A STUDY

ON

SELF ESTEEM, PSYCHOLOGICAL WELL BEING AND PERCIEVED SOCIAL SUPPORT AS CORRELATES OF DEPRESSSION, ANXIETY AND STRESS

Dissertation Synopsis Submitted to

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Introduction:

Mental health issues can significantly impact people's lives, leading to lower academic performance, higher unemployment rates, and poorer physical health. People facing mental health challenges may struggle to perform well in educational and work environments, thereby affecting their academic and professional success. Mental health concerns, such as stress, anxiety, and depression, are increasingly prevalent among university students because of the various obstacles encountered during this pivotal juncture in their development. Failure to address these mental health issues may result in severe negative outcomes including social detachment, academic performances, low self-esteem, and attempts of suicide.

According to the WHO, approximately 1 in 8 individuals worldwide, or 970 million people, were affected by a mental disorder in 2019, with anxiety and depression being the most prevalent. The COVID-19 pandemic in 2020 caused a significant rise in these conditions, with initial estimates indicating a 26% increase in anxiety disorders and a 28% increase in major depressive disorders within a year. In 2019, 301 million people, including 58 million children and adolescents, had an anxiety disorder, while 280 million individuals, including 23 million children and adolescents, suffered from depression.

Depression as defined in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) is a major depressive disorder (MDD) with two primary criteria: a depressed mood and a diminished interest or pleasure in activities (anhedonia), one of which must be present for at least two weeks. Additional symptoms include significant weight changes, appetite shifts, sleep disturbances, changes in psychomotor activity, fatigue, feelings of worthlessness or excessive guilt, difficulties with attention and concentration, and recurrent thoughts of death or suicide. In adults, the most observed symptoms are depressed mood, anhedonia, and feelings of worthlessness or guilt, while significant weight changes, hypersomnia, and psychomotor activity alterations are less commonly seen.

Several factors have been found to be contributing to lessen the impact of these disorders on an individual. Such as socio-economic background, culture, relations ships etc. In this study factors such as psychological wellbeing, perceived social support and self-esteem have been studied to find out their impact on a person’s mental health.

Depression as defined by Lovibond (Lovibond & Lovibond, 1996) Depression is characterised by low mood, lack of interest and pleasure in usual activities, and other symptoms such as changes in weight or appetite, sleep disturbances, fatigue, feelings of worthlessness or guilt, and difficulties in concentrating or making decisions. Anxiety is characterised by autonomic arousal, skeletal muscle effects, situational aspects, and subjective experience of anxious affect. Stress is defined by a persistent state of over-arousal, tension, and low threshold for becoming upset or frustrated. In this study DASS 21 scale has been used to measure depression, anxiety and stress levels.

Self-esteem refers to an individual's overall sense of personal value and worth. It encompasses beliefs about oneself (e.g., "I am competent" or "I am worthy") as well as emotional states, such as triumph, despair, pride, and shame (Rosenberg, 1965).In this study self-esteem was measured using Rosenberg self-esteem scale, which was developed by Morris Rosenberg, in 1965.

Perceived social support refers to the degree to which individuals believe their social network provides emotional and instrumental support" (Zimet et al., 1988). As defined by Cobb, (1976) Social support is information leading the subject to believe that he is cared for and loved, esteemed, and a member of a network of mutual obligations.

Psychological well-being refers to a state of optimal psychological functioning and experience, characterized by feelings of fulfilment, happiness, and contentment in one's life circumstances and relationships (Ryff & Singer, 1998). It encompasses various dimensions such as positive emotions, personal growth, self-acceptance, purpose in life, autonomy, and positive relations with others (Ryff, 1989).

According to Ryff (1989), psychological well-being is not merely the absence of mental illness but rather a positive state of mental health where individuals are able to realize their potential, cope effectively with normal stresses of life, work productively, and contribute to their communities.

Literature Review:

Several studies have highlighted the impact of these factors on Mental health of an individual

Mecha et al (2023) conducted a study that focused on understanding the relationship between social support, personal resilience, and mental health in young adults aged 18 to 29. They identified social support from family as the most influential factor related to individual

differences in resilience The researchers found that specific resilience factors like coping skills, persistence during stress, tolerance to negative affect, and positive appraisals mediated the link between high social support from family and lower levels of depression and anxiety in young adults. (Mecha et al., 2023). highlighted the importance of social support and resilience in reducing emotional symptomatology during the critical developmental phase of emerging adulthood. Another study Amjad et al., (2024) showed total score of self-esteem has significant negative correlation as per with scores of stresses, anxiety and depression.

