

**RELATIONSHIP BETWEEN PERCEIVED
SOCIAL SUPPORT, FEAR OF MISSING OUT
AND ANXIETY AMONG ADULTS**



By

Mominah Arif Vaseer

BSP201068

Department of Psychology

Faculty of Management and Social Sciences

Capital University of Science and Technology

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A Research Thesis submitted to the

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in partial fulfillment of the requirements for the degree of

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CERTIFICATE OF APPROVAL

It is certified that the Research Thesis titled "Relationship Between perceived social support, fear of missing out and anxiety" carried out by Mominah Arif Vaseer, BSP201068, under the supervision of Ms. Irum Noreen, Capital University of Science & Technology, Islamabad, is fully adequate, in scope and in quality, as a Research Thesis for the degree of BS Psychology.



Supervisor _____

Ms. Irum Noreen

Lecturer

Department of Psychology

Faculty of Management and Social Sciences

Capital University of Science & Technology, Islamabad

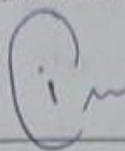
Relationship Between Perceived Social Support, Fear of Missing out, and Anxiety
Among Young Adults.

By

Mominah Arif Vaseer

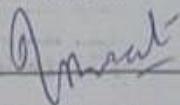
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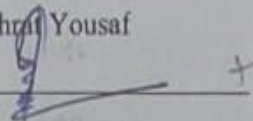
Supervisor

Ms. Irum Noreen



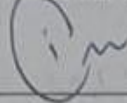
Internal Examiner-1

Dr. Ishraf Yousaf



Internal Examiner

Mr. Zeeshan Iltaf



Thesis Coordinator

Ms. Irum Noreen

Head of Department

Dr. Sabahat Haqqani

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Declaration

This is regarded as a distinctive aspect of our work, unless the text's content and references suggest otherwise. This work has not been submitted to be considered for a degree at any other university or institution, nor has it been submitted to be considered for enrollment to a higher education program at any other level.

Mominah Arif Vaseer

BSP201068

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Mominah Arif Vaseer

ABSTRACT

The aim of the current study was to explore the relationship between perceived social support, fear of missing out (FoMO), and Anxiety. A Sample of 350 participants was taken from Rawalpindi and Islamabad through convenience sampling technique. The participants were asked to complete a self-administered questionnaire. The research design of this study was a correlational study. The scales used were Multidimensional Scale of Perceived Social Support (MSPSS), Depression Anxiety and Stress Scale (DASS) and Fear of Missing Out Scale (FoMOs) that were used to find out the relationship among the three variables. The participants were informed about the safety and confidentiality of their identity and the data responses. Data was analyzed through the Statistical Package of Social Sciences (SPSS, version 21). The spearman correlational analysis was used to find out the relationship between perceived social support, fear of missing out (FoMO) and anxiety, whereas Mann Whitney and Kruskal Wallis analysis was used to explore the effect of gender, age and qualification on the said variables. Upon evaluating the results, it was discovered that the study supported two of the hypotheses, being a negative relationship between perceived social support and anxiety among adults and of a positive correlation between anxiety and FoMO among adults. The third hypothesis of there being a negative relationship between perceived social support and FoMO among adults did not accept nor reject the hypotheses in a significant way either. In context of the fourth hypotheses, significant and contrasting results were seen for each variable.

Keywords perceived social support, fear of missing out, and anxiety

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Chapter 1

Introduction

In recent years, there has been a significant rise in the attention paid to the influence of social media on individuals' mental well-being. The link between perceived social support, fear of missing out (FoMO) and anxiety is one such topic of inquiry. Anxiety is defined as a feeling of worry or anxiety about the future (American Psychiatric Association, 2013). It is a feeling of unease; such as worry or fear that can be mild or severe. It is known to be a natural human response to stress. Anxiety can be caused by a lot of factors, including genetics, brain chemistry, personality, and life events.

