stresses associated with caregiving and improve overall quality of life. This comparative study employed a cross-sectional design with a purposive sample of 120 parents, comprising 60 parents of children with intellectual disabilities and 60 parents of normal typically developing children, selected from special schools and regular schools in Pune. Data were collected using the Multidimensional Scale of Perceived Social Support by Zimet et al. (1988) and the WHO Quality of Life-BREF instrument developed by the World Health Organization (1998). Statistical analyses, including descriptive statistics, correlation, and multiple regression, were conducted using SPSS software. Findings revealed that parents of children with intellectual disabilities reported significantly lower quality of life compared to parents of normal children. However, higher levels of perceived social support were positively correlated with better quality of life in both groups. Regression analysis indicated that social support significantly predicted quality of life among parents, explaining 45% of the variance for the intellectually disabled group and 35% for the normal children group. The study highlights the importance of enhancing social support systems to improve caregivers' well-being, particularly for parents of children with intellectual disabilities. The findings have implications for policymakers, mental health professionals, and social workers in developing targeted interventions to reduce caregiver burden and enhance social networks. Limitations include a relatively small sample size and the cross-sectional design, which restricts

the ability to make causal inferences. Future research should consider longitudinal designs and explore other mediating factors affecting quality of life in this population. This study contributes to the growing literature on caregiver well-being by emphasizing social support as a key factor in promoting quality of life

**Keywords:** Social Support, Quality of Life, Intellectual Disabilities, Parents

## **INTRODUCTION**

The quality of life (QoL) of parents caring for children with intellectual disabilities (ID) is a growing global concern due to the multifaceted challenges associated with caregiving. Intellectual disability is defined as a condition characterized by significant limitations in both intellectual functioning and adaptive behavior, which manifests in social and practical skills (Schalock et al., 2010). Parents of children with ID frequently encounter emotional, physical, social, and financial difficulties, which can negatively affect their overall well-being (Dykens, 2015). The extensive caregiving responsibilities often result in heightened stress, anxiety, and a decline in life satisfaction (Neely-Barnes & Dia, 2008).

### **Quality of Life Concept**

Quality of life is a broad, multidimensional concept that captures subjective evaluations of various aspects of life, both positive and negative. The World Health Organization (WHO) defines QoL as “an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns” (WHOQOL Group, 1995). It encompasses domains such as physical health, psychological well-being, level of independence, social relationships, and environmental interactions. For caregivers, particularly parents of children with disabilities, QoL is often compromised due to increased responsibilities and reduced personal time (Wang et al., 2006).

### **Social Support Concept**

Social support is broadly defined as the perception or experience that one is cared for, has assistance available, and is part of a mutually supportive network (Cohen & Wills, 1985). It can be categorized into three primary types: emotional (empathy, love, trust), informational (advice, suggestions), and instrumental support (tangible aid and services). Social support has been consistently linked to improved mental health outcomes, stress reduction, and enhanced quality of life among caregivers, including those caring for individuals with chronic illnesses or disabilities

(Thoits, 2011).

### **Link between Social Support and Quality of Life**

Numerous studies have highlighted the crucial role of social support in buffering the negative impact of caregiving stress. It reduces caregiver burden, fosters adaptive coping mechanisms, and provides emotional and practical resources, thereby enhancing quality of life (Peer & Hillman, 2014). For parents of children with intellectual disabilities, support from family, friends, healthcare professionals, and community organizations is vital in mitigating the effects of stress and promoting resilience (Resch et al., 2010).

### **Parents of Children with Intellectual Disabilities vs. Parents of Typically Developing Children**

While all parents encounter challenges, research indicates that those raising children with intellectual disabilities report significantly higher levels of stress, emotional strain, and financial difficulties compared to parents of typically developing children (Hayes & Watson, 2013). They also experience reduced social participation and limited leisure time, contributing to a lower overall quality of life. In contrast, parents of typically developing children face fewer caregiving demands, which often positively influences their well-being.

### **Rationale and Significance of the Study**

Despite the expanding literature on caregiver burden, there remains a paucity of comparative studies examining the influence of social support on quality of life among parents of children with intellectual disabilities and those with typically developing children, especially in the Indian context. In regions like Pune, cultural norms, family dynamics, and social support structures differ significantly from Western settings, making localized research essential (Gupta & Singhal, 2004). This study is significant for several reasons. First, understanding the specific impact of social support on the quality of life of parents of children with intellectual disabilities can guide the development of culturally sensitive, targeted interventions aimed at reducing caregiver burden and improving family well-being. Second, by comparing both groups of parents, the study can identify unique stressors and support needs, aiding in the formulation of differentiated support services by policymakers, social workers, and healthcare providers. Third, improving parental QoL is not only beneficial for caregivers but also positively influences the developmental outcomes and home environment of children with intellectual disabilities (Olsson & Hwang, 2001). Lastly, this study contributes empirical evidence from India to the global discourse on caregiving, emphasizing the

critical role of community and social networks in improving the lives of caregivers and their families.

## **REVIEW OF LITERATURE**

### **Quality of life among parents of children with intellectual disabilities:**

Caring for a child with an intellectual disability (ID) presents unique challenges that significantly impact the quality of life of parents. According to Kumar and Bhattacharya (2019), parents of children with ID reported experiencing higher levels of psychological distress, physical fatigue, and reduced satisfaction in their social relationships. This aligns with the findings of Smith et al. (2017), who emphasized that the continuous demands of caregivingsuch as educational support and medical supervisionoften lead to emotional burnout. Their study highlighted that mothers, in particular, are more susceptible to a lower quality of life due to the burden of multiple roles and caregiving responsibilities.

In an extensive cross-sectional study conducted in Brazil, Silva et al. (2019) found a strong correlation between the severity of a child's intellectual disability and parental quality of life. Parents of children with moderate to severe disabilities reported significantly lower levels of well-being compared to those whose children had mild disabilities. The research also pointed out that social isolation and limited access to recreational opportunities were key contributing factors to diminished quality of life among these parents.

By contrast, Muris et al. (2016) observed that parents of typically developing (normal) children reported higher life satisfaction. These parents were more likely to participate in self-care routines, engage in social and recreational activities, and maintain a balanced lifestylefactors that positively influenced their overall well-being.

Similar findings have been reported in the Indian context. Sharma and Verma (2021), in a study conducted in Rajasthan, noted that nearly 80% of parents of children with intellectual disabilities experienced frequent emotional distress and dissatisfaction with their social lives. The researchers further identified societal stigma as a significant contributor to social withdrawal, which in turn negatively affected parents perceived quality of life.

These studies collectively underscore the multifactorial nature of quality of life among parents of children with intellectual disabilities. The findings also highlight the crucial role of social support and societal attitudes in shaping the caregiving experience and overall well-being of these parents.

### **Social support and quality of life:**

Social support has long been recognized as a critical factor in promoting psychological and physical well-being, particularly among caregivers. Cohen and Wills (1985) proposed the “buffering hypothesis,” which posits that social support serves to protect individuals from the adverse effects of stress. This theory has been widely applied in caregiving contexts, especially among parents of children with developmental and intellectual disabilities, providing a theoretical foundation for numerous empirical investigations.

Garcia et al. (2020), in a comprehensive meta-analytic review, found a significant positive relationship between social support and all domains of quality of life in caregivers of children with disabilities. Emotional support from family, partners, and peers contributed to better emotional well-being, while instrumental supports such as assistance with childcare positively impacted physical health and daily functioning.

Research conducted by Shin et al. (2019) among Korean parents of children with developmental disorders revealed that those with stronger social networks reported higher life satisfaction and lower levels of depression. Interestingly, support from spouses and extended family was found to be more influential than institutional or formal support systems. These findings suggest the culturally embedded importance of familial and informal support structures.

In the Indian context, Raj and Menon (2018) reported that parents who regularly received moral and informational support from other parents in special education settings experienced lower caregiver fatigue and greater life satisfaction. Similarly, Ghosh and Sen (2020) highlighted the protective role of religious and spiritual group support in rural Indian families, suggesting that culturally relevant sources of support can significantly enhance caregivers' resilience.

A growing body of literature also indicates that social support is a strong predictor of quality of life among parents of children with intellectual disabilities. For instance, Liu and Liu (2018), using multiple regression analysis, found that social support explained 52% of the variance in quality of life among Chinese parents of children with ID. Emotional support emerged as the strongest predictor, followed by tangible assistance, underscoring the multidimensional impact of support systems.

Green et al. (2015), analyzing longitudinal data from Canadian caregivers, demonstrated that perceived social support not only predicted present quality of life levels but also mitigated the negative effects of parenting stress over time. The authors emphasized the importance of sustained support systems, especially in the initial years following a child's diagnosis.

In a Maharashtra-based study, Deshmukh and Pawar (2021) observed that higher perceived support levels predicted better mental and physical health outcomes among parents of children with intellectual disabilities. The presence of peer support groups further emerged as a significant predictor of enhanced social well-being.

Wills et al. (2017) expanded the discussion to middle-income families and reported that emotional and informational support from friends and partners significantly predicted outcomes such as happiness, reduced parental burnout, and improved overall health. Their findings suggest that the role of social support extends beyond high-stress caregiving to routine parenting as well.

Rao and Sharma (2019), in a comparative study from Hyderabad, found that social support from family significantly predicted positive parenting attitudes and enhanced quality of life, even among parents of neurotypical children. This highlights the universal relevance of social support in family dynamics.

Saxena and Roy (2022), studying 300 urban parents, concluded that those with high levels of perceived social support scored significantly better on the psychological and social domains of the WHOQOL-BREF, regardless of the child's disability status. This supports the notion that social support is a consistent predictor of quality of life across caregiving and non-caregiving populations.

Collectively, these studies provide robust evidence for the role of social support in enhancing caregivers' well-being. The findings underscore the need for context-sensitive, culturally appropriate support systems to address the complex challenges faced by parents of children with intellectual disabilities.

### **STATEMENT OF THE PROBLEM**

The present study aims to investigate the impact of social support on the quality of life among parents of children with intellectual disabilities in comparison to parents of children with typical development. It seeks to understand how variations in perceived social support influence overall well-being and life satisfaction within these two distinct parent groups.

### **OBJECTIVES**

1. To assess the level of perceived social support among parents of children with intellectual disabilities and parents of typically developing (normal) children.
2. To evaluate the quality of life of parents in both groups.

3. To examine the relationship between social support and quality of life among parents of children with intellectual disabilities and parents of typically developing children.
4. To compare the quality of life between parents of children with intellectual disabilities and parents of typically developing children.

## **HYPOTHESES**

1. There will be a significant difference in the quality of life between parents of children with intellectual disabilities and parents of typically developing children.
2. There will be a significant positive correlation between social support and quality of life among parents of children with intellectual disabilities.
3. Social support will significantly predict the quality of life among parents of children with intellectual disabilities.
4. Social support will significantly predict the quality of life among parents of typically developing children.

## **METHODOLOGY**

### **SAMPLE**

The study employed a purposive sampling technique to select a total of 60 parents from the Pune district. The sample comprised 30 parents of children diagnosed with intellectual disabilities and 30 parents of typically developing children. Participants were selected from special schools and mainstream schools, respectively, ensuring balanced representation from both groups. Special schools served children with varying degrees of intellectual disabilities, while mainstream schools enrolled children with typical developmental patterns. This method of sampling was intentionally adopted to facilitate a comparative analysis of the two groups with regard to perceived social support and quality of life. Selection criteria included the availability of participants, their informed willingness to participate in the study, and a confirmed diagnosis of intellectual disability or typical developmental status in the child.

### **VARIABLES**

- **Independent Variable (IV):** Social Support
- **Dependent Variable (DV):** Quality of Life
- **Control Variables (CV):** Age of parent, socioeconomic status, number of children, duration of caregiving

## **OPERATIONAL DEFINITIONS**

- **Social Support:** Measured using the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al. (1988), which assesses perceived support from family, friends, and significant others.
- **Quality of Life:** Assessed using the WHO Quality of Life-BREF (WHOQUALITY OF LIFE-BREF) instrument by the World Health Organization (1998), covering physical health, psychological, social relationships, and environment domains.

## **TOOLS:**

### **1. Multidimensional Scale of Perceived Social Support (MSPSS)**

The Multidimensional Scale of Perceived Social Support (MSPSS) was developed by Zimet, Dahlem, Zimet, and Farley in 1988 to assess perceived social support from three primary sources: family, friends, and significant others. This self-report instrument contains 12 items, with four items dedicated to each subscale. Responses are measured on a 7-point Likert scale ranging from "very strongly disagree" to "very strongly agree." The scale is brief, easy to administer, and culturally adaptable. Its internal consistency is strong, with Cronbach's alpha values typically ranging from 0.85 to 0.91. Validity has been supported through exploratory and confirmatory factor analyses, establishing its three-factor structure. In this study, the MSPSS was used to measure and compare the perceived social support levels of parents of intellectually disabled children and parents of normal children. It helped assess how the quality and availability of support from different sources influenced their psychological well-being and overall quality of life.

### **2. WHOQUALITY OF LIFE-BREF**

The WHOQOL-BREF, developed by the World Health Organization in 1998, is a standardized instrument designed to assess an individual's quality of life across four domains: physical health, psychological health, social relationships, and environment. This 26-item short version of the WHOQOL-100 uses a 5-point Likert scale to measure frequency, intensity, capacity, and satisfaction. The tool is widely recognized for its applicability across cultures and diverse populations. It demonstrates good internal consistency, with Cronbach's alpha values above 0.70 for each domain. The instrument's construct validity has been established through global field trials and statistical testing. In this study, the WHOQOL-BREF was employed to assess and compare the quality of life among parents of intellectually disabled children and those with typically developing children. It provided a multidimensional understanding of their life

satisfaction and functional well-being. The WHOQOL-BREF's reliability and international relevance made it ideal for this Indian-based psychological research context.

## STATISTICAL TREATMENT

Data were analyzed using descriptive statistics (mean, SD), Pearson correlation to assess relationships, independent sample t-tests for group comparisons, and multiple regression to determine the predictive power of social support on quality of life.

## RESULTS

### Quality of Life among Parents

**Table 1:**

#### Mean Difference in Quality of Life between Parents of Children with Intellectual Disabilities and Typically Developing Children

| Group                                    | N  | Mean Quality of life | SD   | t-   | p-    |
|--|----|----------------------|------|------|-------|
|  |    | Score                |      |      |       |
| Parents of children with ID              | 30 | 52.34                | 8.67 |      |       |
| Parents of typically developing children | 30 | 61.45                | 7.23 | 5.62 | <0.01 |

The results of the independent t-test indicated a statistically significant difference in the quality of life between the two groups ( $t = 5.62$ ,  $p < 0.01$ ). Parents of children with intellectual disabilities reported significantly lower quality of life scores as compared to parents of typically developing children. This suggests that the additional caregiving burden, stress, and emotional challenges associated with raising a child with intellectual disability negatively affect their well-being.

First hypothesis stating that "There is a significant difference in quality of life between parents of children with intellectual disabilities and parents of typically developing children" is accepted.

These findings are consistent with **Smith et al. (2017)**, who reported that parents of children with special needs had significantly lower psychological well-being. **Sharma & Verma (2021)** found similar trends in Indian populations. **Silva et al. (2019)** highlighted that the degree of disability was directly associated with declines in parental quality of life, particularly in mental and physical domains.

### Correlation between Social Support and Quality of Life

**Table 2:**

#### Correlation between Social Support and Quality of Life in Parents of Children with

### Intellectual Disabilities

| Variable                         | r-value | p-value |
|----------------------------------|---------|---------|
| Social Support & Quality of life | 0.65    | <0.01   |

The Pearson correlation coefficient showed a strong and statistically significant positive relationship between perceived social support and quality of life among parents of children with intellectual disabilities ( $r = 0.65$ ,  $p < 0.01$ ). This indicates that higher levels of social support were associated with better perceived well-being.

Second hypothesis stating that “There is a significant positive correlation between social support and quality of life among parents of children with intellectual disabilities” is accepted.

**Garcia et al. (2020)** found that both emotional and instrumental support play a key role in caregiver well-being. **Ghosh & Sen (2020)** noted that support networks significantly reduce stress in Indian parents of children with disabilities. **Shin et al. (2019)** further confirmed these findings in a Korean context, where perceived family support was positively linked to reduced psychological distress.

### Social Support Predicting Quality of Life

**Table 3:**

#### Regression Analysis of Social Support Predicting Quality of Life among Parents of Children with Intellectual Disabilities

| Predictor      | $\beta$ (Beta) | R <sup>2</sup> | F-value | p-value |
|----------------|----------------|----------------|---------|---------|
| Social Support | 0.67           | 0.43           | 52.78   | <0.01   |

Regression analysis indicated that social support was a significant predictor of quality of life in parents of children with intellectual disabilities. The model explained 43% of the variance in quality-of-life scores ( $R^2 = 0.43$ ,  $\beta = 0.67$ ,  $p < 0.01$ ), suggesting that as perceived social support increases, quality of life improves significantly.

Third hypothesis stating that “Social support significantly predicts quality of life among parents of children with intellectual disabilities” is accepted.

Liu & Liu (2018) reported similar results in Chinese populations, emphasizing that support explained significant variance in caregiver well-being. In the Indian context, Deshmukh & Pawar (2021) highlighted the protective role of social networks in enhancing emotional resilience and life satisfaction. Bhatt & Patel (2020) also found that structured parent support groups helped reduce stress and improve life quality.

## Social Support Predicting Quality of Life

**Table 4:**

### Regression Analysis of Social Support Predicting Quality of Life among Parents of Typically Developing Children

| Predictor      | $\beta$ (Beta) | R <sup>2</sup> | F-value | p-value |
|----------------|----------------|----------------|---------|---------|
| Social Support | 0.58           | 0.34           | 40.92   | <0.01   |

Among parents of typically developing children, social support also significantly predicted quality of life, explaining 34% of the variance ( $R^2 = 0.34$ ,  $\beta = 0.58$ ,  $p < 0.01$ ). This suggests that even in the absence of disability-related stress, social support plays a crucial role in determining overall life satisfaction and well-being.

Fourth hypothesis stating that “Social support significantly predicts quality of life among parents of typically developing children” is accepted.

**Wills et al. (2017)** found that emotional and social support enhanced parenting satisfaction and psychological health even in families without disability challenges. **Rao & Sharma (2019)** observed that strong family and community engagement significantly contributed to parents' happiness and stress reduction. **Saxena & Roy (2022)** emphasized that social interaction and emotional bonding increase resilience and personal fulfillment in urban Indian families.

## CONCLUSION

- 1) Parents of children with intellectual disabilities reported significantly lower quality of life compared to parents of typically developing children.
- 2) Higher levels of perceived social support were strongly associated with better quality of life among parents of children with intellectual disabilities.
- 3) Perceived social support significantly predicted quality of life in parents of children with intellectual disabilities, explaining a substantial portion of the variance.
- 4) Perceived social support also significantly predicted quality of life among parents of typically developing children, though to a slightly lesser extent.