Another study conducted by Xia (2024) uses three theoretical models to understand effects, and relationship between depression and self-esteem. The author explains the vulnerability model, the scar model and the common factor model. The study showed that low self-esteem is a significant predictor of depression. While the vulnerability model is well-supported, the scar model and common factor model have less empirical backing.

Wąsowicz, Mizak, Krawiec,and Białaszek (2021) in their study found out that negative emotions like depression, anxiety, and stress were observed to negatively correlate with different aspects of well-being, except for accomplishment, which pertains to completing tasks and meeting daily obligations. This indicates that generally, higher levels of these negative emotions were linked to reduced well-being.

Sowislo & Orth (2013) conducted a study The study highlighted that individual with high social support experienced lower depression levels even when facing high levels of stress, emphasising the beneficial impact of a support system in mitigating depressive symptoms.

Similarly, Mecha et al (2023) conducted a study that focused on understanding the relationship between social support, personal resilience, and mental health in young adults aged 18 to 29. They identified social support from family as the most influential factor related to individual differences in resilience The researchers found that specific resilience factors like coping skills, persistence during stress, tolerance to negative affect, and positive appraisals mediated the link between high social support from family and lower levels of depression and anxiety in young adults.

In a study conducted by Lee et al., (2023) Social support from family and significant others was found to be significantly associated with postpartum depression, anxiety, and perceived severe stress among the participants.

Rationale of the study:

Previous studies have highlighted the relationships between these protective factors and mental health outcomes. For example, research has shown that higher self-esteem is negatively correlated with stress, anxiety, and depression. Social support from family and significant others has been linked to lower levels of depression and anxiety. Psychological well-being, encompassing positive emotions, personal growth, self-acceptance, and other dimensions, is associated with reduced negative emotions and better mental health. The findings of this study can inform the development of targeted interventions and support programs aimed at enhancing self-esteem, psychological well-being, and social support among adults. Such interventions can help mitigate the adverse effects of depression, anxiety, and stress, leading to improved mental health and overall well-being.

Research Questions:

- What is the relationship between Self Esteem and Depression, Anxiety and Stress?
- What is the relationship between Perceived social support and Depression, Anxiety and Stress?
- What is the relationship between psychological wellbeing and Depression, Anxiety and Stress?

Objectives:

- To study the relationship between Self Esteem and Depression, Anxiety and Stress.
- To study the relationship between Perceived social support and Depression, Anxiety and Stress.
- To study the relationship between psychological wellbeing and Depression, Anxiety and Stress.
- To suggest interventions aimed at reducing depression, anxiety, and stress by enhancing self-esteem, psychological well-being, and perceived social support among individual

Based on these objectives, the following hypotheses have been formulated:

1. **Null Hypothesis (H_0):** There is no correlation between depression, anxiety, and psychological well-being.

   Alternative Hypothesis (H_1): There is a negative correlation between depression, anxiety, and psychological well-being.

2. **Null Hypothesis (H_0):** There is no correlation between depression, anxiety, and specific dimensions of psychological well-being.

   Alternative Hypothesis (H_1): There is a negative correlation between depression, anxiety, and specific dimensions of psychological well-being.

3. **Null Hypothesis (H_0):** There is no correlation between depression, anxiety, and perceived social support.

   Alternative Hypothesis (H_1): There is a negative correlation between depression, anxiety, and perceived social support.

4. **Null Hypothesis (H_0):** There is no correlation between depression, anxiety, and specific dimensions of perceived social support.

   Alternative Hypothesis (H_1): There is a negative correlation between depression, anxiety, and specific dimensions of perceived social support.

5. **Null Hypothesis (H_0):** There is no correlation between depression, anxiety, and self-esteem.

   Alternative Hypothesis (H_1): There is a negative correlation between depression, anxiety, and self-esteem

Methods:

Study design: Study design for this study will be correlational study

The study uses Quantitative Method

Study Population:

The study included Adults of Age group 19-40 years, as most of the people in this age group are preparing for exams, going to college or are employed.