It is a complex and multifaceted mental health condition that affects millions of people worldwide. It encompasses a broad range of symptoms, such as excessive worry, fear, restlessness, and physical manifestations like rapid heartbeat and shortness of breath. It goes beyond normal stress and can interfere significantly with an individual's daily functioning, relationships, and overall well-being. Anxiety disorders, including generalized anxiety disorder (GAD), social anxiety disorder (SAD), and panic disorder, are diagnosed when these symptoms become chronic and impairing.

Anxiety is a natural human response to stress and perceived threats, serving as a protective mechanism that prepares individuals to deal with danger (Helen Barbas et al., 2021). It is a complex emotion characterized by feelings of unease, worry, and apprehension, often accompanied by physical symptoms such as increased heart rate, trembling, and sweating. While occasional anxiety can be normal, persistent and excessive anxiety can lead to anxiety disorders, which can significantly impact human development.

Anxiety disorders are a group of mental health conditions characterized by excessive and irrational fear or worry. These disorders include generalized anxiety disorder (GAD), panic disorder, social anxiety disorder, specific phobias, and others (World Health Organization, 2022) They can manifest in various ways, but they all share a common feature: an overwhelming and uncontrollable sense of fear or anxiety that interferes with daily life. The development of anxiety disorders can be influenced by a combination of genetic, environmental, and psychological factors. Research suggests that certain individuals may have a genetic predisposition to anxiety disorders, making them more vulnerable to developing these conditions. Additionally, traumatic experiences, stressful life events, and a family history of anxiety disorders can increase the likelihood of developing anxiety disorders.

During human development, anxiety disorders can have a profound impact on various aspects of life, including social interactions, academic performance, and overall well-being. Children and adolescents with anxiety disorders may experience difficulties in forming and maintaining relationships, often feeling socially isolated and misunderstood. They may also struggle with school-related tasks, such as test-taking and public speaking, due to excessive worry and fear of failure.

Moreover, anxiety disorders can hinder the development of important coping mechanisms and life skills. (Ernstmeyer K et al., 2022). Individuals with anxiety disorders often have a heightened sensitivity to stressors, leading to avoidance behaviors and a reliance on maladaptive coping strategies such as avoidance or substance abuse. This can hinder personal growth and limit the ability to face challenges effectively.

Anxiety disorders can also impact physical health. Chronic anxiety can contribute to elevated levels of stress hormones, which may increase the risk of cardiovascular problems,

weaken the immune system, and exacerbate existing health conditions. Furthermore, the constant state of tension and worry associated with anxiety disorders can lead to sleep disturbances and fatigue, further affecting overall well-being and functioning.

Treatment for anxiety disorders often involves a combination of psychotherapy, medication, and self-help strategies. (Borwin Bandelow et al., 2015). Psychotherapy, such as cognitive-behavioral therapy (CBT), can help individuals identify and modify irrational thoughts and behaviors associated with anxiety. Medications, such as selective serotonin reuptake inhibitors (SSRIs), can be prescribed to help manage symptoms. Additionally, self-help techniques, including relaxation exercises, mindfulness, and lifestyle changes, can play a supportive role in managing anxiety.

Understanding and addressing anxiety disorders is crucial for promoting healthy human development. Early intervention and appropriate treatment can significantly improve outcomes for individuals with anxiety disorders, allowing them to develop effective coping mechanisms, build resilience, and thrive in various areas of life. Moreover, promoting mental health education, reducing stigma, and fostering supportive environments can contribute to a society that prioritizes emotional well-being and ensures that individuals with anxiety disorders receive the necessary support and understanding (UNICEF, 2022).

In conclusion, anxiety is a natural human emotion that serves as a protective mechanism. However, when anxiety becomes excessive and uncontrollable, it can lead to anxiety disorders, which can significantly impact human development. (Bruce Chorpita, 2016). These disorders can affect social interactions, academic performance, and overall well-being. It is important to recognize the factors contributing to anxiety disorders, provide appropriate treatment, and create supportive environments to foster healthy human development and emotional well-being.