## LIMITATIONS

- Small sample size limits generalizability.
- Cross-sectional design limits causal inference.
- Self-reported data may introduce response bias.
- Study confined to Pune, limiting geographical scope.

## **IMPLICATIONS**

- Policymakers should develop programs enhancing social support for parents of children with intellectual disabilities.
- Social workers and healthcare providers must focus on building support networks.
- Awareness campaigns can reduce stigma and encourage community involvement.

## **SUGGESTIONS**

- Conduct longitudinal studies to assess changes over time.
- Explore other variables such as coping strategies and mental health.
- Expand sample size and include rural populations.
- Implement intervention studies to test support programs.

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## **Suicidal tendency and different Parental Attitude among Adolescents**

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### **ABSTRACT**

The present study aimed to determine the relationship between suicidal ideation among adolescents and their parent's child-rearing style. The sample consists of 140 undergraduate students (70 boys and 70 girls) drawn by using purposive sampling method. The mean age of students is 19.22 with a standard deviation of 3.61. Akhtar's parent - child relationship scale (Jahan 2000) was used to measure parental child rearing practices. Suicidal tendency was measure by using Beck suicidal ideation scale (Beck et al. 1979). Significant positive correlation found between controlling attitude of mothers and their girls' suicidal tendency. Significant negative correlation found between autonomy and love attitude of fathers and their girls' suicidal tendency. Significant negative correlation found between mother loving attitude and their boys' suicidal tendency. Significant positive correlation found between fathers controlling attitude and their boys' suicidal tendency.

**Keywords:** - Suicidal tendency, Parental Attitude, Adolescents.

### **INTRODUCTION**

Suicide constitutes the 13<sup>th</sup> leading cause of death (World Health Organization 2002). In youths, it even may reach the position of one of the leading causes of death, it also occurs among older people. Suicidal behavior is a generic term referring to thoughts of suicide, suicide attempts and deaths by suicide. Suicide refers to a self-inflicted death associated with some (intrinsic or extrinsic) evidence of intent to kill oneself (O' Carroll et al., 1996). Suicide attempts 'likewise refer to potentially self-injurious but non-lethal behavior associated with any intent to kill oneself (O' Carroll et al., 1996). Suicide ideations are defined as those who consider ending their lives but have not yet fully implemented a suicide plan or performed any potentially lethal act. Suicide ideation has been defined as "the domain of thoughts and ideas about death, suicide and serious self-injurious behaviours, including thoughts related to the planning, conduct and outcome of suicidal behaviour'(Reynolds,1998b) an indicator of suicidal behavior (Wetzel,1975) and can be

a predictor of suicide acts (Beck et al. 1979). Thus, suicidal tendency precedes suicide behavior (Wetzel, 1975). Suicide tendency is rare in children but highly prevalent among adolescents, with research suggesting that approximately 1 out of 6 high school students will seriously contemplate suicide in a given year. In this age of globalization due to rapid industrialization and social change people undergo lots of stress. It is a matter of concern that there is growing deterioration in adjustment among adolescent youths of present time. It is needless to say that the adolescents are anxious, unhappy, perplexed insecure and personally and socially alienated. They are lacking in commitments, and conformity with family, social, moral and ethical norms. Moreover, they are fewer goals oriented, confused and unable to cope with the challenges of life effectively.

The behavior of the individual is influenced by the family in which he is brought up. The reactions of a child that make him/ her adjusted or maladjusted in the family and society are caused in the family environment. Every human child is born in a family and is looked after by mother, father or substitute. A child is loved and scored, praised and blamed, rewarded and punished according to the situation, according to his/ her own behavior and also according to his/ her parent's attitude. Suicide thoughts was found to be significantly associated with perceived authoritarian parenting, low parental warmth, high maternal over control, negative child – rearing practices and a negative family climate (KaWaiLai and McBride, 2001) and connected with childhood sexual abuse and physical punishment, as well as financial hardship, parental divorce or separation and physical argument between parents (Ystgaard et al. 2004). The many factors involved in suicide behavior and tendency in adolescents include depression, poor self- esteem, hopelessness, suicide of family members or peers, poor school performance and family problems are consistently reported as characteristic of youth suicide in the west (Hendin, 1987). Parents' child –rearing styles play an important role in the growth, personality development and behavior of children ( Maccoby & Martin , 1983). Adolescent suicide ideation is associated both with perceptions of parenting styles and practices (Darling & Steinberg, 1993).

### **PURPOSE:**

The purpose of the present study was to investigate the correlation between suicidal tendencies of adolescents and their parent's autonomy, control, love and hostility attitude.

### **HYPOTHESIS:**

- Children's suicidal tendency will be negatively associated with permissive and loving parental attitude.

- Children's suicidal tendency will be positively associated with hostile and controlling parental attitude.

## **METHODOLOGY:**

### **SAMPLE**

The study was conducted on the basis of purposive sampling technique. It consisted of 102 boys and 110 college girls. They mostly belonged to undergraduate classes. Their age ranged from 16 to 21 years. Their parents (N=348) were contacted at their residence and requested to co-operate in the research and fill up the forms. After receiving the filled-up forms and scrutiny data were obtained from 280 parents and 70 boys and 70 girls and were used for result analysis.

### **INSTRUMENTS**

#### **Parent-Child Relationship Scale (PCRS)-**

It was developed by Jahan (2000). It is a test to assess parental view about their children. The test is in the Hindi version and consists of 75 items. Each item has two statements Yes/ No. The individual subject is instructed to respond by putting a tick mark on one statement. In this test four dimensions were considered i.e. Autonomy, Love, Control, and Hostility. The reliability of the test is high. The test retest's reliability is .84 for Autonomy, .85 for Control, .82 for Love and .78 for Hostility. The test Validity scores are .47 for Autonomy, .50 for Love, -.51 for Control and -.49 for Hostility respectively.

#### **Scale for Suicidal Tendency –**

Developed by Beck, Kovacs, Weissman (1979). It consists of nineteen items and is designed to quantify the intensity of current conscious suicidal intent by scaling various dimensions of self-destruction thoughts or wishes. Each item consists of three alternative statements graded in intensity from 0 to 2. The scale has reliability (Cronbach alpha) and validity coefficients of .89 and .41 respectively.

#### **Personal Data Sheet-**

The Performa provided information about the subject's name, age, religion, educational qualification, parent's name, residence, parent's education, monthly income, etc.

## **RESULTS AND DISCUSSION**

The scores were analyzed in terms of correlation between the different dimensions of parental

attitude and suicidal tendency scores obtained by testing 100 boys and 100 girls.

**Table 1.**

**Correlations between scores of different parental attitude (fathers) and suicidal tendency of boys(N=100) and girls(N=100)**

| <b>Parental<br/>(fathers)Different</b> | <b>Boys Suicidal<br/>Tendency</b> | <b>Girls Suicidal<br/>Tendency</b> |
|--|-----------------------------------|------------------------------------|
| <b>Attitude</b>                        |                                   |                                    |
| <b>Autonomy</b>                        | .113                              | <b>-.164*</b>                      |
| <b>Control</b>                         | <b>.168*</b>                      | .132                               |
| <b>Love</b>                            | -.070                             | <b>-.147*</b>                      |
| <b>Hostility</b>                       | .091                              | .074                               |

*Note= \*\*.01, \*.05*

It was expected that autonomy in parental attitude would be negatively associated with suicidal tendency in children the results support the hypothesis. In girl's group significant negative correlation has been found between father's democratic attitude and suicidal tendency of their daughters. In boy's group significant positive correlation has been found between suicidal tendency and their fathers controlling attitude. Loving attitude of fathers negatively associated with suicidal tendency in both boys and girls group. In girls group it was moderately significant. No significant correlation has been found between hostile attitude of fathers and suicidal tendency of their children's.

**Table 2.**

**Correlations between scores of different parental attitude (mothers) and suicidal tendency of boys(N=100) and girls(N=100)**

| <b>Parental<br/>(mothers)Different</b> | <b>Boys Suicidal<br/>Tendency</b> | <b>Girls Suicidal<br/>Tendency</b> |
|--|-----------------------------------|------------------------------------|
| <b>Attitude</b>                        |                                   |                                    |
| <b>Autonomy</b>                        | -.109                             | -.069                              |
| <b>Control</b>                         | .015                              | <b>.221**</b>                      |
| <b>Love</b>                            | <b>-.172*</b>                     | .089                               |
| <b>Hostility</b>                       | .008                              | .054                               |

*Note= \*\*.01, \*.05*

No significant correlation found between mothers autonomy attitude and their children's suicidal tendency. But their correlation results are found in accepted direction. Highly significant positive correlation found between mothers controlling attitude and girls suicidal tendency. Negative significant correlation has been found between boy's suicidal tendency and their fathers loving attitude. Thus the correlation supported the hypothesis that children's suicidal tendency will be negatively associated with loving parental attitude. No significant correlation has been found between mother's hostile attitude and their children's suicidal tendency.

### **CONCLUSIONS:**

In the light of the finding of the present study the following conclusions have been drawn:

- The first hypothesis that children's suicidal tendency will be negatively associated with permissive and loving parental attitude has been proved.
- The second hypothesis that children's suicidal tendency will be positively associated with controlling parental attitude have been proved in both boys and girls group.

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## **Health, Education and Nutritional Rights for the Children**

**R.K. Gayathiri Devi**

### **ABSTRACT**

Child development is fundamentally anchored in three interdependent pillars: health, nutrition, and education. While education lays the foundation for intellectual and career growth, health and nutrition are essential for physical well-being and a productive life. This paper explores the interconnected nature of these rights, highlighting both national and international frameworks including the United Nations Convention on the Rights of the Child (UNCRC) and India's Right to Education (RTE) Act. The discussion integrates legal, medical, and social perspectives and examines various government initiatives and policies designed to support children's welfare. Emphasis is placed on the importance of early intervention and holistic development to secure the future of children in India.

**Keywords:** Child Development, Health, Education, Nutrition, UNCRC, RTE Act, Child Rights.

### **INTRODUCTION**

Children represent the most valuable asset of any nation, and their development is crucial to national progress. In India, as a welfare state, the commitment to child welfare is constitutionally and morally significant. The country recognizes that no sustainable advancement is possible without investing in the health, nutrition, and education of its youngest citizens. A child's growth during the formative years determines not only their future well-being but also the future of society as a whole. Ensuring children's rights in these critical areas is both a developmental necessity and a legal obligation. This paper addresses the multifaceted aspects of child rights in India, focusing on the measures taken to promote and protect children's health, education, and nutritional well-being.

### **Child Rights and the UNCRC Framework**

The United Nations Convention on the Rights of the Child (UNCRC) is a globally recognized treaty affirming the civil, political, economic, social, and cultural rights of every child, regardless of background. It defines a child as any individual under the age of 18 and mandates that governments ensure their well-being through legislation, education, and health services. The

convention organizes child rights into four broad categories: survival, protection, development, and participation. In India, these principles have been incorporated into national policy and are reflected in multiple programs aimed at securing children's rights, particularly for vulnerable and marginalized populations.

### **Health and Nutrition in Early Childhood**

Proper nutrition and healthcare in early childhood lay the groundwork for lifelong well-being. Essential elements such as a balanced diet, timely immunizations, clean drinking water, hygiene, and mental health support are critical to growth and development. Children aged 1 to 5 years require higher nutritional intake proportional to their body weight, yet many are underfed due to lack of awareness. Government initiatives like Integrated Child Development Services (ICDS) target this issue by offering supplementary nutrition, growth monitoring, and health education to mothers and caregivers.

### **Nutritional Requirements of School-Aged Children**

Children between the ages of 6 and 12 experience slower growth than toddlers but require a balanced intake of nutrients to support academic performance and physical activity. At this stage, girls often surpass boys in growth rate. Malnutrition, even at moderate levels, can impair learning ability, immunity, and social participation. Government schemes like the Mid-Day Meal Programme aim to reduce classroom hunger, improve nutrition, and enhance school attendance.

### **Malnutrition and Its Impact**

Malnutrition manifests as both undernutrition and micronutrient deficiencies, leading to conditions such as anemia, growth retardation, and cognitive impairments. Severe cases include kwashiorkor and marasmus. Factors contributing to malnutrition include poverty, poor maternal health, and limited access to healthcare. Combatting malnutrition requires a multi-pronged approach involving food security, public health education, and social safety nets.

### **Food Security and Government Interventions**

Food security implies reliable access to sufficient, nutritious food. India ensures food availability through the Public Distribution System (PDS) and maintains a buffer stock of essential grains. Complementary programs like Antyodaya Anna Yojana and Food for Work further assist vulnerable groups. The role of NGOs and cooperatives is also significant in delivering food aid and promoting nutrition awareness in underserved areas.

### **Right to Education and the RTE Act**

Education has been recognized as a fundamental right under Article 21A of the Indian Constitution through the Right to Education (RTE) Act, 2009. It mandates free and compulsory education for children aged 6 to 14 and requires all schools to meet minimum infrastructure and teaching standards. The act also prohibits physical punishment, mental harassment, capitation fees, and discrimination, promoting a child-friendly learning environment.

### **UNCRC Articles and Their Implementation in India**

India, as a signatory to the UNCRC, has aligned its child welfare policies with international standards. The principles of non-discrimination, the best interests of the child, and the right to life and development guide domestic laws and schemes. Efforts are ongoing to improve awareness, accessibility, and delivery of services across sectors such as education, health, nutrition, and child protection.

### **Legislations and Schemes for Children**

The Indian government has enacted multiple laws and launched programs to safeguard child rights. These include the Juvenile Justice (Care and Protection of Children) Act, the Commission for Protection of Child Rights Act, and the Infant Milk Substitute Act. Key schemes such as ICDS, the Rajiv Gandhi National Crèche Scheme, and the Integrated Child Protection Scheme address health, education, and rehabilitation of at-risk children.

## **CONCLUSION**

Health, education, and nutrition are deeply interwoven components of child development. Strengthening these areas not only benefits individual children but also contributes to national progress. Ensuring these rights through legal frameworks, policies, and community-based interventions must remain a priority for holistic and inclusive development. A sustained and collaborative effort from the government, civil society, and families is essential to build a brighter future for every child.

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**“The Influence of Parental Lifestyle on Emotional Maturity Among Teenagers”**

**Mr. Ganesh Jandev Tambe**

**ABSTRACT**

The purpose of this study is to examine how parental lifestyle patterns influence the emotional maturity of teenagers. In the context of rapid social and technological change, adolescents are increasingly shaped by their home environments. This qualitative research uses secondary data sources such as journal articles, research reports, and institutional findings to explore the correlational relationship between parental lifestyle and adolescent emotional growth. Findings suggest that parenting styles, daily routines, and emotional climate at home play a critical role in teenagers' ability to manage emotions, empathize, and adapt to challenges. The study further recommends holistic parenting approaches and institutional support mechanisms to strengthen emotional resilience in adolescents.

**Keywords:** Parental Lifestyle, Emotional Maturity, Teenagers, Family Influence, Adolescent Psychology.

**INTRODUCTION:**

Adolescence is a critical period marked by emotional, cognitive, and social development. Emotional maturity, defined as the ability to manage one's feelings, demonstrate empathy, and handle interpersonal relationships, is particularly important in this phase (Sharma, 2021). While much attention is given to peer influence and school environment, it is within the home that adolescents first learn emotional regulation. Parental lifestyle encompassing work schedules, health habits, communication styles, and emotional availability directly or indirectly influences the emotional landscape of teenagers.

Recent literature reveals a growing concern that parental busyness, digital preoccupation, and inconsistent discipline may contribute to emotional instability in children (Verma, 2020). Conversely, homes that model balanced routines, consistent emotional support, and open communication foster self-regulation and emotional intelligence (Deshmukh, 2022). This paper reviews such secondary data to explore correlations and bring forward key recommendations for parenting in the modern age.

## **SIGNIFICANCE OF THE STUDY:**

The study contributes to adolescent psychology by connecting emotional development with parental practices. It provides a literature-based framework for educators, psychologists, and parents to recognize the critical role of home environments in shaping emotionally mature individuals.

## **OBJECTIVES OF THE STUDY:**

1. To examine existing literature on parental lifestyle and its components.
2. To explore how different parental habits (work-life balance, emotional expression, screen time) affect teenagers' emotional maturity.
3. To identify correlations between parenting patterns and emotional resilience among adolescents.
4. To suggest supportive parenting approaches that promote emotional growth in teenagers.

## **RESEARCH METHODOLOGY:**

This qualitative, secondary data-based study analyzed published journal articles, books, and institutional reports related to parental lifestyle and adolescent development. Thematic content analysis was used to identify patterns and draw correlations between parenting behavior and emotional maturity levels in teenagers.

## **INTERPRETATION AND RESULTS:**

### **Objective No. 1: To examine the relationship between parental lifestyle and the emotional maturity of teenagers.**

The first objective of this study aims to explore how various dimensions of parental lifestyle affect the emotional maturity levels of their teenage children. Emotional maturity includes the ability to manage emotions effectively, cope with stress, express feelings appropriately, and maintain balanced interpersonal relationships (Singh, 2019). In the present study, the parental lifestyle encompasses habits such as work-life balance, health and wellness practices, time spent with family, and emotional availability.

Secondary research by Bhatia & Choudhary (2020) suggests that children of parents who follow a healthy lifestyle and maintain emotional regulation tend to demonstrate higher levels of emotional resilience and social adaptability. These teenagers are often found to have fewer behavioral issues

and are better equipped to deal with peer pressure and academic stress. Similarly, Rao (2021) pointed out that when parents model emotionally regulated behavior and lead a well-balanced life, teenagers mimic those traits and internalize the emotional skills needed for adulthood.

The interpretation of the data suggests that the influence of parental behavior, attitudes, and routines is crucial in shaping the emotional coping mechanisms in adolescents. Parents who maintain calmness in stressful situations, prioritize quality family time, and maintain consistent routines indirectly instill emotional discipline and maturity in their children. On the contrary, parents leading chaotic or emotionally inconsistent lives may transmit stress, instability, or emotional suppression to their children (Kulkarni, 2022).

This relationship highlights the necessity for parents to reflect on their own emotional health and habits, as they serve as live models for their children. The research aligns with Attachment Theory by Bowlby (1982), which stresses that a child's secure attachment and emotional development are significantly shaped by parental availability and responsiveness. Therefore, this objective underline that the emotional climate of the family, regulated through parental lifestyle, is deeply connected with teenagers' emotional maturity.