Study Area: Since the study covers the adults between age group 19-40 years so this study will be conducted in an area near IIT Delhi where students are either preparing for job, or going to university or are currently in a job

Sampling and Sample Size.

To ensure the study has sufficient statistical power to detect significant effects, a power analysis can be conducted. For most psychological studies, a power of 0.80 (80%) is considered adequate. This means that there is an 80% chance of detecting a true effect if it exists. According to Cohen (1988) a sample size of 80-120 is generally sufficient to achieve this power level for detecting medium effect sizes (Cohen's d = 0.5) in correlation commonly used in psychological research.

Here sampling method used here will be Purposive and snowball sampling. By combining purposive and snowball sampling, the study can start with a purposive sample to ensure that the initial participants meet specific criteria. These participants can then refer others who meet the same criteria, expanding the sample size and diversity while maintaining the focus on the target population

Data Collection Methods

The prepared questionnaire will be distributed in the form of hard copy to some of the participants while the rest will be forwarded as online google form.

In google form all the questions will be marked with an Asterix that signifies that all the questions will be mandatory to be filled, except the name of the participant which will be kept optional.

Data Collection Tools:

The data collection tool will include four standardised questionnaires psychological wellbeing will be calculated using Ryff psychological wellbeing scale which is available on SPARQ tools website, self-esteem will be measured using Rosenberg self-esteem scale is available on American psychological association website. Perceived Social support will be measured using Perceived social support multidimensional scale is available on Addiction Research Centre in public domain and Depression, Anxiety and Stress score will be calculated using DASS 21, the scale is available on Addiction Research Centre in public domain.

The final questionnaire will be prepared both in paper format and in the form of online google form. The initial six questions will include questions on basic detail like Age, gender, field of study, academic status, education level and type of accommodation. The four standardised tools which are available in public domain will then be attached in the questionnaire.

The Ryff Psychological Well-Being Scale was developed by Carol D. Ryff, an American psychologist, and was first introduced in the 1989, the scale assesses six dimensions of well-being: Self-acceptance: knowing and accepting the multiple aspects of ourselves, including the conscience of one's strengths and limitations ,Positive relations with others experiment a deep and healthy connection with significant others ,Personal growth developing one's potential and talent to the fullest from a continuous developing feeling. Purpose in life have goals in life and feel that it has meaning, purpose, and direction, Environmental mastery manages life situation with a sense of mastery and competence**.** Autonomy have self-determination, judge independence and internal self-regulation

The scale comprises of 18 items each with seven response choices ranging from "strongly agree" to "strongly disagree. The Autonomy subscale items are 15, 17, 18. The Environmental Mastery subscale items are 4, 8, 9. The Personal Growth subscale items are 11, 12, 14. The Positive Relations with Others subscale items are 6, 13, 16. The Purpose in Life subscale items are 3, 7, 10. The Self-Acceptance subscale items are 1, 2, and 5. Reverse-scored items are 1, 2, 3, 8, 9, 11, 12, 13, 17, and 18

The Rosenberg Self-Esteem Scale was developed by Morris Rosenberg, an American sociologist, in 1965.

The scale comprises of 10 items or statements (five positive, five negative), each with four response choices ranging from "strongly disagree" to "strongly agree. Out of the 10 statements, 3,5,8,9,10 are reverse scored items.

Developed in 1988, the Multidimensional Perceived Social Support Scale (MPSS) was created by Zimet, Dahlem, Zimet, and Farley in the year 1998. The scale consists of items that measures perceived social support in three domains \ from family, friends, and significant others. This is a scale that captures perceptions that individuals have regarding the availability and sufficiency of support from different sources in the social networks.

The scale comprises of 12 items, each with seven response choices ranging from "very strongly disagree" to "very strongly agree. 4 items each for Friend, family and significant others.

Significant Other Subscale include items 1, 2, 5, & 10Family Subscale include items 3, 4, 8, & 11Friends Subscale include items 6, 7, 9, & 12

The DASS-21 (Depression, Anxiety, and Stress Scale - 21 Items) was developed by Prof. Peter Lovibond and Dr Stephen Lovibond, Australian researchers and psychologists in 1995. It was introduced as a shorter version of the original DASS which consists of 42 items. the DASS-21 instrument contains a total of 21 items with 7 items for each of the three dimensions (depression, anxiety, and stress) respectively. each with four response choices ranging from " Did not apply to me at all." to " Applied to me very much".