According to Przybylski et al., (2013) Fear of missing out (FoMO) is described as "the constant fear that others may be experiencing rewarding experiences that one is missing". It refers to the anxiety and distress that arises from the belief that others may be having rewarding experiences from which one is absent and a sense of adequacy may rise. It may also contribute to a culture of constant distraction and hyper connectivity, which in turn leads to reduced productivity and focus. In today's hyper-connected world, the Fear of Missing Out (FoMO) has emerged as a prevalent phenomenon. It is a fear-driven response that arises from the desire to stay connected and involved in others' lives. (Namira Nasywa, 2020). It encompasses feelings of envy, insecurity, and inadequacy when individuals believe they are excluded or not participating in activities that are perceived as exciting or significant. The rise of social media and constant digital connectivity has amplified the presence of FoMO in people's lives. FoMO often arises from the tendency to compare oneself with others (Anushree Tandon et al., 2021). Social connectivity with individuals and their carefully curated images and updates, can foster unrealistic expectations and a sense of missing out on a desirable lifestyle. This constant comparison can lead to feelings of dissatisfaction, low self-esteem, and anxiety. The fear of being left out or not keeping up with peers can generate constant worry and restlessness which in turn fosters the pressure in an individual to constantly stay connected and updated, which can create a sense of urgency and unease, leading to heightened stress levels.

FoMO can have detrimental effects on an individuals' overall well-being. The incessant need to be present at every social event or experience can lead to exhaustion, burnout, and a diminished ability to enjoy the present moment. FoMO can also hinder genuine social connections, as the focus shifts from quality interactions to a quantity-based approach.

Perceived social support refers to an individual's subjective evaluation of the availability

and adequacy of support from their social network. It encompasses the perception that others are willing and able to provide assistance, understanding, and emotional connection when needed (Carolyn Cutrona, 2019). Perceived social support plays a crucial role in psychological well-being, and it has been linked to various aspects of human behavior, including the fear of missing out (FoMO).

Fear of missing out is a term used to describe the anxiety or unease that individuals experience when they believe they are missing out on rewarding experiences or social connections compared to others (Przybylski et al., 2013) With the rise of social media and constant connectivity, FoMO has become increasingly prevalent in today's society. People often feel compelled to constantly check their social media feeds, fearing they might miss out on important events, gatherings, or social interactions.

Research has shown that perceived social support is inversely related to FoMO. In other words, individuals who perceive greater social support are less likely to experience intense fear of missing out. A study by Przybylski et al. (2013) found that individuals with higher levels of perceived social support reported lower levels of FoMO. This suggests that having a strong network of supportive relationships can act as a buffer against the negative psychological effects of FoMO.

Perceived social support can mitigate FoMO by fulfilling psychological needs. According to Self-Determination Theory (Deci & Ryan, 2000), individuals have three basic psychological needs: autonomy, competence, and relatedness. Perceived social support satisfies the need for relatedness, which refers to the desire for connection, belonging, and intimacy with others. When individuals feel supported and connected, they are less likely to experience FoMO because they feel secure in their social connections and are less motivated to constantly seek external

validation.

Moreover, perceived social support can influence the way individuals perceive social comparisons, which play a significant role in FoMO. Social comparisons involve evaluating oneself in relation to others, and they can lead to feelings of envy, inadequacy, and fear of missing out. However, individuals who perceive greater social support are more likely to engage in upward social comparisons, where they compare themselves to others who are doing better or have more positive experiences. This can lead to inspiration and motivation rather than feelings of FoMO.

Furthermore, the relationship between perceived social support and FoMO can be mediated by self-esteem. A study by Andreassen et al. (2017) found that perceived social support had an indirect effect on FoMO through self-esteem. Higher levels of perceived social support were associated with higher self-esteem, which, in turn, was associated with lower FoMO. This suggests that social support plays a role in shaping individuals' self-perception, which can influence their vulnerability to FoMO.