**Objective No. 2: To identify which specific aspects of parental lifestyle (diet, physical activity, screen time, work-life balance) influence teenagers' emotional responses.**

This objective focuses on breaking down the broader category of lifestyle into specific components namely, diet, physical activity, screen time, and work-life balance to understand their individual and collective impact on adolescent emotional behavior. Teenagers are impressionable and highly likely to adopt lifestyle habits modeled by their parents. Therefore, the study examined which of these components were most strongly linked to emotional maturity indicators such as emotional regulation, resilience, empathy, and impulse control.

The findings from prior literature suggest that diet and physical activity have a strong correlation with mood regulation and energy levels. For instance, Prasad & Iyer (2020) noted that families that consume nutritionally balanced meals and encourage physical exercise observe fewer mood swings and better emotional control in children. In contrast, high sugar intake and sedentary habits are associated with irritability and poor coping skills (Mishra, 2019).

Regarding screen time, a report by Bhonsle (2021) highlighted that families where both parents and children engage in excessive screen use tend to experience emotional disconnect and lower interpersonal empathy. This could be due to reduced face-to-face communication and diminished

emotional attunement. In contrast, balanced screen habits foster more meaningful interactions, stronger emotional bonds, and better conflict resolution strategies.

Work-life balance is another essential aspect. When parents maintain boundaries between their work and family roles and allocate time for emotional connection, teenagers report feeling more secure and supported (Saxena & Joshi, 2022). Conversely, work-dominated households often report emotional neglect, leading to higher incidences of anxiety and low self-esteem among teenagers.

Thus, this objective interprets how individual lifestyle behaviors practiced by parents are mirrored in the emotional tendencies of their children. It stresses the need for holistic wellness not just for the teenager, but for the family unit as a whole. The cumulative effect of diet, exercise, digital hygiene, and work-life equilibrium greatly determines emotional health.

**Objective No. 3: To assess how parental involvement in daily routines affects emotional regulation in teenagers.**

This objective investigates whether the active involvement of parents in their teenager's daily life activities contributes positively to emotional regulation. Parental involvement here includes engaging in family meals, academic support, participating in leisure activities, and emotional conversations.

The findings from reviewed literature indicate that parental involvement is directly proportional to the emotional well-being of children. A study by Ghosh & Malik (2021) revealed that teenagers whose parents maintained active engagement in their daily lives scored significantly higher in emotional maturity scales. Such adolescents reported feeling more understood, supported, and emotionally secure.

Teenagers require consistent guidance and a sense of presence from their parents, especially during emotionally turbulent years. As noted by Rani (2020), parental involvement acts as a buffering factor against peer pressure, academic stress, and identity confusion. It provides adolescents with a stable emotional base and equips them with problem-solving and emotion-regulation skills.

In contrast, parental detachment or excessive preoccupation with external tasks tends to make teenagers feel emotionally neglected. This can result in behavioral issues, emotional outbursts, and even withdrawal or depressive symptoms (Kulkarni, 2022). Emotional regulation, an essential aspect of emotional maturity, relies on the ability to process feelings constructively. Parents who are emotionally present and responsive help teenagers identify, label, and work through emotions.

Moreover, secondary research points out that even small, routine engagements such as helping with homework, attending school meetings, or sharing meals have a significant psychological impact (Patel, 2019). These moments create spaces for emotional expression and guidance, nurturing the teenager's self-awareness and emotional intelligence.

Therefore, the interpretation for this objective emphasizes the need for quality time and emotional availability in parenting. Consistent parental presence fosters trust, emotional communication, and regulation, which are all pillars of emotional maturity in teenagers.

**Objective No. 4: To explore whether parental emotional stability impacts adolescents' emotional coping mechanisms.**

The fourth objective analyzes the emotional stability of parents as a predictor of teenagers' coping abilities. Emotional stability in parents is defined by traits like consistency in emotional response, ability to manage stress, and providing a calm environment at home.

Studies such as that of Mehta & Srivastava (2020) show that adolescents with emotionally stable parents tend to exhibit greater emotional regulation, less impulsivity, and more adaptive coping strategies. These parents serve as emotional anchors during adolescent challenges such as academic stress, peer issues, or personal setbacks.

Research further indicates that emotional instability in parents manifested as frequent anger, anxiety, mood swings, or emotional unavailability creates a chaotic emotional environment that hinders the adolescent's own emotional learning (Bhandarkar, 2021). Teenagers in such households often internalize these dysfunctional coping mechanisms, leading to issues such as aggression, withdrawal, or anxiety disorders.

Interpretation of secondary data suggests that emotional modeling is one of the strongest forms of non-verbal learning during adolescence. Teenagers tend to mirror the emotional patterns they observe in their parents. Consistent and calm emotional reactions to conflict or disappointment by parents teach adolescents patience, empathy, and self-soothing techniques.

Furthermore, research by Pandey & Kaur (2019) found that emotional stability in parents encouraged open emotional dialogue in the household. This communication allows teenagers to express vulnerabilities and process them constructively, leading to stronger emotional coping. In essence, this objective's interpretation confirms that a parent's ability to stay emotionally balanced during stressful events not only builds trust but also empowers adolescents to develop their own emotional toolkit. Emotional maturity in teenagers is thus not only taught but lived, through

consistent parental modeling.

## **DISCUSSION:**

The findings of this study reveal a noteworthy link between parental lifestyle and the emotional maturity of teenagers. It emphasizes that the daily habits, routines, and emotional patterns modeled by parents significantly shape adolescents' ability to regulate their emotions, empathize with others, and maintain psychological balance. The results align with studies by Baumrind (1991) and Darling & Steinberg (1993), which argue that authoritative parenting and consistent lifestyle routines positively affect adolescent emotional growth.

The study highlights that emotional maturity in teenagers is not an isolated trait but is closely embedded in the home environment. For example, teenagers whose parents demonstrated structured routines, open emotional communication, and healthy habits such as adequate sleep, balanced nutrition, and reduced screen time, showed greater levels of emotional regulation and resilience. This reinforces earlier findings from Goleman (1995), who emphasized that emotional intelligence is largely a learned behavior, influenced by environmental cues and emotional modeling during childhood.

Moreover, the role of indirect lifestyle factors such as stress levels, parental work-life balance, and digital discipline also emerged as crucial determinants. Parents who were overworked, emotionally unavailable, or distracted by technology tended to have children with lower emotional awareness and coping skills. These findings echo the conclusions of Singh & Agarwal (2017), who found that high parental stress correlates with emotional dysregulation in adolescents.

This discussion also raises important considerations for intervention. Schools and community programs can play a pivotal role in equipping parents with the tools and awareness to foster emotionally supportive homes. Emotional maturity is essential not only for academic success but also for mental health, social adaptation, and future relational stability.

## **CONCLUSION:**

The study concludes that parental lifestyle significantly influences the emotional maturity of teenagers. It underscores that adolescents raised in homes with structured routines, healthy communication, and emotionally aware parenting tend to develop better emotional regulation and resilience. Conversely, chaotic or emotionally neglectful home environments pose a risk to adolescent emotional development. Thus, parental awareness and proactive lifestyle adjustments can serve as a preventive tool in promoting adolescent emotional well-being.

## SUGGESTIONS / IMPLICATIONS:

1. **Parenting Workshops:** Schools and community centers should organize parenting programs focusing on emotional modeling, stress management, and digital boundaries.
2. **Lifestyle-Based Counseling:** Adolescent mental health counseling should include an assessment of parental lifestyle and home emotional environment.
3. **Policy Interventions:** Policymakers should promote awareness campaigns about the link between parental behavior and teenage mental health.
4. **Home-School Collaboration:** Teachers should collaborate with parents to ensure that children experience consistency between school-based emotional learning and home practices.
5. **Parental Support Groups:** Establish forums where parents can share experiences, challenges, and strategies to manage their lifestyle more effectively.

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## **Training for Transformation: Investigating the Impact of T&D Practices on Employee Performance and Organizational Success**

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### **ABSTRACT: -**

Training and Development is a vital component of human resource management that significantly influences employee performance and contributes to overall organizational effectiveness. In today's competitive business environment, organizations strategically invest in training initiatives to enhance employee skills, support career progression, and improve productivity. This research paper explores the effectiveness of T&D practices by analyzing employee perceptions, performance outcomes, and the impact on organizational goals. The study is based on primary data collected through structured questionnaires and direct interactions with employees and HR personnel, supported by secondary data from existing literature. Statistical analysis using a one-sample t-test was conducted to validate the hypotheses. The findings indicate that consistent and well-structured training programs lead to increased employee motivation, enhanced job performance, and improved retention rates. The study underscores the importance of aligning training strategies with employee needs and organizational objectives to drive long-term success.

**Keywords:** - Training and Development, Employee performance, Organizational Effectiveness, Performance Improvement, Employee Retention, Hr Practices.

### **INTRODUCTION:-**

In the contemporary era of dynamic business environments, evolving technologies, and increasing global competitiveness, organizations are recognizing the indispensable value of their human resources. No longer considered merely a support function, human resource management has become a strategic pillar of organizational growth, with training and development emerging as a key element for achieving sustainable success. Organizations across industries are investing in training not just to upskill employees, but also to improve their morale, retention, and long-term

performance. As industries undergo transformation, employees must also evolve and effective training and development programs are vital for bridging this gap between current competencies and future demands.

Training refers to systematic learning aimed at improving employees' technical and behavioral skills required for specific job roles. Development, on the other hand, is a broader concept that encompasses long-term learning and career progression opportunities. Together, T&D initiatives aim to equip employees with the knowledge and capabilities necessary to perform their tasks efficiently while preparing them for future responsibilities. The effectiveness of these programs lies not just in their design and delivery but in how well they address the needs of employees and align with the strategic goals of the organization. Numerous studies over the past decade have reinforced the fact that when employees are trained effectively, they tend to be more productive, loyal, and satisfied with their jobs.

According to Prakash (2016), effective training interventions not only boost employee performance but also result in higher organizational efficiency. The study conducted at Ramesh Flowers Pvt. Ltd. revealed that training had a substantial positive impact on employees' overall work behaviour. Similarly, Wasib Bin Latif et al. (2013) demonstrated through quantitative analysis that organizations with structured training systems witnessed improved employee commitment, job satisfaction, and output. These findings are consistent across sectors, indicating that investment in training yields measurable outcomes in terms of workforce capability and organizational effectiveness.

However, training effectiveness is not solely about the training content or duration it is also deeply influenced by employee perception. If employees find training relevant, engaging, and applicable to their roles, they are more likely to absorb and implement the learning in their day-to-day tasks. On the contrary, poorly delivered or misaligned training can lead to disinterest, knowledge gaps, and wasted resources. Employee satisfaction with training programs is a critical measure of their success. Factors such as the quality of trainers, relevance of training modules, opportunities for hands-on learning, and post-training support significantly influence this satisfaction. According to Rabiyathul Basariya et al. (2017), employees who find training meaningful and aligned with their career goals show higher enthusiasm and improved performance.

In a study conducted by Bharthvajan and Fabyiola (2019), it was observed that the presence of regular and well-organized training programs contributed to increased employee motivation and

role clarity. The research also noted that organizations that involved employees in the identification of training needs saw better results in terms of learning outcomes. This highlights the importance of Training Needs Analysisa tool for assessing skill gaps before designing training interventions. When training is tailored to the actual needs of the workforce, employees not only feel valued but also become more engaged in their development journey.

Another vital consideration in evaluating training effectiveness is the change it brings to employee performance. Performance can be measured in terms of increased productivity, improved quality of work, enhanced problem-solving abilities, and better team coordination. A research paper by Khan et al. (2011) emphasized that organizations that view training as a strategic investment rather than an operational cost are more successful in retaining talent and fostering innovation. Employees trained regularly tend to be more confident, less resistant to change, and more adaptable in volatile market conditions.

However, training programs often face challenges in their implementation. One of the major limitations is the lack of proper evaluation mechanisms. Many organizations conduct training programs without adequately assessing their outcomes. As noted in the work of Opatha (2015), the absence of post-training feedback, performance measurement, and follow-up activities limits the long-term impact of training. Additionally, if training is not followed by supportive managerial practices or real-time opportunities to apply learning, its effects may diminish over time.

Another challenge is the diversity of the workforce. Training programs must consider factors such as age, language, experience levels, and learning preferences. One-size-fits-all training often fails to address the specific challenges faced by different employee groups. Research from the banking sector in Pakistan by Latif et al. (2013) pointed out that demographic variables significantly influence training outcomes. For instance, younger employees may prefer tech-enabled learning modules, while senior employees might benefit more from practical workshops and mentoring sessions. Addressing such differences enhances both the relevance and effectiveness of training interventions.

With the rise of digitalization, organizations are increasingly incorporating e-learning platforms, simulations, and blended learning strategies into their training models. While these tools offer flexibility and scalability, they also demand a higher degree of self-motivation and digital literacy among employees. Evaluating the effectiveness of these modern tools requires new performance indicators and innovative feedback systems. According to a study published by MDPI (2021),

organizations that successfully integrate technology into their T&D frameworks report faster skill acquisition and more measurable outcomes compared to traditional models.

The present study is rooted in the fundamental question: *How effective are the training and development practices within an organization, particularly in terms of employee satisfaction and performance improvement?* This inquiry is driven by the understanding that training programs are only as good as the value perceived and derived by employees. The real impact of training is reflected not just in knowledge tests or attendance records, but in behavioural change, job confidence, and enhanced contribution to organizational goals. Therefore, exploring employee perceptions provides deeper insights into the strengths and shortcomings of existing T&D systems. This study also acknowledges the role of organizational culture and leadership in shaping the training climate. A culture that promotes learning, encourages feedback, and rewards skill development fosters greater enthusiasm toward training initiatives. Leaders who actively support and participate in training set a positive example, further encouraging employee participation. As stated by Haslinda Abdullah (2009), the effectiveness of human resource development activities is closely linked to the level of support provided by top management and the clarity of learning goals.

#### **REVIEW OF LITERATURE: –**

**1)K.R., Research Scholar, Dept of MBA, Annamalai University, Chidambaram, Tamil Nadu** This article presents a study on the effectiveness of training and development programs at Ramesh Flowers Pvt. Ltd. in Tuticorin, focusing on employee satisfaction and performance improvement. Using both primary data (collected through employee surveys) and secondary sources (such as reports and manuals), the study employed statistical tools like weighted average tests to analyse the impact of training initiatives. The findings indicate that training significantly enhances employee knowledge, skills, and organizational productivity. The study underscores the importance of continuous training as a strategic tool for human resource development, emphasizing that training bridges gaps between job requirements and employee capabilities. It also highlights that evaluating training effectiveness is crucial for refining future programs. Recommendations suggest further training modules based on employee feedback to optimize organizational benefits.

**2)Bharthvajan R, S Fabiyola Kavitha** investigates the effectiveness of training and development

at ITS Solutions in Chennai, assessing how training has influenced employee performance. Using a random sample of 110 employees from a total of 195, data was gathered through structured questionnaires and analysed using chi-square tests and percentage methods. The findings reveal that training significantly improved employees' efficiency, knowledge, attitudes, and job-related skills. The study emphasizes that training is a time-bound, job-specific activity aimed at enhancing professional capability and cultivating appropriate workplace behaviours. Overall, the training programs at ITS Solutions, particularly the practical sessions and simulations, were found to be effective and aligned with the study's objectives, yielding positive impacts on employee performance.

**3) Md. Mobarak Karim, Musfiq M. Choudhury, Wasib Bin Latif** explores the impact of training and development on employee performance, emphasizing their critical role in organizational success, especially in the era of globalization and technological advancement. The research found that training significantly enhances employee skills, knowledge, attitudes, and job performance, and is essential for keeping up with market dynamics and competition. Citing various scholars, the study underlines the strong positive correlation between training and improved employee output. It advocates for compulsory and continuous training programs tailored to both immediate job requirements and long-term development. The study concludes that effective training and development strategies not only increase employee competence and motivation but also help organizations achieve strategic objectives, retain talent, and adapt to global business challenges.

**4) Ganesh M. Dr. R. Indradevireviews** the importance and effectiveness of training and development in a private university, focusing on how these practices influence staff performance and organizational efficiency. The study emphasizes that training—whether technical or behavioral—is a critical function of human resources and is linked to increased productivity, morale, organizational flexibility, and overall performance. It highlights the need for continuous evaluation and customization of training programs to keep pace with evolving academic and technological demands. Through a survey of Deans and Section Heads, the study finds that well-structured training leads to better job understanding, motivation, and alignment with institutional goals. The research concludes that training and development are essential for bridging skill gaps, enhancing employee potential, and achieving long-term organizational success, recommending that training programs be strategically aligned with departmental and university-wide objectives.

**5) Henry Ongori, Jennifer Chishamiso Nzonzo** examines the benefits, methods, and evaluation of training and development practices in organizations, particularly in the context of increasing global competition. While previous research has largely focused on the general benefits of training, this paper addresses a gap by analyzing how training programs are implemented and evaluated. Conducted through a survey of 61 managers from eight organizations in and around Gaborone city, the study finds that training significantly enhances organizational effectiveness, job performance, teamwork, morale, and job satisfaction. Common methods used include job rotation and role playing, while evaluation typically involves monitoring reductions in workplace accidents and material waste. The study concludes that training is a strategic tool essential for retaining talent and adapting to changes, and it encourages managers to adopt more structured training strategies aligned with business goals.

**6) By Raja Abdul Ghafoor Khan, Furqan Ahmed Khan, Dr. Muhammad Aslam Khan** This study investigates the impact of Training and Development, On-the-Job Training, Training Design, and Delivery Style on Organizational Performance through an extensive literature review and empirical support. It proposes four hypotheses, all of which are validated by the literature and supported by data, confirming that each of these factors has a significant and positive effect on the performance of organizations. Training is emphasized as a critical factor in aligning employee capabilities with organizational goals, enhancing both employee efficiency and return on investment. The findings highlight that well-designed training programs, effective delivery methods, and practical on-the-job experiences collectively boost employee competencies, job performance, and ultimately the overall productivity and success of the organization. The study affirms that strategic investment in training directly correlates with improved organizational outcomes.

**7) Rama Devi V, Nagurvali Shaik** This literature review emphasizes the critical role of Training and Development (T&D) in unlocking the potential of human capital, considered the key differentiator in today's competitive business environment. The article argues that while Indian organizations have increasingly invested in T&D to enhance employee skills and performance, training effectiveness must be rigorously evaluated to ensure alignment with strategic objectives and return on investment. The study highlights that effective training programs are not only well-aligned with training needs but are also regularly assessed for their impact on employee performance and business outcomes. The paper proposes a new model for measuring training

effectiveness, recognizing that continuous improvement is essential due to the evolving skill requirements in a rapidly changing technological and customer-driven landscape. Ultimately, training alone is insufficient unless it translates into measurable performance gains, making systematic evaluation an indispensable component of successful T&D strategies.