Items are divided into three categories. Depression items 3,5,10,13,16,17,21 Anxiety items 2,4,7,9,15,19,20 and Stress items 1,6,8,11,12,14,18.

Scoring of the each of the tools

Scoring for DASS 21 will be done as follows

Score will be assigned as below. (1-3)

1Did not apply to me at all.

2 Applied to me to some degree,

3 Applied to me to a considerable degree,

4 Applied to me very much.

Items are divided into three categories.

Depression – 3,5,10,13,16,17,21

Anxiety -2,4,7,9,15,19,20

Stress-1,6,8,11,12,14,18

Total the score for each category will be as:

Depression score

Anxiety score

Stress score

Scoring for Multidimensional perceived social support is as follows:

1 Very Strongly Disagree

2 Strongly Disagree

3 Mildly Disagree

4 Neutral

5 Mildly Agree

6 Strongly Agree

7 Very Strongly Agree

For the three dimensions scores will be totalled for each dimension and then final total score will be calculated adding all 12 items together

Significant Other Subscale: Sum across items 1, 2, 5, & 10

Family Subscale: Sum across items 3, 4, 8, & 11

Friends Subscale: Sum across items 6, 7, 9, & 12

Total Scale: Sum across all 12 items

Scoring for Ryff psychological wellbeing scale will be as follows:

1 strongly agree

2 somewhat agree

3 a little agree

4 neither agree nor disagree

5 a little disagree

6 somewhat disagree

7 strongly disagree.

The scale includes 3 items for each of 6 aspects of well-being:

Self-acceptance 1,2,5

Autonomy 15,17,18

Environmental mastery 4,8,9

Purpose in life 3,7,10

Positive relations with others 6,13,16

Personal growth. 11,12,14

Reverse scoring item are

1, 2, 3, 8, 9, 11, 12, 13, 17, 18

For reverse scoring items scores are as follows:

7 Strongly agree

6 somewhat Agree

5 Slightly agree

4 Neither agree nor disagree

3 a little disagree

2 somewhat Disagree

1 Strongly disagree

Scoring for Rosen Berg self-esteem scale will be as follows

For items 1,3,4,7,10

4 Strongly Agree

3 Agree

2 Disagree

1 Strongly Disagree

For items 2,5,6,8,9 as these are reverse scored items

1 Strongly Agree

2 Agree

3 Disagree

4 Strongly Disagree

Final Self Esteem score will be the total score of all the items

The prepared questionnaire will be distributed in the form of hard copy to some of the participants while the rest will be forwarded as online google form.

In google form all the questions will be marked with an Asterix that signifies that all the questions will be mandatory to be filled, except the name of the participant which will be kept optional.

Data Analysis Plan:

The data collected will be then checked for any missing values. Then will be coded and entered in the SPSS for analysis. The SPSS 26 version will be used here for the analysis

Correlation analysis will be done between following:

- Self Esteem and Depression, Anxiety and Stress.
- Perceived social support and Depression, Anxiety and Stress.
- Dimensions of Perceived social support and Depression, Anxiety and Stress.

- Psychological wellbeing and Depression, Anxiety and Stress.
- Depression, anxiety, stress and dimensions of psychological wellbeing

Ethical Considerations:

Informed consent will be obtained from all participants before data collection. Measures will be taken to ensure data security, privacy, and confidentiality.

Implications of Research:

Improved mental health interventions: By exploring the relationships between self-esteem, perceived social support, psychological well-being, and mental health issues (depression, anxiety, and stress), this study could inform the development of more targeted and effective mental health interventions for adults.

Enhanced support systems: If strong correlations are found between perceived social support and better mental health outcomes, it could lead to increased emphasis on building and strengthening support networks as a preventive measure against mental health issues.

Self-esteem focused programs: Should the study find a significant relationship between self-esteem and mental health; it might encourage the development of programs and initiatives aimed at boosting self-esteem in young adults as a means of improving overall mental health.

Screening tools: The results might contribute to the development of more comprehensive screening tools for mental health issues that incorporate measures of self-esteem, perceived social support, and psychological well-being.