In conclusion, perceived social support is closely linked to FoMO. Individuals who perceive greater social support are less likely to experience intense FoMO, as social support fulfills the need for relatedness and reduces the motivation to constantly seek external validation (Minghui Wang, 2021). Perceived social support can also influence social comparisons and self-esteem, further impacting FoMO. Recognizing the importance of social support and fostering strong, supportive relationships can help individuals mitigate the negative psychological effects of FoMO and promote overall well-being in an increasingly connected world.

The subjective beliefs that one has access to a network of people who can give emotional, instrumental, and informational support is referred to as perceived social support Cohen et al.,

(1985). It is a critical factor in maintaining good mental health. For instance, when someone is dealing with a difficult situation, the knowledge that they have someone to talk to, who will listen and provide emotional support, can be invaluable. In the longer run, it can help individuals build resilience and develop better coping skills, which can protect them from future stressors and in the short term, social support can provide immediate relief from stress and anxiety. It can provide individuals with a sense of belonging and purpose, which can contribute to overall a balanced mental health. A critical factor in maintaining good mental health is the practice of self-care. Self-care refers to the intentional actions and behaviors individuals engage in to promote their physical, emotional, and psychological well-being. It involves taking time to prioritize and nurture oneself, which can provide immediate relief from stress and anxiety.

In today's fast-paced and demanding world, stress and anxiety have become common experiences for many individuals. (The pressures of work, relationships, and other responsibilities can take a toll on mental health. Engaging in self-care practices can offer a valuable reprieve from these stressors and provide immediate relief. Self-care activities can vary from person to person, as they involve identifying and engaging in activities that bring joy, relaxation, and rejuvenation. For some, self-care may involve engaging in hobbies or activities they enjoy, such as reading, painting, or playing sports. For others, it may mean spending quality time with loved ones, taking a soothing bath, practicing mindfulness or meditation, or simply taking a break and engaging in self-reflection (Brian Seaward, 2022)

Engaging in self-care has been found to have immediate positive effects on stress and anxiety levels. Research suggests that self-care practices activate the parasympathetic nervous system, promoting relaxation and reducing the physiological responses associated with stress (Hassanzadeh Keshteli et al., 2019). By engaging in self-care activities, individuals can

experience a decrease in heart rate, blood pressure, and muscle tension, providing immediate relief from stress and anxiety. Furthermore, self-care can improve mental well-being by enhancing self-esteem and self-efficacy. When individuals prioritize self-care, they send a message to themselves that they are deserving of care and attention. This can contribute to a positive self-perception and boost self-esteem. Engaging in activities that bring pleasure and a sense of accomplishment can also increase feelings of self-efficacy, the belief in one's ability to effectively cope with challenges. By nurturing self-esteem and self-efficacy, self-care practices can provide a protective buffer against stress and anxiety (Barnett, 2017).

In addition, self-care practices can help individuals develop emotional resilience, which is crucial for managing stress and anxiety. Engaging in self-care activities allows individuals to recharge and replenish their emotional resources, reducing the risk of burnout and emotional exhaustion. Regular self-care can help individuals build emotional resilience, enabling them to cope more effectively with stressors and bounce back from adversity (Holland & Neimeyer, 2005).

It is important to note that self-care is not a one-size-fits-all solution. Each person's self-care needs may be different, and it is essential to explore and identify activities that resonate with one's interests, preferences, and values. Experimenting with different self-care practices and finding what works best for oneself is key to experiencing the immediate relief and long-term benefits of self-care. It is an individual's point of view and appraisal of the availability, empathy, and assistance provided by their social network. It encompasses emotional support (e.g., empathy, understanding), instrumental support (e.g., tangible assistance), and informational support (e.g., advice, guidance).