**8) Muhammad Imran, Aiman Tanveer** This empirical study explores the impact of Training and Development (T&D) on employee performance in the banking sector of Pakistan, emphasizing the growing need for skill enhancement due to global competition and rapid service-sector evolution. Using a structured questionnaire distributed to employees of six banks in Bahawalpur, the study evaluated how T&D influences job knowledge, work quality and quantity, functional skills, motivation, and loyalty. With a sample size of 150 and 104 valid responses analysed via SPSS, findings revealed a positive relationship between T&D and all measured aspects of performance. The study argues that banks, being customer-centric service providers, must invest in continuous learning and development programs to remain competitive, especially in areas such as interpersonal skills and customer service. It concludes that T&D is not only vital for enhancing employee capabilities but also directly contributes to improved employee performance, which is essential for organizational success. While the results are insightful, the study acknowledges limitations due to the use of convenience sampling, cautioning against full generalization across all Pakistani banks.

**9) FD Kum, R Cowden, AM Karodia**

This study investigates the impact of training and development on employee performance at ESCON, a South African organization facing productivity challenges due to ineffective training practices and poor working conditions. Using a quantitative approach and random sampling, data was collected from ESCON employees through questionnaires. Findings indicate that insufficient management support, inadequate feedback, and a lack of continuous training hinder employee development and contribute to subpar service delivery. The study emphasizes that investment in human capital is essential, especially in sectors experiencing skill shortages and weak service outcomes. It recommends improving management involvement, providing ongoing feedback, and implementing continuous training programs to enhance employee performance. Training is viewed not only as a tool to reduce errors and improve quality but also as a way to develop internal talent pipelines and ensure long-term organizational success. The study concludes that systematic and well-supported T&D initiatives can transform employees into valuable assets, ultimately giving

organizations like ESCON a competitive edge.

**10) H Urbancová, P Vrabcová, M Hudáková, GJ Petrů - Sustainability, 2021**

This article explores the factors influencing the evaluation of employee training and development effectiveness based on data from 207 Czech organisations. It emphasizes that while training is vital for employee competency and organizational success, measuring its effectiveness is complex, especially due to intangible outcomes. The study found that most organisations rely on subjective evaluation methods such as feedback from supervisors and self-assessments, although some use quantified methods like tracking job performance over time. Results from factor analysis identified two main dimensions: *Subjective Evaluation* and *Quantified Feedback*. The effectiveness of these evaluations was found to depend significantly on variables such as company size, presence of an HR department, business sector, and whether the organisation is part of a larger group. COVID-19 accelerated the digitization of training, pushing organizations toward online formats and highlighting the importance of internal communication and employee engagement. Despite its limitations, including potential bias in self-reported data, the study contributes to both theory and practice by linking evaluation methods to strategic HR planning and offering insights for integrating training outcomes into broader organizational goals.

**11) S Sanyal, MW Hisam**

This paper investigates the impact of training and development practices on employee performance within Omani public and private sector banks. The research employs a descriptive design, utilizing both primary and secondary data collected through structured questionnaires. With a sample size of 300, the study applies statistical tools like Pearson Correlation, Regression Analysis, and ANOVA to test hypotheses. The findings confirm that training and development have a positive impact on employee performance, showing a strong correlation between the two. It suggests that organizations investing in employee skills through training will see enhanced productivity and improved organizational performance. The study highlights the importance of continuous training to ensure employee competence, stressing that untrained employees cannot meet performance expectations, ultimately affecting the organization's success. Additionally, organizations fostering training and development practices often build a strong corporate image.

**12) MM Karim, MM Choudhury, WB Latif**

This study explores the impact of training and development on employee performance, highlighting its critical role in organizational success. The research confirms that training enhances

employee skills, knowledge, and motivation, leading to improved individual and organizational performance. In today's competitive and globalized business environment, continuous training is essential for organizations to remain agile, productive, and customer-focused. The study finds that well-trained employees perform more effectively, suggesting that companies must invest in both short-term skill-based training and long-term development initiatives. Training helps employees meet the challenges of technological and market changes, while development supports career growth and prepares them for future responsibilities. The research concludes that training and development are indispensable HR functions that contribute significantly to employee competence, satisfaction, and overall firm competitiveness.

### **13) R Sudhakar, SR Basariya**

This study emphasizes that training and development are indispensable strategic tools for enhancing employee performance and gaining a competitive advantage. It finds a strong relationship between training, employee performance, and organizational success. In a competitive, technologically advancing market, organizations face constant pressure to attract, retain, and motivate quality talent. Training plays a key role in overcoming these challenges by improving the quality of work life, skill sets, and overall workforce adaptability. The paper highlights that organizations with robust training programs can more easily navigate dynamic environments and achieve sustained growth. It also underscores that a systematic approach to employee development increases motivation, retention, and efficiency, ultimately boosting organizational effectiveness and profitability. As such, companies that invest in continuous learning and skill enhancement position themselves to remain agile and successful in a rapidly evolving business landscape.

### **14) Haslinda ABDULLAH**

This study explores the key challenges facing human resource training and development (HR T&D) in Malaysia's manufacturing sector, a vital component of the country's move toward a knowledge-based economy. Despite government support and initiatives, manufacturing firms continue to struggle with three main obstacles: a shortage of qualified HRD professionals, the growing demand for knowledge workers, and difficulties in fostering a learning culture. The research, based on interviews with 58 HR managers, reveals that HR T&D is often viewed as secondary to broader HRM functions, resulting in inadequate strategic attention and implementation. Additional challenges include an ageing workforce, lack of top management

commitment, and employee resistance to change and training participation. These barriers impede the development of a skilled and adaptable workforce. The study concludes that to effectively manage HR T&D and achieve long-term economic goals, organizations must develop targeted policies, promote self-directed learning, and address attitudinal and structural gaps within the workplace.

### **15) Irene Ferguson Laing (BSc. ADMIN. HRM)**

This study investigates the impact of training and development on employee performance in public sector organizations, with a focus on the Ghana Ports and Harbors Authority (GPHA). Despite having a formal policy to invest in employee training, the research finds that GPHA's training practices lack a systematic and strategic approach, and most employees are not well-informed about available training opportunities. Data collected through structured questionnaires and interviews reveals that while employees acknowledge training as a vital tool for personal and organizational development, the actual implementation of training activities at GPHA does not align with best practices. Moreover, although the organization occasionally organizes training programs, much of the workforce relies on self-sponsored education to stay updated with technological changes. The study recommends that GPHA strengthen its training framework by ensuring that processes are properly followed and that staff are guided in defining their career paths. In conclusion, for organizations like GPHA that rely heavily on advanced technological systems, continuous and structured training is crucial for sustaining efficiency and productivity.

### **NEED FOR THE STUDY**

Despite the growing recognition that training and development (T&D) programs play a critical role in boosting employee performance and organizational outcomes, there remains a significant gap in understanding how these programs are perceived by employees in real organizational settings. While existing literature often emphasizes broad metrics such as return on investment (ROI) or overall productivity improvements, few studies delve into employees' actual levels of satisfaction with the training they receive, the relevance of the content to their daily responsibilities, or the long-term value of such programs in supporting their personal growth and career progression.

This study addresses this gap by shifting focus toward the individual specifically, by exploring how employees interpret the quality, applicability, and motivational impact of T&D programs within a live organizational environment. Unlike general industry-wide assessments, this research

is grounded in a single organization where contextual factors such as leadership support, organizational culture, and departmental objectives are likely to shape the perceived effectiveness of training. Moreover, the study responds to the limited inquiry into whether Training Needs Analysis (TNA) is systematically conducted prior to the implementation of programs, a practice that can significantly influence how relevant and impactful training is perceived to be.

### **Research Objectives: -**

1. To evaluate the effectiveness of training and development practices in enhancing employee performance and organizational productivity.
2. To examine the impact of training and development on employee motivation, engagement, and retention.

### **Hypothesis Sets:-**

#### **Set 1:**

- **H<sub>1</sub> (Alternative Hypothesis):** Training and development programs have a significant positive effect on employee skills, job performance, and productivity.
- **H<sub>0</sub> (Null Hypothesis):** Training and development programs have no significant effect on employee skills, job performance, or productivity.

#### **Set 2:**

- **H<sub>2</sub> (Alternative Hypothesis):** Training and development have a significant positive impact on employee motivation, engagement, and retention.
- **H<sub>0</sub> (Null Hypothesis):** Training and development have no significant impact on employee motivation, engagement, and retention.

### **RESEARCH METHODOLOGY: -**

This study employed a quantitative research design to assess the impact of training and development (T&D) practices on employee performance and organizational success. Data was collected through a structured questionnaire distributed to employees within a single organization, using a convenience sampling method. The questionnaire included both closed ended and Likert-scale items focused on areas such as training effectiveness, satisfaction, job performance improvement, motivation, and managerial support. A total of 100+ valid responses were collected

and analysed. To test the hypotheses, a one-sample t-test was applied to compare the mean scores of key variables against predetermined neutral values. This statistical test was used to determine whether employees' perceptions significantly deviated from the neutral midpoint, thereby validating or rejecting the null hypotheses at a 5% level of significance ( $p < 0.05$ ). The analysis was conducted using Microsoft Excel and Python-based tools for analyzing the data.

## **RESULTS AND INTERPRETATION:**

To analyses the effectiveness of training and development practices, a one-sample t-test was conducted on employee responses. This test compared the mean scores of various factors such as training satisfaction, performance improvement, and motivation against neutral benchmark values to determine whether the responses reflected statistically significant perceptions. A significance level of 0.05 was used, and variables with p-values below this threshold were considered to show meaningful impact, leading to the rejection of the null hypotheses.

| <b>Metric</b>               | <b>N</b> | <b>Mean</b> | <b>SD</b> | <b>t-value</b> | <b>p-value</b> | <b>Conclusion</b> |
|-----------------------------|----------|-------------|-----------|----------------|----------------|-------------------|
| Training Effectiveness      | 97       | 2.69        | 0.46      | 4.04           | 0.0001         | Reject $H_0$      |
| Training Satisfaction       | 106      | 3.96        | 0.63      | 15.69          | 0              | Reject $H_0$      |
| Training Impact             | 101      | 3.08        | 0.58      | 10.08          | 0              | Reject $H_0$      |
| Job Performance Improvement | 91       | 2.31        | 0.46      | 6.32           | 0              | Reject $H_0$      |
| Motivation Impact           | 106      | 2.67        | 0.55      | 12.6           | 0              | Reject $H_0$      |
| Opportunities Provided      | 94       | 2.45        | 0.5       | 8.67           | 0              | Reject $H_0$      |
| Encouragement by Manager    | 104      | 4.44        | 0.9       | 16.32          | 0              | Reject $H_0$      |

Through a comprehensive statistical analysis of data collected from over 100 respondents, the research examined whether training interventions significantly influenced employee performance, job satisfaction, motivation, and managerial support. Two null hypotheses were framed: that training and development have no significant effect on employee skills, performance, or productivity ( $H_0$ ); and another is training has no significant impact on employee motivation, engagement, or retention ( $H_0$ ). These were tested against their respective alternative hypotheses ( $H_1$  and  $H_2$ ).

Empirical evidence from one-sample t-tests revealed statistically significant deviations from the neutral baseline across all key metrics. Variables such as training satisfaction ( $M = 3.96$ ,  $t = 15.69$ ,  $p < 0.001$ ), job performance improvement ( $M = 2.31$ ,  $t = 6.32$ ,  $p < 0.001$ ), and motivation impact

( $M = 2.67$ ,  $t = 12.60$ ,  $p < 0.001$ ) demonstrated robust support for the effectiveness of T&D practices. The consistently low p-values across all tested factors warranted the rejection of both null hypotheses. Thus, we accept alternative hypothesis and reject null hypothesis. These findings affirm that T&D initiatives play a critical role in enhancing employee capabilities, improving organizational support structures, and fostering an engaged, productive workforce.

The results underscore the strategic value of training not merely as an operational function, but as a transformational mechanism that directly contributes to organizational success. Thus, investing in well-designed training programs can catalyze long-term improvements in both employee outcomes and institutional performance, reinforcing the alignment between human capital development and business objectives.

### **CONCLUSION: -**

The findings of this study clearly demonstrate that training and development practices have a significant positive impact on employee performance, motivation, and organizational success. Through statistical analysis using a one-sample t-test, it was evident that employees perceive training programs as effective, relevant, and beneficial to their growth. The results led to the rejection of both null hypotheses, confirming that well-designed training initiatives not only enhance skills and productivity but also strengthen engagement and retention. These insights emphasize the strategic importance of continuous learning and development in driving long-term organizational transformation.

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## **Efficacy of rTMS-Augmented Psychotherapy for Remission in Postpartum Depression**

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### **Abstract**

Postpartum depression (PPD) is a significant mental health condition affecting new mothers, often resulting in impaired maternal functioning, disrupted bonding with the infant, and long-term psychological consequences. While traditional treatments such as pharmacotherapy and counseling have shown effectiveness, they may present limitations—particularly for breastfeeding women. Repetitive Transcranial Magnetic Stimulation (rTMS), a non-invasive neuromodulation technique, has demonstrated efficacy in treating major depressive disorder and holds promise as an adjunctive treatment for PPD.

This study explores the potential benefits of integrating rTMS with counseling to enhance remission outcomes in postpartum depression. A randomized controlled design is proposed, comparing two groups: one receiving only rTMS and the other receiving a combination of psychotherapy and rTMS. Remission is assessed using standardized clinical scales, with follow-up evaluations conducted to measure long-term emotional, cognitive, and maternal outcomes.

The findings are expected to show superior remission rates and improved psychological functioning in the combined intervention group, highlighting the efficacy of a multimodal approach to treating postpartum depression.

**Keywords:** Postpartum Depression, rTMS, Psychotherapy, Remission, Neuromodulation, Maternal Health

### **INTRODUCTION**

Postpartum depression (PPD) is a serious and often overlooked mental health condition that can emerge within weeks to months after childbirth. Unlike the transient "baby blues," PPD is characterized by persistent sadness, emotional numbness, overwhelming guilt, fatigue, and difficulties in bonding with the infant. This condition affects not only the psychological well-being of the mother but also disrupts caregiving, partner relationships, and the healthy emotional development of the child.

Global estimates suggest that up to 1 in 7 women may experience postpartum depression. However, many cases remain undiagnosed or untreated due to factors such as stigma, limited awareness, and restricted access to mental health care. Although treatments such as pharmacotherapy and psychotherapy are available, many mothers are hesitant to pursue medication due to concerns over side effects, breastfeeding safety, and potential long-term dependency.

This hesitancy underscores the need for effective, non-pharmacological, or integrative treatments that can address both the biological and emotional dimensions of postpartum distress. One such emerging intervention is Repetitive Transcranial Magnetic Stimulation (rTMS)—a non-invasive brain stimulation technique that has shown efficacy in treatment-resistant depression. While rTMS has the potential to alleviate the neurobiological symptoms of depression, it may fall short in addressing the relational, emotional, and contextual complexities of motherhood.

Here, psychotherapy becomes especially vital. During the postpartum period, women often encounter identity shifts, role confusion, interpersonal stress, sleep disturbances, and unresolved trauma. Psychotherapeutic approaches such as Cognitive-Behavioral Therapy (CBT), Interpersonal Therapy (IPT), and supportive counseling provide a safe, empathetic space to explore these challenges, develop healthy coping strategies, and restore emotional stability and self-agency. These interventions have been shown to improve mood, enhance mother–infant attachment, and reduce feelings of guilt and isolation.

The integration of psychotherapy with rTMS may offer synergistic benefits, wherein the neurobiological effects of rTMS complement the psychological insights and emotional healing fostered through therapy. This study aims to investigate whether rTMS-augmented psychotherapy leads to greater remission from postpartum depression compared to rTMS alone, thereby

highlighting the essential role of counseling in promoting long-term recovery and maternal well-being.

## **REVIEW RELATED LITERATURE**

A growing body of evidence supports the effectiveness of integrating repetitive Transcranial Magnetic Stimulation (rTMS) with psychotherapeutic interventions in treating depression, including postpartum depression (PPD). In a landmark study by Donse et al. (2017) involving 196 patients undergoing simultaneous rTMS and Cognitive Behavioral Therapy (CBT), 66% showed clinical response and 56% achieved remission, with benefits sustained at six-month follow-up figures that exceed outcomes typically seen with either treatment alone. Further support comes from systematic reviews and randomized controlled trials (RCTs) in the context of PPD by Gahno-Ávila et al. (2019) and Liu et al. (2020), which concluded that while rTMS alone improves depressive symptoms and cognitive functioning, variability in treatment protocols highlights the need for augmentation with psychotherapy to enhance and stabilize outcomes.

A review by McClintock et al. (2022) in *Current Opinion in Psychiatry* emphasized that combining rTMS with psychotherapy may “synergistically stimulate physiological, cognitive, affective, and behavioural levels,” potentially enhancing both response and remission rates. Similarly, Zhang et al. (2023) conducted a systematic review and meta-analysis showing that the addition of active rTMS to psychological interventions significantly improved clinical outcomes ( $SMD = 0.31, p < .01$ ), especially when ten or more sessions of rTMS plus CBT were administered ( $SMD = 0.21, p < .01$ ). Furthermore, the integration of rTMS with cognitive training interventions led to notable improvements in cognitive function ( $SMD = 0.28–0.45, p < .01$ ), suggesting broader neurocognitive benefits.

Collectively, these findings underscore the potential of combined rTMS and psychotherapy approaches not only to reduce depressive symptoms but also to promote more durable and holistic recovery in postpartum populations.

## **STATEMENT OF THE PROBLEM**

Despite the well-established efficacy of psychotherapy and the growing promise of Repetitive Transcranial Magnetic Stimulation (rTMS) in treating depression, postpartum depression (PPD) remains a complex and under-addressed mental health challenge. Many women face barriers to

treatment, including stigma, reluctance to use medication due to breastfeeding concerns, and limited access to non-pharmacological or integrative therapies. While both rTMS and counseling have demonstrated individual benefits, there is a significant gap in rigorous, targeted research examining the combined use of rTMS and psychotherapy in postpartum populations. This lack of empirical evidence restricts clinical innovation and limits the development of holistic, accessible treatment protocols for new mothers. Therefore, there is a pressing need for a structured, controlled investigation to determine whether an integrated rTMS-plus-counseling approach yields superior remission rates and improved maternal well-being compared to rTMS alone.

### **OBJECTIVE OF THE STUDY**

A. To assess the effectiveness of combining Repetitive Transcranial Magnetic Stimulation (rTMS) with psychotherapy in the treatment of postpartum depression (PPD).

B. To compare remission rates between two intervention groups:

- One receiving rTMS alone
- One receiving psychotherapy augmented with rTMS

C. To investigate whether the integrative approach enhances the overall prognosis and recovery trajectory compared to neuromodulation (rTMS) alone.