In conclusion, self-care is a critical factor in maintaining good mental health. Engaging in

self-care practices can provide immediate relief from stress and anxiety. (Lisa Butler et al., 2019). By activating the relaxation response, boosting self-esteem and self-efficacy, and fostering emotional resilience, self-care activities offer a valuable means of nurturing one's well-being. Prioritizing self-care is an investment in mental health, enabling individuals to navigate the challenges of life with greater resilience and overall well-being.

Literature Review

Research has identified a link between anxiety and perceived social support. A study by, Abuhamdah et al., (2021) explored that perceived social support was adversely connected to anxiety. Similarly, Alsubaie et al., (2019) discovered that social support was related to anxiety. In addition, Farmer et al., (2015) discovered that social support worked as a mediator in the relationship between anxiety sensitivity and as well as anxiety symptoms.

As per the various researches it can be concluded that the study and martial on perceived social support and anxiety's relationship is more easily available as compared to the perceived social support and FoMO's relationship. According to Jones et al., (2016), social support was shown to be adversely connected with FoMO among social media users. Lin and Lu (2019) discovered that among college students, perceived social support was adversely linked with FoMO. Those who report higher levels of social support are less likely to feel FoMO.

The study by Tandoc et al., (2015), highlighted the similar dimension, that social media support has an inverse relationship with FoMO. In his study, it was discovered that people with less use of social media reported higher levels of social support. Those with higher levels of social support, in particular, were less likely to have FoMO even when they utilized social media often.

A number of studies have identified a link between anxiety and FoMO. For example, Franchina et al., (2018) discovered that anxiety was positively connected with FoMO in their study. Similarly, Kuss et al., (2017) discovered that anxiety was positively linked with FoMO. Moreover, Lu et al., (2017) discovered that among university students, anxiety moderated the association between social media use and FoMO. In another research Chou et al., (2012) discovered that anxiety was positively connected with FoMO among Facebook users. Similarly, Elhai et al., (2016) discovered that anxiety was positively connected with FoMO. These findings imply that those who have greater levels of anxiety are more prone to have FoMO.

In another study Zimet et al., (1988) explored that perceived social support was adversely related to anxiety. Similarly, Ozbay et al., (2007) explored that social support was adversely related with post-traumatic stress disorder symptoms. Those who report higher amounts of social support are less likely to suffer anxiety. People with higher amounts of social support are less likely to suffer from anxiety due to the various ways in which social support can positively impact mental health. Social support refers to the availability of assistance, care, and understanding from others within an individual's social network. Here are some reasons why social support is associated with lower levels of anxiety: Emotional support: Social support provides individuals with a sense of emotional security and comfort. Having someone to confide in, share experiences with, and receive empathy from can help individuals cope with stress and anxiety. Emotional support can reduce feelings of loneliness and isolation, providing a buffer against the negative effects of anxiety (Thoits, 2011).

Informational support: Social support can also provide individuals with valuable information and guidance. By seeking advice, opinions, or suggestions from others, individuals can gain a better understanding of their situations and potential solutions. This access to

information and knowledge can alleviate anxiety by increasing a person's sense of control and problem-solving abilities (Uchino, 2009).

Instrumental support: Practical assistance and tangible resources offered through social support can also alleviate anxiety. Help with daily tasks, financial support, or assistance in challenging situations can reduce the burden and stress experienced by individuals. Having access to instrumental support can increase individuals' confidence in their ability to manage stressors and reduce anxiety levels (Lakey & Orehek, 2011).

Social integration and belongingness: Social support fosters a sense of belonging and connectedness. Being part of a supportive social network provides individuals with a sense of identity, purpose, and acceptance. This sense of social integration can enhance self-esteem, self-worth, and overall well-being, thus reducing anxiety (Cohen, 2004).

Research has consistently demonstrated the link between social support and lower levels of anxiety. Studies have shown that individuals with higher levels of perceived social support report lower levels of anxiety symptoms (Cassidy et al., 2018; Veazie et al., 2019). Moreover, longitudinal studies have found that individuals with stronger social support networks are less likely to develop anxiety disorders over time (Newcomb-Anjo et al., 2019).

In conclusion, social support plays a crucial role in reducing anxiety levels. Emotional support, informational support, instrumental support, and the sense of belongingness provided by social networks all contribute to a decreased likelihood of experiencing anxiety. Nurturing and maintaining supportive relationships can have significant positive effects on mental health and well-being.

Theoretical framework

The Social Support Theory

The Social support theory involved four builds: emotional, informational, instrumental, and appraisal support (Peterson et al., 2014). Everyday encouragement comprises of offering compassion and friendship and the experience of feeling esteemed. Enlightening help includes giving schooling, exhortation, and direction. Instrumental help involves giving concrete and substantial labor and products, and evaluation support approves people and furnishes them with a feeling of having a place (Peterson et al., 2014). Social support theory suggests that the support people receive from their social network, including emotional, informational, and tangible support, can have a significant impact on their mental health. In the context of perceived social support, this theory suggests that individuals who perceive that they have strong support from their social network may experience lower levels of anxiety and fear of missing out. This is because the support they receive can provide them with a sense of security and belonging, which may reduce their feelings of loneliness and isolation. The theory suggests that people who perceive high social support would be less susceptible to FoMO and its linked negative emotions, like depression, anxiety and stress (Kort Butler, 2017) In addition, social support can provide individuals with coping techniques for managing stressors and obstacles, reducing the chances of developing, depression, anxiety and stress.

Consequently, the findings of this study may provide credence to the social support hypothesis by emphasizing the significance of a supportive social network in moderating the harmful effects of FoMO. Moreover, the study reveals that the association between social support and FoMO may be mediated by depression, anxiety and stress bolsters social support's importance in enhancing the mental health and well - being of the concerned individual

Rationale

Going over the literature, there is not a lot of research that explores the relationship between anxiety, perceived social support, and fear of missing out (FoMO). There are even lesser researches done in Pakistan that explore the relationships between these variables. Researches such as these are highly dependent on the particular group of people that are being surveyed. It is hence highly important to have researches encompassing people from a wider variety of backgrounds.

This research was conducted to explore the relationship of perceived social support, anxiety and FoMO. The study's main purpose was to seek and explore the relationship between anxiety and FoMO with regards to the perceived social support. The research's basic aim was to examine the extent to which higher levels of FoMO are related to higher levels of anxiety and whether reducing the effects of FoMO can help to alleviate anxiety symptoms. It aimed to investigate the degree to which perceived social support, or the feeling that one has from people who care about them and can provide them with emotional support, is related to anxiety. This could involve examining the extent to which higher levels of perceived social support are associated with lower levels of anxiety or the other way around. The effect of these variables was explored on the people of the twin cities due to the certain challenges and psychopathologies that people now a days are vulnerable to. One of the most powerful preventative variables against the negative consequences of FOMO is perceived social support, yet, very few studies such as that of Xiaochun Xie and colleagues in 2018 have looked into the possible processes underlying this association.

Previous researches have been conducted on male participants belonging to a specific department in a university but not on both genders and a more generalizable population. There is also a need for studies that explore these variables for a wide variety of demographics. Hence, there is a need for researches that address these issues for people of varying ages, different genders, and a wide variety of educational backgrounds. This research will aim to not only explore the relationships of each of these variables with each other, but will aim to include people from various backgrounds, in order to understand how the three variables; anxiety, perceived social support, and fear of missing out has affected different people in different ways.

Objectives

1. To investigate the relationship between perceived social support and anxiety among adults.
2. To investigate the relationship between Fear of missing out (FoMO) and anxiety among adults.
3. To investigate the role of demographic variables (age, gender, qualification) in anxiety, perceived social support, and Fear of missing out (FoMO) among adults.