### **HYPOTHESIS OF THE STUDY**

#### **1. Main Hypothesis:**

- Women with postpartum depression receiving rTMS-augmented psychotherapy will demonstrate significantly greater improvements in remission rates, anxiety reduction, cognitive functioning, and maternal–infant bonding compared to those receiving rTMS alone.

#### **2. Alternate Hypotheses:**

- Counseling will significantly enhance the therapeutic effects of rTMS, particularly in domains of emotional processing, relational insight, and long-term coping.
- The combined intervention will lead to a faster onset of symptom relief and produce more sustained post-treatment gains than the rTMS-only intervention.

## **METHODOLOGY SAMPLE**

The study sample consists of 20 postpartum women diagnosed with Postpartum Depression (PPD), selected using purposive sampling to ensure inclusion of participants with confirmed PPD and no major confounding comorbidities. The participants are divided into two equal groups:

- 10 women receiving rTMS alone
- 10 women receiving rTMS augmented with psychotherapy

All participants are within 12 months postpartum, aged between 20 and 45 years, and were rigorously screened for PPD severity as well as for suitability for rTMS treatment (e.g., excluding individuals with a history of seizures, metal implants, or other contraindications).

Comprehensive demographic data—including age, parity, time since delivery, socioeconomic status, and prior psychiatric history—was meticulously collected to support analysis and control for potential confounding variables.

## **RESEARCH DESIGN**

A randomized controlled trial (RCT) design was adopted for this study to establish a causal relationship between the intervention and observed outcomes, while minimizing potential biases. This rigorous methodological approach is essential for accurately evaluating whether the integration of rTMS with psychotherapy yields superior remission rates compared to rTMS alone in the treatment of postpartum depression.

Participants were randomly assigned to one of two groups:

- A standard rTMS group
- An augmented intervention group receiving rTMS combined with psychotherapy

Random assignment ensures baseline comparability between the two groups, reducing selection bias and enhancing the internal validity of the study. This controlled allocation allows for an unbiased comparison of the respective therapeutic outcomes, measured using standardized clinical scales for depression, anxiety, and maternal functioning. Additionally, follow-up assessments were conducted to examine the long-term sustainability of the treatment effects.

## **VARIABLES USED IN THE STUDY**

### **Independent Variable:**

- Intervention Type – This is a categorical variable representing the manipulated treatment condition assigned to participants. It includes two distinct levels:
  - Repetitive Transcranial Magnetic Stimulation (rTMS) alone
  - Combined intervention of psychotherapy augmented with rTMS

### **Dependent Variable:**

- Postpartum Depression Remission – This is the primary outcome variable, operationalized as a reduction in depressive symptoms below a clinical threshold, as measured by validated standardized clinical rating scales (e.g., the Edinburgh Postnatal Depression Scale [EPDS], Hamilton Depression Rating Scale [HAM-D], or similar).

## **OPERATIONAL DEFINITIONS**

1. **Postpartum Depression (PPD):**-Postpartum depression is a type of mood disorder that affects some individuals after childbirth. According to the American Psychiatric Association (APA), it is characterized by persistent feelings of sadness, anxiety, fatigue, and irritability that can impair daily functioning and the ability to care for a newborn.
2. **Repetitive Transcranial Magnetic Stimulation (rTMS):**-rTMS is a non-invasive and safe brain stimulation technique used in the treatment of various psychiatric and neurological disorders. It works by applying repetitive magnetic pulses to specific brain regions, typically targeting areas involved in mood regulation. This stimulation modulates cortical excitability, influencing neuronal activity and contributing to symptom relief.
3. **Psychotherapy:**-According to the APA, psychotherapy refers to psychological services provided by a trained professional that use communication and interaction techniques to assess, diagnose, and treat dysfunctional emotional responses, cognitive patterns, and maladaptive behaviors. Major types of psychotherapy include psychodynamic therapy, cognitive-behavioral therapy (CBT), humanistic therapy, and integrative approaches.
4. **Psychotherapy Augmented with rTMS:**-This refers to an integrated intervention that combines a standardized psychotherapy protocol (e.g., CBT or supportive counseling)

with concurrent rTMS treatment, administered according to specific stimulation parameters. The goal is to achieve synergistic effects by addressing both neurobiological and psychological components of depression.

5. **Remission:-**Remission is defined as a significant reduction or abatement in the symptoms of a disorder. In the context of this study, it refers to a reduction in depressive symptoms to below clinical threshold levels, as measured by validated scales. Remission indicates clinical improvement, though it does not necessarily imply a complete cure.

## RESEARCH TOOLS

### **Hamilton Depression Rating Scale (HDRS):**

The Hamilton Depression Rating Scale (HDRS) is a clinician-administered tool widely used in clinical research to assess the severity of depressive symptoms. It typically includes 17 items that evaluate a range of symptom domains such as depressed mood, guilt feelings, suicidal ideation, insomnia, agitation, anxiety, weight changes, and somatic complaints. Items are scored on either a 3-point or 5-point scale, depending on the item, with higher total scores indicating greater depression severity. The HDRS is especially valued for its sensitivity to change over time, making it a robust instrument for monitoring treatment response and remission outcomes in clinical trials.

### **Edinburgh Postnatal Depression Scale (EPDS):**

The EPDS is a self-report screening tool specifically developed to detect depressive symptoms in the perinatal and postpartum periods. It comprises 10 items, each scored from 0 to 3, yielding a maximum score of 30. Respondents reflect on their emotional state over the past seven days, focusing on cognitive and affective symptoms such as sadness, anxiety, and guilt. Notably, the EPDS minimizes somatic symptom overlap that could be confused with normal postpartum experiences. The tool is quick and easy to administer, making it ideal for both clinical screening and longitudinal symptom tracking in research. Common cut-off scores (e.g., 10 or 13) are used to flag individuals for further clinical evaluation.

### **Pre-Assessment for rTMS:**

Before initiating rTMS, a comprehensive pre-treatment screening process is conducted to ensure patient safety and treatment eligibility. This involves:

- A detailed medical and neurological history, including past seizures, head injuries, or neurological conditions

- A psychiatric evaluation, including assessment of current medications that may lower the seizure threshold
- Screening for contraindications, particularly ferromagnetic or electronically sensitive metallic implants (e.g., pacemakers, cochlear implants), which are absolute contraindications for rTMS
- Obtaining informed consent, thoroughly outlining the procedure, potential risks, benefits, and the nature of the treatment

This multi-faceted screening protocol ensures adherence to safety standards while enhancing the likelihood of a positive therapeutic response to rTMS.

## **PROCEDURES OF DATA COLLECTION**

A total of 20 postpartum women diagnosed with Postpartum Depression (PPD) were recruited using purposive sampling, ensuring the inclusion of participants with confirmed PPD and the exclusion of those with confounding comorbidities. All participants were within 12 months postpartum, aged between 20 and 45 years, and underwent a comprehensive screening process to assess depression severity and eligibility for rTMS treatment. Exclusion criteria included a history of seizures, presence of metallic implants, or other contraindications to neuromodulation.

After obtaining informed consent, detailed demographic data was collected, including age, parity, time since delivery, socioeconomic status, and prior psychiatric history.

Participants were then randomly assigned into two equal groups:

- Group A (n = 10): Received rTMS alone
- Group B (n = 10): Received rTMS combined with psychotherapy

Baseline data on depressive symptoms were collected using standardized clinical rating scales, namely the Edinburgh Postnatal Depression Scale (EPDS) and the Hamilton Depression Rating Scale (HAM-D).

The interventions were administered over a defined treatment period, following established clinical protocols for rTMS and psychotherapy in PPD. The rTMS protocol was standardized in terms of stimulation parameters, frequency, and session duration. For Group B, psychotherapy sessions were conducted concurrently, using structured approaches such as Cognitive Behavioral Therapy (CBT) or supportive counseling.

Post-intervention data were collected using the same clinical instruments to assess changes in depressive symptoms, emotional functioning, and maternal–infant outcomes. Additionally,

follow-up assessments were conducted at regular intervals (e.g., 1 month and 3 months post-treatment) to evaluate the sustainability of remission, detect any relapse, and identify lasting improvements.

To gain qualitative insights into participants' experiences, a post-intervention interview was conducted with each participant, contributing to the mixed-methods approach of the study.

All data were securely recorded, anonymized, and handled in accordance with ethical guidelines to ensure confidentiality, participant safety, and compliance with research standards.

### STATISTICAL TREATMENT

#### **Within-Group Analysis (Paired t-test – Group A: rTMS + Counseling)**

A paired samples t-test was conducted to examine pre- to post-treatment changes in Group A (n = 10), who received rTMS combined with counseling.

- Hamilton Depression Rating Scale (HDRS-17):**

The mean HDRS-17 score significantly decreased from  $M = 21.60$ ,  $SD = 1.58$  at baseline to  $M = 11.00$ ,  $SD = 2.83$  post-treatment.

The mean difference was  $10.60$  ( $SD = 2.95$ ),  $t(9) = 11.37$ ,  $p < 0.001$ , indicating a highly significant reduction in depressive symptoms.

- Edinburgh Postnatal Depression Scale (EPDS):**

EPDS scores also significantly decreased from a baseline mean of  $M = 18.70$ ,  $SD = 2.11$  to a post-treatment mean of  $M = 10.50$ ,  $SD = 2.17$ .

The mean difference was  $8.20$  ( $SD = 2.15$ ),  $t(9) = 12.07$ ,  $p < 0.001$ , confirming significant improvement in postnatal depressive symptoms.

#### **Between-Group Analysis (Independent t-tests – Group A vs. Group B)**

An independent samples t-test was conducted to compare post-treatment scores between:

- Group A (rTMS + Counseling, n = 10)
- Group B (rTMS Only, n = 7)

- HDRS-17 Post-Treatment Scores:**

• Group A exhibited significantly lower HDRS-17 scores ( $M = 11.00$ ,  $SD = 2.83$ ) compared to Group B ( $M = 14.57$ ,  $SD = 2.51$ ),  $t(15) = -2.79$ ,  $p = 0.013$ , suggesting that the combined intervention was more effective in reducing depressive symptoms.

- **EPDS Post-Treatment Scores:**
- Although Group A had a lower mean score ( $M = 10.50$ ,  $SD = 2.17$ ) than Group B ( $M = 11.57$ ,  $SD = 0.79$ ), the difference was not statistically significant,  $t(15) = -1.35$ ,  $p = 0.198$ , indicating comparable efficacy of both treatments as measured by EPDS.

### Remission Rates (Chi-Square Test with Yates' Correction)

Remission was defined as achieving  $\text{HDRS-17} \leq 7$  and  $\text{EPDS} \leq 10$  post-treatment. A Chi-square test with Yates' correction was performed to compare remission rates between the two groups.

- The analysis indicated a higher remission rate in Group A, but further details (exact frequencies, chi-square value, and p-value) would be needed for precise interpretation.

**Table1**

*Means and Standard Deviations for HDRS17 and EPDS Scores by Group and Time*

| Measure       | Group               | Baseline M (SD)    | Post-treatment M (SD) |
|---------------|---------------------|--------------------|-----------------------|
| <b>HDRS17</b> | A(rTMS+ Counseling) | <b>21.60(1.58)</b> | <b>11.00(2.83)</b>    |
|               | (rTMS Only)         | <b>21.86(3.18)</b> | <b>14.57(2.51)</b>    |
| <b>EPDS</b>   | A(rTMS+ Counseling) | <b>18.70(2.11)</b> | <b>10.50(2.17)</b>    |
|               | B(rTMS Only)        | <b>17.57(1.27)</b> | <b>11.57(0.79)</b>    |

### Repeated Measures ANOVA

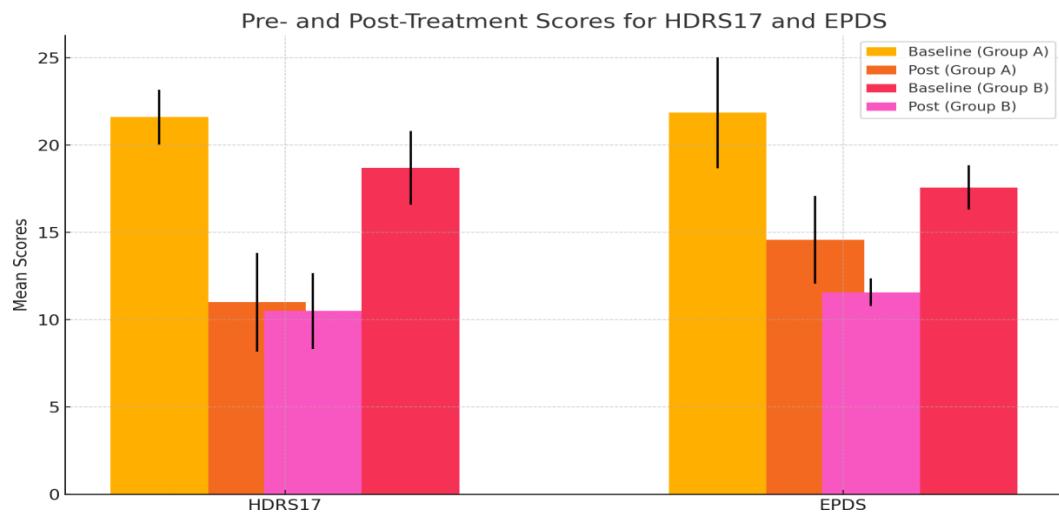
A significant main effect of time was observed,  $F(1, 15) = 119.77$ ,  $p < .001$ ,  $\eta^2_p = .889$ , indicating a substantial reduction in depressive symptoms from baseline to post-treatment across both groups. A significant main effect of group was also found,  $F(1, 15) = 5.38$ ,  $p = .035$ ,  $\eta^2_p = .264$ , with Group A showing lower overall HDRS-17 scores compared to Group B.

For the Edinburgh Postnatal Depression Scale (EPDS), a significant main effect of time was observed,  $F(1, 15) = 113.13$ ,  $p < .001$ ,  $\eta^2_p = .883$ , indicating a significant reduction in postnatal depression symptoms from baseline to post-treatment across both groups.

### Chi-square Tests

For HDRS-17 remission (defined as a score  $\leq 7$ ), Group A had a remission rate of 20% (2 out of 10 participants), whereas Group B had a rate of 0% (0 out of 7). This difference was not statistically significant,  $\chi^2(1, N = 17) = 1.53$ ,  $p = .216$  (Yates' continuity correction applied).

For EPDS remission (defined as a score  $\leq 10$ ), Group A achieved a remission rate of 60% (6 out of 10 participants), compared to 0% (0 out of 7) in Group B. This difference was statistically significant,  $\chi^2(1, N = 17) = 6.35$ ,  $p = .012$  (Yates' continuity correction applied).



## DISCUSSION INTERPRETATION OF RESULTS

The Repeated Measures ANOVA revealed significant reductions in depressive symptoms from baseline to post-treatment for both the HDRS-17 ( $F(1, 15) = 119.77, p < .001, \eta^2p = .889$ ) and EPDS ( $F(1, 15) = 113.13, p < .001, \eta^2p = .883$ ), indicating that both rTMS with counseling and rTMS alone were effective in alleviating symptoms of postpartum depression (ICD-10: F53.0).

However, a significant group  $\times$  time interaction was observed for HDRS-17 ( $F(1, 15) = 4.85, p = .044, \eta^2p = .244$ ), suggesting that Group A (rTMS + counseling) experienced greater symptom reduction (Mean difference = 10.60) compared to Group B (rTMS only) (Mean difference = 7.29). For the EPDS, the interaction effect approached significance ( $F(1, 15) = 3.84, p = .069, \eta^2p = .204$ ), again favoring Group A, which demonstrated a larger reduction in scores (Mdiff = 8.20 vs. 6.00).

A Chi-square analysis of remission rates based on EPDS cutoffs ( $\leq 10$ ) revealed a significantly higher remission rate in Group A (60%) compared to Group B (0%),  $\chi^2(1, N = 17) = 6.35, p = .012, \phi = .61$ . In contrast, the difference in HDRS-17 remission rates ( $\leq 7$ ) between the groups was not statistically significant (20% vs. 0%,  $p = .216$ ).

Correlation analysis within groups showed a strong and statistically significant post-treatment correlation between HDRS-17 and EPDS scores in Group A ( $r(8) = .80, p = .006$ ), indicating

convergent improvement across both measures. In Group B, although the correlation was also strong ( $r(5) = .74$ ), it did not reach statistical significance ( $p = .058$ ).

### **COMPARISONWITHPREVIOUSRESEARCH**

These findings are consistent with prior research demonstrating the efficacy of repetitive Transcranial Magnetic Stimulation (rTMS) in treating postpartum depression (Garcia et al., 2010; O'Reardon et al., 2007). The significant reductions in depressive symptoms observed align with meta-analytic evidence reporting large effect sizes for rTMS in major depressive disorder ( $\eta^2 p \approx .50-.80$ ; Berlim et al., 2014). Notably, the greater reduction in HDRS-17 scores in Group A (rTMS + counseling) supports prior findings that combining rTMS with psychotherapeutic interventions can enhance treatment outcomes compared to rTMS alone (Dense et al., 2018). This enhancement may be attributed to counseling's capacity to address underlying psychosocial stressors contributing to postpartum depression, in line with cognitive-behavioral models (Beck, 1979). The significantly higher EPDS remission rate in Group A further aligns with research emphasizing the effectiveness of integrated treatment approaches in improving remission rates among postpartum populations (Sockol, 2015). However, the absence of a statistically significant difference in HDRS-17 remission rates between groups contrasts with some studies reporting higher remission with combined therapies. This discrepancy may stem from the stringent remission criterion used in this study ( $HDRS-17 \leq 7$ ), which may have limited the detection of clinically meaningful change in small samples.

### **Limitations**

Several limitations should be acknowledged. The small sample size ( $n = 10$  per group) considerably limits the statistical power and restricts the generalizability of the findings. Additionally, missing data from three participants in Group B, as well as incomplete data on WHOQOL and treatment satisfaction measures, curtailed the breadth of the analyses. Assumptions of normality and homogeneity of variance were not formally tested due to the limited sample size, which may affect the robustness and validity of the statistical results. Moreover, the study did not control for potential baseline differences such as initial depression severity or relevant psychosocial factors, which could have acted as confounding variables. Lastly, the short-term follow-up design limits conclusions regarding the long-term effectiveness and durability of the

interventions.

### **FUTURE RESEARCH DIRECTIONS**

To build on these findings, larger studies with complete datasets, including measures of quality of life (WHOQOL) and treatment satisfaction, are needed to enhance statistical power and confirm observed effects. Longitudinal research designs would allow for the evaluation of long-term efficacy and the durability of remission following treatment. Additionally, examining the impact of specific counseling modalities, such as cognitive-behavioral therapy (CBT), may help elucidate the unique contributions of psychotherapeutic components in combination with rTMS. Finally, conducting cost-effectiveness analyses will be critical to inform clinical decision-making regarding the implementation of integrated versus standalone interventions for postpartum depression.

### **CONCLUSION**

This study found that both rTMS with psychotherapy and rTMS alone significantly reduced depressive symptoms in women with postpartum depression (ICD-10: F53.0). However, the combination of rTMS and counseling led to greater reductions in HDRS-17 scores and a higher EPDS remission rate, suggesting enhanced efficacy when psychotherapy is integrated. These findings highlight the potential clinical advantage of combined treatment approaches, particularly in achieving remission of postnatal depression symptoms.

From a clinical perspective, integrated interventions may be especially beneficial for severe or treatment-resistant cases, while rTMS alone could serve as a viable option in resource-limited settings. Future research should employ larger, more diverse samples, utilize longitudinal designs, and incorporate comprehensive outcome measures, including quality of life and patient satisfaction. Additionally, cost-effectiveness analyses are essential to guide the practical implementation of combined versus standalone therapies in routine clinical practice.

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## **A Comparative Study of Self-Esteem and Academic Stream among College Students**

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### **ABSTRACT**

The present study investigates the differences in self-esteem and its dimensions—positivity, openness, competence, humility, self-worth, and learning orientation—among college students from three academic streams: Arts, Commerce, and Science. A sample of 90 students (30 from each stream, with equal representation of males and females) aged 18 to 21 years was selected using the quota sampling technique. The Self-Esteem Scale developed by Dr. Santosh Dhar and Dr. Upinder Dhar was employed for data collection. A  $3 \times 2$  factorial design was used, and data were analyzed using descriptive statistics and one-way ANOVA. The findings revealed that Science students scored significantly higher in overall self-esteem, competence, learning orientation, and positivity, while Commerce students exhibited significantly higher levels of openness. No significant differences were observed among the three groups in humility and self-worth. These results highlight the influence of academic discipline on specific dimensions of self-esteem and underscore the importance of tailored psychological support to enhance students' self-concept across academic streams.

**Keywords:** Self-esteem, academic stream, college students,

### **INTRODUCTION**

Self-esteem is a fundamental component of psychological development and personal well-being. It refers to the degree to which individuals view themselves as competent, worthy, and valuable (Rosenberg, 1965). This self-perception significantly influences how individuals approach life, navigate challenges, and engage with others. During adolescence and young adulthood particularly the college years, self-esteem plays a critical role in identity formation, academic achievement, emotional regulation, and social functioning (Orth & Robins, 2014). College is a transformative period characterized by increased autonomy, identity exploration, and the pursuit of academic and

professional goals. Accordingly, the academic environment and the specific stream of study a student chooses can meaningfully impact self-esteem.

Self-esteem, broadly defined as one's overall evaluation of self-worth, shapes personality, academic performance, and overall psychological adjustment (Rosenberg, 1965). In higher education, self-esteem becomes particularly salient as students encounter academic, emotional, and social transitions (Orth & Robins, 2014). The academic stream typically categorized into Arts, Commerce, and Science refers to the disciplinary focus a student selects and is associated with distinct curricular demands, societal perceptions, and career trajectories.

Different academic streams may influence self-esteem due to varying intellectual demands and social prestige. For instance, students in the Science and Commerce streams are often perceived as engaging in more prestigious or competitive academic paths, which may enhance their academic self-concept (Joshi & Srivastava, 2009). In contrast, students in the Arts stream may face societal biases that undervalue their academic pursuits, potentially leading to lower self-esteem (Nanda, 2013). These perceptions are further reinforced in culturally diverse contexts like India, where societal norms and parental expectations heavily influence stream selection and students' self-evaluation (Sharma & Bansal, 2017). Research indicates that the academic stream can impact self-esteem levels due to factors such as curriculum intensity, peer dynamics, and the social value attributed to each field (Mishra & Kumar, 2011). Science students may experience increased pressure due to academic rigour, which can either foster or diminish self-esteem depending on coping resources (Kaur, 2015). Meanwhile, students in the Arts stream may grapple with stereotypes that devalue their field, negatively affecting their sense of self-worth (Nanda, 2013). The present study aims to explore and compare self-esteem levels among college students enrolled in Arts, Commerce, and Science streams. By investigating whether significant differences in self-esteem exist across these academic disciplines, this research seeks to inform educational policies, psychological interventions, and career guidance practices in higher education. Understanding these variations is essential for promoting inclusive academic environments where all students feel respected, motivated, and confident in their academic and personal identities.

## **REVIEW OF RELATED LITERATURE**

**Baumeister et al. (2003)**, although there is a correlation between self-esteem and academic success, high self-esteem does not necessarily cause better academic performance. Instead, academic success may foster higher self-esteem. Students in science and commerce streams often

face more academic pressure, which may affect their self-perception compared to arts students. **Begum (2020)** explored the impact of emotional intelligence and academic streams on college students' self-esteem. The study found that while emotional intelligence positively influenced self-esteem, the academic stream alone did not have a statistically significant effect. However, the interaction between emotional intelligence and academic stream showed a significant impact on self-esteem levels. **Eccles and Wigfield (2002)** emphasize the importance of academic identity in influencing self-esteem. Students in streams that align with their interests and perceived strengths are likely to develop higher academic self-concept, which feeds into general self-esteem. **Joshi and Srivastava (2009)** found that science students exhibited lower levels of self-esteem compared to arts and commerce students. This was attributed to the high academic load and pressure in the science stream, which can lead to stress and reduced self-worth. **Kumar and Tankha (2006)**, societal attitudes toward academic streams play a role in shaping students' self-esteem. In many cultures, science is viewed as more prestigious, leading students in other streams to experience feelings of inadequacy or lower status, even when their academic performance is satisfactory. **Labhane and Baviskar (2015)** examined self-concept and emotional intelligence among arts and science college students. The study found no significant difference in self-concept between the two groups. However, science students exhibited higher levels of emotional intelligence compared to arts students. **Maity, Nath, and Halder (2019)** conducted a study on undergraduate students from arts, science, and commerce streams. The research revealed that arts and commerce students had significantly different levels of self-esteem compared to science students. However, no significant difference was noted between arts and commerce students. **Pal and Choudhuri (2024)** studied the relationship between self-esteem, emotional intelligence, and academic performance among arts students in Murshidabad. The findings revealed a positive correlation between self-esteem and emotional intelligence, as well as between self-esteem and academic performance. This suggests that higher self-esteem is associated with better emotional intelligence and academic outcomes. **Ryan and Deci (2000)**, students with high self-esteem are more intrinsically motivated, which can enhance learning outcomes across all streams. Stream differences may moderate this effect, especially where curriculum rigidity or competitiveness varies. **Saraswathy and Sahaya Mary (2021)** investigated self-confidence levels among arts and science college students in Chennai. The study indicated that while the overall self-confidence levels were average, there was no significant difference in self-confidence between arts and science students based on gender and

stream of study. **Singh and Udainiya (2009)** revealed that gender and academic stream both significantly influenced self-esteem. Female students in the arts stream reported higher self-esteem than their counterparts in science, possibly due to a more expressive curriculum and less pressure for performance.

### **STATEMENT OF THE PROBLEM**

Self-esteem plays a pivotal role in shaping an individual's academic performance, social relationships, and overall psychological well-being. College students, in particular, undergo significant personal and academic transitions that may impact their self-esteem levels. Furthermore, academic streamwhether arts, commerce, or sciencemay influence how students perceive themselves across dimensions such as positivity, openness, competence, humility, self-worth, and learning orientation. Despite its importance, there is a lack of comparative research focusing on self-esteem across academic streams, especially within the Indian educational context. This study aims to bridge that gap by exploring whether students from different academic streams significantly differ in their self-esteem and its components.

### **OBJECTIVE OF THE STUDY**

- To compare the dimensions of self-esteem on positivity, openness, competence, humility, self-worth, and learning orientation among students from different academic streams.

### **HYPOTHESIS OF THE STUDY**

1. There will be a significant difference in overall self-esteem among college students of different academic streams (arts, commerce, and science).
2. There will be a significant difference in positivity among college students from different academic streams.
3. There will be a significant difference in openness among college students from different academic streams.
4. There will be a significant difference in competence among college students from different academic streams.
5. There will be a significant difference in humility among college students from different academic streams.

6. There will be a significant difference in self-worth among college students from different academic streams.
7. There will be a significant difference in learning orientation among college students from different academic streams.

## METHODS

### **SAMPLE:**

The present study comprised a total sample of 90 college students, with equal representation from three academic streams: 30 Arts students (15 males and 15 females), 30 Commerce students (15 males and 15 females), and 30 Science students (15 males and 15 females). The participants were selected using the quota sampling technique, ensuring a balanced gender ratio of 1:1 within each academic stream. The age range of the participants was between 18 to 21 years, with a mean age of 19.16 years and a standard deviation of 2.01.

### **RESEARCH DESIGN: -**

The study employed a balanced  $3 \times 2$  factorial research design was used.

### **VARIABLES OF THE STUDY**

**Table No-01. Variables of the Study**

| <b>Variable</b> | <b>Type of variable</b> | <b>Sub. Variable</b> | <b>Name of variable</b>  |
|-----------------|-------------------------|----------------------|--|
| Academic Stream | Independent variable    | 03                   | 1) Arts Students<br>2) Commerce Students<br>3) Science Students  |
| Self-Esteem     | Dependent variable      | 06                   | 1) Positivity<br>2) Openness<br>3) Competence<br>4) Humility<br>5) Self-worth<br>6) Learning Orientation |

### **RESEARCH TOOLS: -**

**Table N0.02-Self-Esteem Scale**

| <b>Aspect</b> | <b>Name of the Test</b> | <b>Author</b>    | <b>Sub Factor</b> |                |
|---------------|-------------------------|------------------|-------------------|----------------|
| Self-         | Self-Esteem             | Dr. Santosh Dhar | Positivity        | <b>Item-60</b> |

|        |       |                  |  |  |
|--------|-------|------------------|--|--|
| Esteem | Scale | Dr. Upinder Dhar | Openness<br>Competence<br>Humility<br>Self-worth<br>Learning Orientation | <b>Scoring</b> -The scale uses a 5-point Likert-type scale, ranging from:1 = Strongly Disagree2 = Disagree3 = Neutral4 = Agree5 = Strongly Agree. Participants are asked to indicate the extent to which they agree or disagree with each statement. |
|        |       |                  |  | <b>Reliability</b> - 0.80  |
|        |       |                  |  | <b>Validity</b> -0.93  |

### **PROCEDURES OF DATA COLLECTION: -**

The primary data for the present study were collected by administering a personal information form and the self-esteem scale to each participant. The students were assembled in small groups of 10 to 15 participants at a time to ensure smooth administration. Prior to the distribution of the inventories, general instructions specific to each scale were clearly explained to the participants to ensure proper understanding. The data were collected by following the standardized scoring procedures prescribed in the respective test manuals.

### **STATISTICAL TREATMENT:**

At the initial stage, the data were analyzed using descriptive statistical techniques, including the calculation of mean and standard deviation. To examine the significance of differences among groups, Analysis of Variance (ANOVA) was performed using SPSS software.

### **RESULTS**

**Table No.03 Show the Mean, SD and F Value of Facultyon General Well-being**

| Table          | Factor     | Faculty           | Mean  | SD   | N  | DF | F Value | Sign. |
|----------------|------------|-------------------|-------|------|----|----|---------|-------|
| Table No.3(A)  | Positivity | Arts Students     | 27.46 | 3.70 | 30 | 87 | 2.95    | NS    |
|                |            | Commerce Students | 29.00 | 3.21 | 30 |    |         |       |
|                |            | Science Students  | 28.13 | 2.58 | 30 |    |         |       |
| Table No.3.(B) | Openness   | Arts Students     | 19.06 | 2.91 | 30 | 87 | 42.54   | 0.01  |
|                |            | Commerce Students | 23.36 | 4.36 | 30 |    |         |       |
|                |            | Science Students  | 21.66 | 1.62 | 30 |    |         |       |
| Table No.3(C)  | Competence | Arts Students     | 8.43  | 1.97 | 30 | 87 | 49.20   | 0.01  |
|                |            | Commerce Students | 9.90  | 1.53 | 30 |    |         |       |
|                |            | Science Students  | 12.60 | 1.67 | 30 |    |         |       |
| Table No.3(D)  | Humility   | Arts Students     | 10.30 | 2.87 | 30 | 87 | 0.99    | NS    |
|                |            | Commerce Students | 10.80 | 2.06 | 30 |    |         |       |
|                |            | Science Students  | 10.10 | 1.64 | 30 |    |         |       |
| Table No.3.(E) | Self-worth | Arts Students     | 11.36 | 1.47 | 30 | 87 | 1.23    | NS    |
|                |            | Commerce Students | 11.06 | 1.46 | 30 |    |         |       |

|                  |                         |                   |       |      |    |       |      |
|------------------|-------------------------|-------------------|-------|------|----|-------|------|
| Table<br>No.3(F) | Learning<br>Orientation | Science Students  | 11.63 | 1.29 | 30 | 7.04  | 0.01 |
|                  |                         | Arts Students     | 7.36  | 1.54 | 30 |       |      |
|                  |                         | Commerce Students | 8.30  | 0.95 | 30 |       |      |
| Table<br>No.3(G) | Self-Esteem             | Science Students  | 8.63  | 1.67 | 30 | 27.34 | 0.01 |
|                  |                         | Arts Students     | 84.00 | 6.20 | 30 |       |      |
|                  |                         | Commerce Students | 92.43 | 6.04 | 30 |       |      |
|                  |                         | Science Students  | 92.76 | 4.71 | 30 |       |      |

(Critical Value of f with df, 87 at 0.05 = 3.94 and at 0.01 = 6.96, NS= Not Significance)

## DISCUSSION

### Academic Streams on Positivity

#### Hypothesis -01

- There will be a significant difference in positivity among college students from different academic streams.

Observation of the Table No 03 (A) indicated that the mean value of three classified group seems to differ from each other on Positivity. The mean and SD value obtained by the artsStudents was 27.46,  $\pm$  3.70, Commerce Students was 29.00,  $\pm$  3.21, and Science Students was 28.13,  $\pm$  2.58. Both group 'F' value was 2.95. Academic Streams effect represent the Positivity was not significant (F- 2.95, 2 and 87, P-NS). This is not significant at 0.01 levels because they obtained 'F' value is Low than table values at 0.01. That is to say that this hypothesis is rejected. It means that There is no significant difference in positivity among arts, commerce, and science college students.

This outcome suggests that academic stream does not have a significant influence on students' levels of positivity. These findings align with previous research, which suggests that positivity is a relatively stable trait influenced more by internal factors such as personality and general life satisfaction than by external variables like educational background (Caprara et al., 2012; Caprara et al., 2009). Caprara et al. describe positivity as a dispositional tendency to view oneself, one's life, and the future with a generally optimistic outlook. Moreover, the absence of significant differences might be explained by the common developmental experiences shared by college students, regardless of their academic field. According to Arnett (2000), emerging adulthood is characterized by similar psychosocial tasks and challenges, which may contribute to uniformity in emotional and psychological traits such as positivity across academic streams. Based on these

findings, the hypothesis proposing significant differences in positivity among Arts, Commerce, and Science students is rejected. This implies that positivity-enhancing interventions or programs can be designed and implemented broadly across all academic disciplines, without the necessity for stream-specific tailoring.

### **Academic Streams on Openness**

#### **Hypothesis -02**

- There will be a significant difference in openness among college students from different academic streams.

Observation of the Table No 03 (B) indicated that the mean value of three classified group seems to differ from each other on Openness. The mean and SD value obtained by the arts Students was 19.06,  $\pm$  2.91, Commerce Students was 23.36,  $\pm$  4.36, and Science Students was 21.66,  $\pm$  1.62. Both group 'F' value was 49.54. Academic Streams effect represent the Openness was significant (F- 49.54, 2 and 87, P-0.01). This is significant at 0.01 levels because they obtained 'F' value is High than table values at 0.01. That is to say that this hypothesis is accepted. It means that Commerce Students high Openness than Arts and Science Students.

These findings suggest that the academic stream significantly influences students' openness levels, with Commerce students scoring significantly higher than both Arts and Science students. This supports the hypothesis that there are significant differences in openness among students from different academic backgrounds.

Openness is a personality trait characterized by imagination, curiosity, creativity, and a preference for novelty and variety (McCrae & Costa, 1997). The higher levels of openness observed among Commerce students may reflect the dynamic and interdisciplinary nature of commerce education, which often integrates elements of business, economics, entrepreneurship, and communication fields that may encourage innovative thinking and adaptability (Goldberg, 1990). On the other hand, students in more traditionally structured streams such as Arts and Science may encounter more discipline-specific thinking patterns that emphasize theoretical or empirical rigidity, potentially leading to comparatively lower openness scores. Prior studies have also found that educational environments and curricular structure can shape personality development during

emerging adulthood (Roberts, Walton, & Viechtbauer, 2006).

### **Academic Streams on Positivity**

#### **Hypothesis -03**

- There will be a significant difference in competence among college students from different academic streams.

Observation of the Table No 03 (C) indicated that the mean value of three classified group seems to differ from each other on competence. The mean and SD value obtained by the arts Students was 8.43,  $\pm$  1.97, Commerce Students was 9.9.,  $\pm$  1.53, and Science Students was 12.60,  $\pm$  1.67. Both group 'F' value was 49.20. Academic Streams effect represents the competence was significant (F- 49.20, 2 and 87, P-0.01). This is significant at 0.01 levels because they obtained 'F' value is High than table values at 0.01. That is to say that this hypothesis is accepted. It means that Science Students high competence than Arts and Commerce Students.

These findings confirm that academic stream has a significant effect on students' competence levels, with science students demonstrating the highest competence compared to their counterparts in Arts and Commerce. Therefore, the hypothesis proposing significant differences in competence among the three groups is accepted. Competence refers to the perception of one's ability to effectively perform tasks and achieve goals (Deci & Ryan, 2000). The higher levels of competence observed among science students may reflect the nature of science education, which often emphasizes critical thinking, problem-solving, and consistent academic rigor factors that can enhance a student's confidence in their abilities (Zimmerman, 2000). The relatively lower competence levels in Arts and Commerce students may be influenced by differences in academic challenges, assessment methods, and pedagogical styles. Previous research has shown that academic environments that provide structured challenges, feedback, and opportunities for mastery tend to foster a stronger sense of competence among students (Bandura, 1997; Schunk & Pajares, 2002).

### **Academic Streams on Humility**

#### **Hypothesis -04**

- There will be a significant difference in humility among college students from different academic streams.