Hypotheses

1. There will be a negative relationship of perceived social support and anxiety among adults.
2. There will be a positive correlation between anxiety and FoMO among adults.

3. There will be a negative relationship between perceived social support and FoMO among adults.
4. There will be a significant difference in age, gender and qualification in relation to perceived social support, FoMO and anxiety.

Chapter 2

Method

Research Design

The research design of this study was a correlational study to find the relationship between perceived social support, fear of missing out, and anxiety among adults. The correlation can either be positive or negative. Correlation is usually implemented to find out the association between the variables selected in the study.

Population and Sample

The study sample taken was of 350 participants that were adults and were selected from Rawalpindi/Islamabad.

Sampling Technique

Convenience sampling technique was used.

Inclusion Criteria

- Age limit (18-40), adults residing in the twin cities.
- Participants shall be Educated (Matric/O levels onwards).

The inclusion criteria for this study focused on adults that were residing in the twin cities of Rawalpindi and Islamabad. This purposeful inclusion of the age group from the two cities offers insights into the factors that influence perceived social support, fear of missing out and anxiety, defining differences between genders, age groups and

qualification.

Exclusion Criteria

- People not belonging to the twin cities.
- People unable to understand the scales in English.

Participants with whom language barrier may have been an issue were excluded from the study due to the focus of our study being on qualified individuals as well as individuals specifically located in Rawalpindi/Islamabad. Focusing on a certain population and narrowing it down ensures the validity of the study.

Instruments

The Multidimensional Scale of Perceived Social Support (MSPSS)

Zimet et Al developed MSPSS in the year 1988 to assess perceived social-support. It consists of 12 items. The items are rated on a 7-point Likert scale. The Cronbach alpha internal consistency of the scale is 0.81 to 0.98 (T. Wongpakaran, 2011).

Depression Anxiety Stress Scale-21 (DASS21)

DASS21 was developed by Henry J. D and Crawford J. R. in 2005 which is a shorter version of the DASS-42. It consists of 21 items with subscales for depression anxiety and stress. The anxiety subscale that consists of 7 items will be used., each rated on a 4- point scale of how a statement particularly applies to an individual. The Cronbach alpha internal consistency of the table is 0.74 (A.O. Coker et al., 2018).

Fear of Missing out Scale (FoMOS)

FoMOS scale was developed by Przybylski et al., (2013). The scale is a unidimensional scale that consists of 10 items. Items are rated on a 5-point Likert scale. The Cronbach alpha internal consistency of the scale is 0.81.

Procedures

Participants were selected from all over Rawalpindi/Islamabad. Institutional approval was taken for the purpose of data collection. Consent form was signed by the participants, who were informed about the objectives and purpose of the study beforehand and were given the right of withdrawal from the study at any point during attempt. They were also very clearly informed of their confidentiality rights. Once all has been agreed to, they were requested to share their actual information and asked to fill out the Multidimensional Scale of Perceived Social Support (MSPSS), Anxiety subscale from DASS and Fear of Missing Out Scale (FoMOs).

Ethical Consideration

The study followed all ethical guidelines for research. Anonymity and confidentiality were assured of the participants. Participants were asked to sign consent forms for their willingness to participate. Scales that were used for this study were obtained by the author's permission.

Statistical Analysis

Research Data was analyzed through Statistical Package of Social Sciences (SPSS, version 21). Descriptive, T-test, and correlational analysis was used to investigate the relationship between the three variables.

Chapter 3

Results

This study aimed to find out the relationship between perceived social support, anxiety, and fear of missing out among adults. The data of adults, has been collected from 350 participants from all over Islamabad and Rawalpindi and was analyzed through descriptive which includes, mean, median, mode, and frequency statistics for demographic variables and also calculate the reliability and applied Spearman correlation after analyzing the value of skewness, kurtosis and Kolmogorov Smirnova of variable (perceived social support, anxiety, and fear of missing out (FoMO)) we identified that there was non-normal distribution of the data. Further to check the effect of gender, age and qualification Mann-Whitney and Kruskal Wallis analysis was used.