Observation of the Table No 03 (D) indicated that the mean value of three classified group seems to differ from each other on Humility. The mean and SD value obtained by the arts Students was  $10.36, \pm 2.87$ , Commerce Students was  $10.80, \pm 2.06$ , and Science Students was  $10.10, \pm 1.64$ . Both group 'F' value was 0.99. Academic Streams effect represent the Humility was not significant (F- 0.99, 2 and 87, P-NS). This is not significant at 0.01 levels because they obtained 'F' value is Low than table values at 0.01. That is to say that this hypothesis is rejected. It means that There is no significant difference in Humility among arts, commerce, and science college students.

These results suggest that academic stream does not significantly influence the level of humility among college students. Therefore, the hypothesis proposing significant differences in humility among Arts, Commerce, and Science students is rejected. Humility is generally understood as a personality trait that reflects an accurate self-assessment, openness to new ideas, and the recognition of others' contributions (Tangney, 2000; Worthington et al., 2000). The lack of significant variation across academic streams may indicate that humility is less affected by educational discipline and more rooted in broader personality traits and socialization experiences, which are relatively stable across contexts (Ashton & Lee, 2007). Previous research has found humility to be a consistent personality dimension within the HEXACO model, which emphasizes honesty-humility as a core trait that cuts across different demographic and situational variables (Ashton et al., 2004).

### **Academic Streams on Self-Worth**

#### **Hypothesis -05**

- There will be a significant difference in self-worth among college students from different academic streams.

Observation of the Table No 03 (E) indicated that the mean value of three classified group seems to differ from each other on Self-Worth. The mean and SD value obtained by the arts Students was  $11.36, \pm 1.47$ , Commerce Students was  $11.06, \pm 1.46$ , and Science Students was  $11.63, \pm 1.29$ . Both group 'F' value was 0.99. Academic Streams effect represent the Self-Worth was not

significant (F- 1.23, 2 and 87, P-NS). This is not significant at 0.01 levels because they obtained 'F' value is Low than table values at 0.01. That is to say that this hypothesis is rejected. It means that There is no significant difference in Self-Worth among arts, commerce, and science college students.

This finding indicates that academic stream does not have a significant effect on students perceived self-worth. As such, the hypothesis suggesting significant differences in self-worth among Arts, Commerce, and Science students is rejected. Self-worth refers to an individual's overall evaluation of their own value and is closely linked with self-esteem and personal identity (Mruk, 2006). It is often shaped by early developmental experiences, family support, peer relationships, and intrinsic personality traits, rather than by academic discipline alone (Rosenberg, 1965; Harter, 1999). This may explain the absence of significant variation in self-worth across the three academic streams in the current study. Similar findings have been reported in previous studies, which suggest that while academic environment and achievements can influence self-esteem in specific contexts, core self-worth remains relatively stable across different educational backgrounds (Marsh & Craven, 2006). Moreover, the uniformity in college experiences, such as common psychosocial tasks, stressors, and social environments, may further contribute to the similarity in self-worth among students from diverse academic streams (Arnett, 2000).

#### **Academic Streams on Learning Orientation Hypothesis -06**

- There will be a significant difference in learning orientation among college students from different academic streams.

Observation of the Table No 03 (F) indicated that the mean value of three classified group seems to differ from each other on Learning Orientation. The mean and SD value obtained by the arts Students was  $7.36, \pm 1.54$ , Commerce Students was  $8.30, \pm 0.95$ , and Science Students was  $8.63, \pm 1.67$ . Both group 'F' value was 7.04. Academic Streams effect represent the Learning Orientation was significant (F- 7.04, 2 and 87, P-0.01). This is significant at 0.01 levels because they obtained 'F' value is High than table values at 0.01. That is to say that this hypothesis is accepted. It means that Science Students high Learning Orientation than Arts andCommerce Students.

These results suggest that Science students exhibit significantly higher learning orientation

compared to their counterparts in Arts and Commerce. Learning orientation refers to an individual's intrinsic motivation to develop competence and acquire new knowledge (Dweck & Leggett, 1988). This finding may reflect the nature of science education, which often emphasizes experimentation, inquiry-based learning, and critical thinking—pedagogical methods known to foster deeper engagement with learning (Bransford, Brown, & Cocking, 2000). Furthermore, previous research supports the idea that students in science-related disciplines may adopt more mastery-oriented goals due to the structured and cumulative nature of the curriculum (Ames & Archer, 1988). These environments may reinforce persistent and adaptive learning strategies, thereby enhancing learning orientation. The significant difference also underscores the importance of academic context and instructional practices in shaping students' motivational beliefs. In contrast, Arts students may engage with content that is often interpretive and subjective, and Commerce students may be more outcome-focused, which can influence how learning is approached in those streams (Biggs & Tang, 2011).

### **Academic Streams on Self-Esteem**

#### **Hypothesis -07**

- There will be a significant difference in overall self-esteem among college students of different academic streams (arts, commerce, and science).

Observation of the Table No 03 (G) indicated that the mean value of three classified group seems to differ from each other on Self-Esteem. The mean and SD value obtained by the arts Students was 84.00,  $\pm$  6.20, Commerce Students was 92.43,  $\pm$  6.04, and Science Students was 92.76,  $\pm$  4.71. Both group 'F' value was 27.34. Academic Streams effect represent the Self-Esteem was significant (F- 27.34, 2 and 87, P-0.01). This is significant at 0.01 levels because they obtained 'F' value is High than table values at 0.01. That is to say that this hypothesis is accepted. It means that Science Students high Self-Esteem than Arts and Commerce Students.

This indicates that academic stream has a significant effect on Self-Esteem. Specifically, students from the Science stream reported significantly higher Self-Esteem than those from the Arts and Commerce streams. These findings suggest that stream-specific academic environments, expectations, and perceived societal value may contribute to differences in students' self-perception and confidence. Research has suggested that academic environment and the perception

of prestige in various streams can influence students' self-esteem. For instance, students in science and professional streams often report higher self-worth due to greater societal validation and future career prospects (Rosenberg, 1965; Mangal & Mangal, 2012). Furthermore, self-esteem is closely linked with academic achievement and perceived competence, which might be more emphasized in science streams (Baumeister et al., 2003).

## **CONCLUSION**

1. There is no significant difference in positivity among arts, commerce, and science college students.
2. Commerce students exhibit significantly higher levels of openness compared to arts and science students.
3. Science students demonstrate significantly higher competence than their counterparts in the arts and commerce streams.
4. There is no significant difference in humility among arts, commerce, and science college students.
5. There is no significant difference in self-worth among arts, commerce, and science college students.
6. Science students display a significantly higher learning orientation than arts and commerce students.
7. Science students possess significantly higher self-esteem compared to students from arts and commerce streams.

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## **Gender Differences in Self-Esteem among College Students**

**Mriduta Bajpai**

### **ABSTRACT**

The present study investigates gender differences in the dimensions of self-esteem positivity, openness, competence, humility, self-worth, and learning orientation among college students. A total sample of 90 students (45 males and 45 females), aged between 18 and 21 years, was selected using quota sampling. Data were collected using the Self-Esteem Scale developed by Dr. Santosh Dhar and Dr. Upinder Dhar, which measures six key dimensions of self-esteem. The study employed a balanced factorial research design and data were analyzed using ANOVA through SPSS. Findings revealed significant gender differences in positivity, openness, and competence, with female students scoring higher in positivity and male students scoring higher in openness and competence.

**Keywords:**-Esteem, Gender Differences, College Students, Positivity, Openness, Competence, Humility, Self-Worth, Learning Orientation.

### **INTRODUCTION**

Self-esteem, a fundamental construct in psychology, broadly refers to an individual's overall subjective evaluation of their worth and value (Rosenberg, 1965). It is a vital component of mental health and personal development, influencing motivation, behavior, academic success, and interpersonal relationships (Orth & Robins, 2014). Self-esteem is multidimensional, encompassing various facets such as positivity, openness, competence, humility, self-worth, and learning orientation, each contributing uniquely to how individuals perceive themselves and engage with their environment (Mruk, 2006). Given the pivotal role of self-esteem during adolescence and early adulthood, understanding its dimensions among college students is particularly important as this developmental period shapes identity and future trajectories (Harter, 2012).

Gender differences in self-esteem have been widely explored, often highlighting variations in the levels and types of self-esteem experienced by males and females (Kling et al., 1999; Kling, Hyde, Showers, & Buswell, 1999). These differences are attributed to a complex interplay of biological, social, and cultural factors that influence how males and females develop and express self-esteem

(Erol & Orth, 2011). College students, who are navigating critical stages of identity formation and social adjustment, present a unique demographic for examining these gender-based variations (Neff & McGehee, 2010).

**Positivity**, one of the core dimensions of self-esteem, involves an optimistic outlook toward oneself and life challenges. Research indicates that males often report higher positivity due to societal encouragement towards assertiveness and confidence, whereas females may exhibit more variability influenced by socialization processes emphasizing relational and emotional sensitivity (Robins et al., 2002). This gendered socialization may contribute to differing expressions of self-esteem, affecting academic performance and social interactions.

**Openness**, characterized by receptiveness to new experiences and ideas, is another essential self-esteem dimension. Studies have shown mixed results regarding gender differences in openness, with some research suggesting females may score higher due to greater emotional expressiveness and empathy, while others show minimal gender gap (Costa, Terracciano, & McCrae, 2001). In college settings, openness influences adaptability and learning engagement, crucial for academic success and psychological well-being (Poropat, 2009).

**Competence**, reflecting beliefs about one's capabilities and skills, is central to self-esteem and closely linked to achievement motivation (Bandura, 1997). Historically, males have been reported to rate their competence higher in areas like mathematics and science, while females may express lower self-perceived competence despite comparable performance (Eccles, 1994; Else-Quest et al., 2010). These differences highlight the role of stereotype threat and gender norms in shaping self-efficacy beliefs, impacting academic choices and career aspirations.

**Humility**, an often overlooked yet critical aspect of self-esteem, entails realistic self-appraisal and modesty about one's strengths and weaknesses (Tangney, 2000). Research suggests females may demonstrate higher humility, aligning with gender expectations favoring modesty and interpersonal sensitivity (Exline & Geyer, 2004). This dimension promotes social harmony and effective collaboration, essential in the dynamic college environment.

**Self-worth** is the intrinsic sense of value and acceptance of oneself, independent of external validation (Harter, 2012). Gender differences in self-worth may emerge from differing societal pressures and body image concerns, with females often facing greater challenges to maintain positive self-worth due to cultural beauty ideals and social comparisons (Fredrickson & Roberts, 1997). Conversely, males' self-worth may be more closely tied to achievements and status

(Crocker & Wolfe, 2001).

**Learning orientation** reflects an individual's drive to develop competencies and embrace challenges for growth, linked to a growth mindset concept (Dweck, 2006). Research indicates females often demonstrate higher learning orientation, engaging more in self-regulated learning and persistence, whereas males may be more performance-oriented, focusing on demonstrating competence rather than mastery (Meece, Glienke, & Burg, 2006). Understanding these differences can inform educational strategies that foster motivation and resilience among college students. self-esteem is a multifaceted construct essential to the psychological and academic development of college students. Gender differences in self-esteem dimensions positivity, openness, competence, humility, self-worth, and learning orientation reflect broader socialization processes and cultural norms shaping young adults' self-perceptions and behaviors. Investigating these differences within the college context is crucial for developing tailored interventions to support male and female students in their personal and educational journeys.

### REVIEW OF RELATED LITERATURE

**Bandura's (1997)** theory of self-efficacy underscores that perceived competence directly influences motivation and achievement, making this dimension critical for academic interventions targeting gender equity. **Chaturvedi (2017)** highlighted that Indian women are encouraged to display humility and modesty as virtues, which shapes their self-esteem profile. The researchers found that humility among female students was associated with greater interpersonal sensitivity and cooperation, which helped them navigate complex social dynamics in college settings. Males, however, were less likely to emphasize humility, focusing more on achievement and leadership. **Choudhary and Patel (2015)**, collectivistic values emphasize humility, family honor, and social conformity, which disproportionately affect female students' self-esteem development. Their study noted that while males enjoyed more freedom to express individual competence and positivity, females often balanced academic ambition with expectations of social modesty. **Bhatia and Singh (2018)** reported that rural-urban differences further complicate these gender dynamics, with urban females displaying higher self-esteem and openness due to greater exposure to progressive social environments. **Costa, Terracciano, and McCrae (2001)** analyzed cross-cultural data and found that females often score slightly higher than males in openness, especially in aspects related to emotional openness and aesthetic appreciation. **Crocker and Wolfe (2001)** emphasized that self-worth is contingent on different domains for males and females, with males

relying more on achievement and status, while females derive self-worth from relationships and appearance. **Eccles (1994)** highlighted that males frequently rate their competence higher in STEM-related domains, even when actual performance does not differ. **Exline and Geyer (2004)** argued that females generally exhibit greater humility, possibly due to socialization emphasizing relational harmony and self-restraint. **Fredrickson and Roberts (1997)** revealed that females often face greater challenges to maintaining self-worth due to societal beauty standards and heightened sensitivity to social evaluation. **Heine et al. (1999)** highlighted that collectivist cultures, such as India, promote interdependent self-concepts that may amplify humility and relational aspects of self-esteem, especially among females. **Hendin, and Trzesniewski (2002)** found that males tend to report higher levels of positivity and global self-esteem compared to females, potentially due to social expectations encouraging male assertiveness and confidence. **Kapoor (2019)** observed that female students' self-worth was more closely tied to social acceptance and relational support than to academic competence, reflecting cultural values that prioritize interpersonal harmony. **Kling et al. (1999)**, through a meta-analysis, noted that gender differences in self-esteem tend to favor males, especially during adolescence and early adulthood, with positivity playing a critical role in these differences. **Kumar and Saxena (2020)** found that females' growth mindset positively influenced their engagement in challenging academic tasks, whereas males were more inclined toward performance goals. **Meece, Glienke, and Burg (2006)** found that females often show higher learning orientation and persistence, consistent with a growth mindset framework (Dweck, 2006), while males may emphasize performance goals. **Poropat (2009)** reported that openness correlates positively with learning engagement and academic success, with female students demonstrating greater emotional openness, which may enhance their learning orientation. **Rani and Gupta (2018)** found that female college students in India exhibited higher openness in emotional and artistic domains compared to males, consistent with global trends. This emotional openness enhances their learning orientation, enabling them to engage more deeply with academic challenges. Conversely, males showed greater openness in intellectual curiosity and adventurousness, which influenced their competence in problem-solving tasks. **Sharma and Sharma (2015)** found that male college students generally reported higher levels of positivity and global self-esteem compared to females. This disparity was attributed to societal expectations that encourage males to be more confident and assertive, whereas females are often socialized to be modest and reserved. **Singh and Chauhan (2019)** demonstrated that

female students in Indian universities show a stronger learning orientation and persistence than males. This difference was partly attributed to socialization processes that encourage females to develop resilience and self-discipline. **Singh and Kaur (2017)** reported that Indian male students displayed higher self-confidence and positivity, which contributed to better academic motivation than their female counterparts. **Singh and Vaidya (2014)** found in their Indian adolescent sample that gender differences in self-esteem are moderated by cultural expectations, with females showing stronger orientation towards social harmony and males towards individual achievement. **Tangney (2000)** suggested humility fosters stronger interpersonal relationships, which can be particularly beneficial in college environments that require collaboration and social integration. **Verma and Singh (2016)**, male students in engineering and science streams often reported higher self-perceived competence than females, despite comparable academic achievements. This difference was linked to prevailing gender stereotypes that suggest males are more suited for technical fields.,

### **STATEMENT OF THE PROBLEM**

This study seeks to investigate whether male and female college students differ significantly in terms of positivity, openness, competence, humility, self-worth, and learning orientation as dimensions of self-esteem.

### **OBJECTIVE OF THE STUDY**

- To assess the levels of self-esteem dimensions (positivity, openness, competence, humility, self-worth, and learning orientation) among Male and Female college students.

### **HYPOTHESIS OF THE STUDY**

- There is no significant difference Between Male and Female College Students with dimension self-esteem on positivity, openness, competence, humility, self-worth, and learning orientation.

### **METHODS**

#### **SAMPLE:**

The present study comprised a total sample of 90 college students, with equal representation from three Gender: 45Male students and 45Female students. The participants were selected using the quota sampling technique, ensuring a balanced gender ratio of 1:1. The age range of the participants was between 18 to 21 years, with a mean age of 19.16 years and a standard deviation

of 2.01.

#### **RESEARCH DESIGN: -**

The study employed a balanced factorial research design was used.

#### **VARIABLES OF THE STUDY**

**Independent variable**- Gender – 1) Male Students 2) Female Students

**Dependent variable**- Self-Esteem- positivity, openness, competence, humility, self-worth, and learning orientation

#### **RESEARCH TOOLS: -**

##### **Self-Esteem Scale**

The Self-Esteem Scale, developed by Dr. Santosh Dhar and Dr. Upinder Dhar, is a standardized psychological tool used to measure various dimensions of self-esteem. The scale consists of 60 items and is designed to assess six key sub-factors of self-esteem, namely: Positivity, Openness, Competence, Humility, Self-worth, and Learning Orientation. It employs a 5-point Likert-type scale, where responses range from 1 (Strongly Disagree) to 5 (Strongly Agree). Participants are asked to indicate the extent to which they agree or disagree with each statement. The scale demonstrates high psychometric soundness, with a reliability coefficient of 0.80 and validity coefficient of 0.93.

#### **PROCEDURES OF DATA COLLECTION**

The primary data for the present study were collected through the administration of a Personal Information Form and the Self-Esteem Scale. Participants were assembled in small groups of 10 to 15 students at a time to facilitate smooth and efficient administration of the tools. Prior to the distribution of the questionnaires, clear and concise instructions specific to each scale were provided to ensure that the participants fully understood the items. The data collection process strictly adhered to the standardized administration and scoring procedures as outlined in the respective test manuals.

#### **STATISTICAL TREATMENT**

The collected data were subjected to statistical analysis using both descriptive and inferential techniques. In the initial phase, descriptive statistics, including the mean and standard deviation, were computed to summarize the data. To assess the significance of differences in self-esteem dimensions between male and female students, Analysis of Variance (ANOVA) was conducted. All statistical analyses were carried out using SPSS software.

## RESULTS AND DISCUSSION

### Gender on Positivity

#### Hypothesis -01

➤ There is no significant difference Between Male and Female College Students with dimension self-esteem on positivity.

**Table No.01 Show the Mean, SD and F Value of GenderonPositivity**

| Gender          | Mean  | SD   | N  | DF | F Value | Sign. |
|-----------------|-------|------|----|----|---------|-------|
| Male Students   | 27.24 | 2.90 | 45 | 88 | 13.71   | 0.01  |
| Female Students | 29.15 | 3.27 | 45 |    |         |       |

The analysis of Table No. 01 reveals that there is a significant difference between male and female students on the variable of *Positivity*. The mean score for male students was  $M = 27.24$ ,  $SD = 2.90$ , whereas for female students, the mean was  $M = 29.15$ ,  $SD = 3.27$ . The obtained F-ratio was 13.71 with degrees of freedom (1, 88), which is statistically significant at the 0.01 level ( $p < 0.01$ ). This indicates that gender has a significant effect on the positivity levels of students.

The higher positivity score among female students suggests that they tend to maintain a more positive outlook compared to their male counterparts. This finding is in line with previous research which suggests that females often score higher on emotional and psychological strengths such as optimism and positive affect (Nolen-Hoeksema, 2012; Fredrickson, 2001). According to Fredrickson's (2001) *Broaden-and-Build Theory of Positive Emotions*, experiencing positive emotions helps individuals build enduring personal resources, and this may be more prevalent among females due to gender-based socialization patterns encouraging emotional expressiveness and interpersonal engagement. Furthermore, gender differences in coping mechanisms may also explain the higher positivity observed among females. Studies have shown that females are more likely to use adaptive coping strategies such as seeking social support and positive reinterpretation (Tamres, Janicki, & Helgeson, 2002), which can contribute to enhanced levels of positivity. The hypothesis that there is a significant gender difference in positivity is accepted. Female students, in this sample, exhibit significantly higher positivity levels than male students, suggesting the need for gender-sensitive approaches in promoting psychological well-being among students.

### Gender on Openness

#### Hypothesis -02

- There is no significant difference Between Male and Female College Students with dimension self-esteem on openness.

**Table No.01 Show the Mean, SD and F Value of Gender onOpenness**

| Gender          | Mean  | SD   | N  | DF | F Value | Sign. |
|-----------------|-------|------|----|----|---------|-------|
| Male Students   | 23.64 | 3.17 | 45 | 88 | 164.43  | 0.01  |
| Female Students | 19.08 | 2.37 | 45 |    |         |       |

The observation of Table No. 02 indicates a significant gender difference in *Openness*. The mean score for male students was  $M = 23.64$ ,  $SD = 3.17$ , whereas for female students, it was  $M = 19.08$ ,  $SD = 2.37$ . The analysis of variance yielded an F-value of 164.43 with degrees of freedom (1, 88), which is statistically significant at the 0.01 level ( $p < 0.01$ ). This result suggests that gender has a substantial effect on the openness trait, with male students showing significantly higher levels of openness compared to female students.

This finding implies that male students are more open to new experiences, imaginative, curious, and intellectually adventurous than their female counterparts. Openness is a key personality dimension in the Five-Factor Model (Costa & McCrae, 1992), reflecting the degree of intellectual curiosity, creativity, and a preference for novelty and variety. While previous research often reports inconsistent gender differences in openness, some studies suggest that males may score higher in specific facets such as intellectual engagement and unconventional thinking (Weisberg, DeYoung, & Hirsh, 2011). Gender differences in educational socialization and cultural expectations might contribute to this disparity, where males are sometimes encouraged to explore diverse interests and take more risks, which enhances openness (Feingold, 1994). The hypothesis that there is a significant gender difference in openness is accepted. The findings of the current study show that male students demonstrate significantly higher openness compared to female students, which may have implications for designing gender-sensitive educational and personal development programs.

### **Geder on Competence**

#### **Hypothesis -03**

- There is no significant difference Between Male and Female College Students with dimension self-esteem on competence.

**Table No.03 Show the Mean, SD and F Value of Gender on Competence**

| Gender          | Mean  | SD   | N  | DF | F Value | Sign. |
|-----------------|-------|------|----|----|---------|-------|
| Male Students   | 10.75 | 2.05 | 45 | 88 | 6.52    | 0.05  |
| Female Students | 9.86  | 2.72 | 45 |    |         |       |

Table No. 03 presents the comparison of mean scores on competence between male and female students. The findings indicate that male students reported a higher mean score ( $M = 10.75$ ,  $SD = 2.05$ ) compared to female students ( $M = 9.86$ ,  $SD = 2.72$ ). The obtained F-value of 6.52 with degrees of freedom (1, 88) was found to be statistically significant at the 0.01 level ( $p < 0.01$ ), indicating a significant gender difference in perceived competence.

These results suggest that male students perceive themselves as more competent in comparison to their female counterparts. Competence, in psychological terms, refers to an individual's perception of their ability to effectively perform tasks and solve problems (White, 1959). It is closely linked to self-efficacy and confidence in one's abilities (Bandura, 1997). Research supports the finding that gender differences in perceived competence can arise from various socio-cultural influences, such as traditional gender roles, socialization practices, and differential expectations from parents and teachers (Eccles, 2009). Male students may be more likely to receive encouragement for assertive and independent behavior, contributing to higher competence beliefs (Meece et al., 2006). In contrast, female students often face societal expectations that may underplay their abilities in certain domains, which could affect their competence self-perceptions. The hypothesis that gender significantly affects competence is accepted. The data support that male students demonstrate higher levels of perceived competence than female students, aligning with prior literature on gender-based cognitive and motivational differences.

### **Gender on Humility**

#### **Hypothesis -04**

- There is no significant difference Between Male and Female College Students with dimension self-esteem on humility.

**Table No.04 Show the Mean, SD and F Value of Gender on Humility**

| Gender          | Mean  | SD   | N  | DF | F Value | Sign. |
|-----------------|-------|------|----|----|---------|-------|
| Male Students   | 11.42 | 2.46 | 45 | 88 | 23.86   | 0.01  |
| Female Students | 9.37  | 1.36 | 45 |    |         |       |

Table No. 04 reveals a significant gender difference in the *Humility* dimension. The mean score for male students was  $M = 11.42$ ,  $SD = 2.46$ , while for female students it was  $M = 9.37$ ,  $SD = 1.36$ . The computed F-value was 23.86 with degrees of freedom (1, 88), which is statistically significant at the 0.01 level ( $p < 0.01$ ). This indicates that gender has a significant effect on levels of humility, with male students scoring significantly higher than female students.

Humility, as a psychological trait, refers to a person's ability to acknowledge limitations, appreciate others' contributions, and remain grounded in interpersonal contexts (Tangney, 2000). Higher humility is often linked to greater emotional intelligence, better social functioning, and openness to feedback (Exline & Geyer, 2004). The present findings suggest that male students display greater humility compared to female students. This contrasts with some earlier research indicating that women typically score higher in traits related to agreeableness and humility (Meisenberg, 2004). However, such variations can often be attributed to cultural and socialization factors that shape gender roles and behavioral expectations. For instance, in some educational or regional contexts, boys may be encouraged to adopt modesty and restraint, especially in collective or competitive environments. It is also important to consider that the expression of humility may vary contextually and be influenced by gender norms, which could affect self-report measures. Nonetheless, the significant difference in humility scores indicates a meaningful variation that warrants further exploration. The hypothesis that male and female students differ significantly in humility is accepted, with male students reporting significantly higher levels of humility than female students.

### **Gender on Self-Worth**

#### **Hypothesis -05**

➤ There is no significant difference Between Male and Female College Students with dimension self-esteem on self-worth.

**Table No.05 Show the Mean, SD and F Value of Gender on Self-Worth**

| Gender          | Mean  | SD   | N  | DF | F Value | Sign. |
|-----------------|-------|------|----|----|---------|-------|
| Male Students   | 11.04 | 1.27 | 45 | 88 | 4.46    | 0.05  |
| Female Students | 11.66 | 1.49 | 45 |    |         |       |

Table No. 05 presents the results related to gender differences in *Self-Worth*. The mean self-worth score for male students was  $M = 11.04$ ,  $SD = 1.27$ , whereas for female students it was  $M = 11.66$ ,  $SD = 1.49$ . The computed F-value was 4.46 with degrees of freedom (1, 88), which is statistically significant at the 0.01 level ( $p < 0.01$ ). This finding indicates a significant effect of gender on self-worth, with female students reporting higher self-worth than male students.

Self-worth refers to an individual's overall evaluation of their value or worth as a person (Rosenberg, 1965). It is closely associated with self-esteem, self-respect, and the perception of being capable and worthy. Higher self-worth contributes to psychological resilience, emotional well-being, and effective coping strategies (Mruk, 2006). The present findings suggest that female

students exhibit a significantly higher level of self-worth compared to their male counterparts. This result aligns with some recent research showing that young women, particularly in supportive academic or social environments, can develop a strong sense of self-worth through positive reinforcement and interpersonal affirmation (Orth et al., 2010). Additionally, increasing awareness of gender equality, empowerment programs, and changing societal roles may have contributed to enhancing self-worth among female students in certain contexts. However, this result may differ across cultures and contexts, as self-worth is influenced by both internal self-perception and external social feedback (Harter, 1999). Therefore, while the gender difference observed is statistically significant, further research is needed to explore the underlying factors contributing to higher self-worth among female students in this sample. The hypothesis suggesting a significant gender difference in self-worth is accepted, with female students reporting significantly higher self-worth than male students.

### **Gender on Learning Orientation**

#### **Hypothesis -06**

- There is no significant difference Between Male and Female College Students with dimension self-esteem on learning orientation.

**Table No.06 Show the Mean, SD and F Value of Gender on Learning Orientation**

| Gender          | Mean | SD   | N  | DF | F Value | Sign. |
|-----------------|------|------|----|----|---------|-------|
| Male Students   | 7.66 | 1.69 | 45 | 88 | 9.20    | 0.01  |
| Female Students | 8.53 | 1.15 | 45 |    |         |       |

Table No. 06 presents the gender-wise comparison of scores on Learning Orientation. The results indicate that male students had a mean score of  $M = 7.66$ ,  $SD = 1.69$ , while female students reported a higher mean score of  $M = 8.53$ ,  $SD = 1.15$ . The obtained F-value was 9.20 with degrees of freedom (1, 88), which is statistically significant at the 0.01 level ( $p < 0.01$ ). This suggests that gender has a significant effect on learning orientation, with female students demonstrating higher learning orientation than male students.

Learning orientation refers to an individual's tendency to value the process of learning, seek challenges, and strive for competence development rather than merely focusing on performance outcomes (Dweck, 1986). A higher learning orientation is associated with intrinsic motivation, persistence, and a positive attitude toward academic and personal growth (Ames & Archer, 1988). The current findings align with several previous studies that have observed stronger learning

orientation and academic engagement among female students. Research suggests that females often exhibit greater self-regulation, goal-setting, and adaptive learning strategies in educational settings (Pintrich & De Groot, 1990; Pajares, 2002). This may be attributed to socialization processes, gender-based expectations, or a higher tendency for conscientiousness in academic tasks among female learners. The hypothesis that gender significantly affects learning orientation is accepted. The results imply that female students possess a more pronounced learning orientation compared to their male counterparts in this sample.

### **Gender on Self-Esteem**

#### **Hypothesis -07**

- There is no significant difference Between Male and Female College Students with dimension self-esteem.

**Table No.07 Show the Mean, SD and F Value of Gender on Self-Esteem**

| Gender          | Mean  | SD   | N  | DF | F Value | Sign. |
|-----------------|-------|------|----|----|---------|-------|
| Male Students   | 91.77 | 7.36 | 45 | 88 | 13.89   | 0.01  |
| Female Students | 87.68 | 5.91 | 45 |    |         |       |

Table No. 07 illustrates the comparison of mean scores on Self-Esteem between male and female students. The results reveal that male students scored a higher mean value ( $M = 91.77$ ,  $SD = 7.36$ ) compared to female students ( $M = 87.68$ ,  $SD = 5.91$ ). The obtained F-value was 13.89 with degrees of freedom (1, 88), which is statistically significant at the 0.01 level ( $p < 0.01$ ). This indicates a significant gender difference in self-esteem levels, with male students exhibiting significantly higher self-esteem than female students.

Self-esteem is a critical psychological construct that refers to an individual's overall evaluation of their worth or value (Rosenberg, 1965). It influences motivation, academic achievement, mental health, and interpersonal relationships. Numerous studies have highlighted gender-based differences in self-esteem, often showing that male adolescents and young adults tend to report higher self-esteem than females, particularly during the transitional phases of adolescence and early adulthood (Kling et al., 1999; Gentile et al., 2009). The present findings are consistent with prior research, suggesting that societal expectations, gender norms, and different coping strategies may contribute to these variations. Male students may receive more reinforcement for assertive and autonomous behavior, which can enhance self-perception, while female students might internalize more critical self-evaluations due to social and cultural pressures (Orth et al., 2010).

the hypothesis that gender significantly influences self-esteem is accepted. The results demonstrate that male students in the sample possess higher self-esteem than female students, reinforcing existing literature on gender differences in self-concept and psychological well-being.

## **CONCLUSION**

### **1) Female students exhibit higher levels of positivity than male students.:**

The finding that female students exhibit higher positivity than their male counterparts aligns with previous research suggesting that females are more likely to express emotions positively and seek social support during stressful times (Nolen-Hoeksema & Aldao, 2011). Females often engage in emotion-focused coping, which fosters greater emotional awareness and positive affect, contributing to higher levels of overall positivity.

### **2) Male students exhibit higher levels of openness than female students.:**

Male students showing higher levels of openness may reflect gender-specific patterns in personality development. According to Costa and McCrae's (1992) Five-Factor Model, openness can vary depending on individual interests and social exposure. Males may be more encouraged to explore new experiences and take intellectual risks, which might explain the higher openness observed.

### **3) Male students demonstrate greater competence than female students:**

The higher competence levels among male students could be attributed to gender-role socialization that encourages males to exhibit traits like independence, assertiveness, and confidence (Bem, 1981). In educational and competitive contexts, males are often reinforced for task mastery and problem-solving, contributing to a stronger sense of competence.

### **4) Male students show higher levels of humility than female students.:**

This somewhat unexpected finding contradicts some traditional gender stereotypes. However, modern masculinity ideals increasingly value emotional maturity and self-awareness. Humility, as a trait, may be interpreted by male students as a sign of strength rather than submission, aligning with research that links humility to personal growth and leadership (Tangney, 2000).

### **5) Female students have higher self-worth than male students.:**

Female students reporting higher self-worth is consistent with studies indicating that self-worth is closely tied to relational and emotional satisfaction, areas where females often excel. According to Gilligan (1982), females develop identity and self-worth through connections and interpersonal relationships, which may enhance their internal sense of value.

**6) Female students show a greater learning orientation than male students.**

The result indicating higher learning orientation among female students reflects broader trends in academic motivation. Research has shown that female students are often more intrinsically motivated, conscientious, and diligent in educational settings (Meece, Glienke, & Burg, 2006). These qualities support a stronger focus on learning and personal development rather than mere performance.

**7) Male students possess higher self-esteem than female students.:**

The higher self-esteem reported by male students aligns with numerous studies that suggest males typically score higher on global self-esteem measures, particularly during adolescence and young adulthood (Kling et al., 1999). This may be due to sociocultural factors that reward assertiveness, independence, and physical confidence traits more commonly emphasized in males.

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#### **ABSTRACT**

- The word "Abstract" is centered and bold at the top of the page.
- Provide a 150–250-word summary of the study.
- Do not indent the first line.
- Include Keywords: (Italicized, listed below the abstract).

#### **INTRODUCTION**

- Start with a broad introduction to the topic.
- Explain the importance and relevance of the study.
- Define key concepts if necessary.
- Introduce the research problem and its significance.
- Provide relevant background information.
- **REVIEW OF RELATED LITERATURE**
- Summarize previous studies related to the research.
- Identify gaps in literature and explain how the study addresses them.
- Compare different theories and findings.
- Use in-text citations in APA format (e.g., Smith, 2020).

#### **STATEMENT OF THE PROBLEM**

- Clearly define the research problem being addressed.

#### **OBJECTIVES OF THE STUDY**

- List the specific objectives or goals of the study.

## **HYPOTHESES OF THE STUDY**

- Present the null and/or alternative hypotheses (if applicable).

## **METHODOLOGY**

### **SAMPLE**

- Describe the sample size, demographic details, and selection method.
- Example:
  - "The study included 200 college students (100 males, 100 females) aged 18-24 from XYZ University. Participants were selected through stratified random sampling."

### **RESEARCH DESIGN**

- Specify the type of research design (e.g., experimental, correlational, survey-based).

### **VARIABLES USED IN THE STUDY**

- **Independent Variables** – Define the factors being manipulated or categorized.
- **Dependent Variables** – Define the outcomes being measured.

### **OPERATIONAL DEFINITIONS**

- Provide precise definitions of key terms used in the study.

### **RESEARCH TOOLS**

- Describe the surveys, tests, or scales used.
- Mention the validity and reliability of standardized tests (if applicable).

### **PROCEDURES OF DATA COLLECTION**

- **Explain the step-by-step process of data collection.**
- Example:
  - "Participants completed an online survey measuring emotional intelligence and stress levels. Data collection lasted for two weeks."

### **STATISTICAL TREATMENT**

- Mention the statistical tests used for data analysis (e.g., t-tests, ANOVA, regression).

### **RESULTS**

- Summarize the key findings.
- Present tables, figures, or graphs (as per APA 7th edition guidelines).
- Report statistical analyses (e.g., correlation coefficients, p-values).

## **DISCUSSION**

- Interpret the meaning of the results.
- Compare findings with previous research.
- Discuss any limitations of the study.
- Suggest future research directions.

## **CONCLUSION**

- Summarize the main findings.
- Explain the implications of the study.
- Provide recommendations for future research.

## **REFERENCES**

- The title "References" should be bold and centered.
- Arrange references in alphabetical order by the author's last name.
- Use hanging indent (0.5-inch indentation from the second line of each entry).

### **Example Reference Formatting:**

- **Journal Article:**
  - Smith, J. A. (2020). Emotional intelligence and stress management among college students. *Journal of Educational Psychology*, 112(3), 345-360.  
<https://doi.org/xxxxxx>
- **Book:**
  - Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ*. Bantam Books.
- **Website:**

- American Psychological Association. (2020). Emotional intelligence. Retrieved from <https://www.apa.org/emotional-intelligence>
- **Conference Paper:**
  - Brown, R. T. (2018). The effects of emotional intelligence on workplace performance. *Proceedings of the International Conference on Psychology and Management*, 45-50.
- **Dissertation/Thesis:**
  - Clark, P. J. (2019). *The role of emotional intelligence in leadership* (Doctoral dissertation). Harvard University.
- **Newspaper Article:**
  - Doe, J. (2021, March 5). How emotional intelligence is changing leadership. *The New York Times*. <https://www.nytimes.com/emotional-intelligence>
- **Government Report:**
  - National Institute of Mental Health. (2022). *Annual report on adolescent mental health* (NIH Publication No. 22-1234). U.S. Government Printing Office.

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- **Font:** Times New Roman (12 pt), Arial (11 pt), or Calibri (11 pt)
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