Table 1*Demographic characteristics of the participants (N=350)*

Variables	Categories	F	%
Gender	Male	186	53
	Female	264	46.7
Age	18 – 23	243	69.2
	24 – 29	68	19.4
	30 – 35	21	6
	36 – 40	18	5.1

Note: f=frequency and % = Percentage

With a sample size of 350 individuals, Table 1 displays the demographic details of the study participants. Based on the gender breakdown, 186 participants are male (53%), and 264 participants are female (46.7%). This implies that women were somewhat overrepresented in the study. When it comes to age categories, 69.2% of the sample (n=243) is made up of participants who are between the ages of 18 and 23. With 68 participants, the second-largest age group is 24-29, accounting for 19.4% of the total. The age ranges of 30-35, which account for 6% of participants (n = 21), and 36-40, which account for 5.1% of participants (n = 18), comprise a lesser share of the participant population. The age distribution provides a framework of the age composition of the study participants, highlighting the prominence of younger individuals.

Table 2

Descriptive, Reliability Analysis and Cronbach's Alpha Relationship with Mean and Standard Deviation of The Scale, (N=350)

Variables	a	SD	Range		Skewness	Kurtosis
			Actual	Potential		
ANX	0.77	4.5	0-21	0-19	0.43	-0.65
PSS	0.80	15.2	12-84	31-84	-0.14	-1.15
FOMO	0.91	7.0	0-50	15-44	0.15	-0.47

Note: SD = standard deviation, α = alpha reliability, ANX = anxiety, PSS = perceived social work and FOMO = fear of missing out

With a total sample size of 350 participants, Table 2 displays the descriptive statistics and Cronbach's alpha coefficient values for the scale employed in the study. The variables that are being examined include fear of missing out, anxiety, and perceived social work. The data's central tendency is shown by the mean values. The mean for anxiety is 6.61, which on the scale denotes a moderate level. The score that occurred most frequently is indicated by the mode of 4, which is 4. The data's central tendency is supported by the median of 6. The degree of variability surrounding the mean is indicated by the standard deviation (SD) of 4.5. The range, which is the difference between the highest and lowest possible score, goes from 0 to 21. The positive skewness (0.43) indicates a slight asymmetry to the right, and the negative kurtosis (-0.65) suggests a comparatively flat distribution.

Furthermore, for perceived social work, the mean is 60.5, with a mode of 84 and a median of 62. Greater variability around the mean is implied by the bigger standard deviation (15.2). The skewness and kurtosis scores fall between 12 to 84. (- 0.14 and - 1.15) indicate a relatively normal distribution with a slight tail to the left and a flatter peak.

The mean for fear of missing out is 26.2, whereas the mode and median are 22 and 25, respectively. A standard deviation of 7.0 indicates a substantial degree of variation from the mean. The distribution is moderately peaked and slightly skewed to the right, as indicated by the skewness and kurtosis values of 0.15 and -0.47, respectively, over the range of 0 to 50. Cronbach's Alpha coefficients of 0.77 for anxiety, 0.80 for perceived social work, and a high 0.91 for fear of missing out are revealed by reliability assessments. These results show that the scales' internal consistency reliability ranges from satisfactory to outstanding, further indicating that each scale's components consistently assess the same underlying construct.

Table 3

Normality testing of scales/variables. Mean, Mode, Median and Kolmogorov

Smirnova values (N=350)

Variables	Mean	Mode	Median	k-S	P
1. ANX	6.61	4	6	0.26	0.00
2. PSS	60.5	84	62	0.12	0.00
3. FOMO	26.2	22	25	-	0.00

Note: ANX= anxiety, PSS= perceived social support, FOMO= fear of missing out

When data from any one scale or variable is not normal, non-normality testing is used. Non-normality testing is also applied to various scales and variables in the example above.

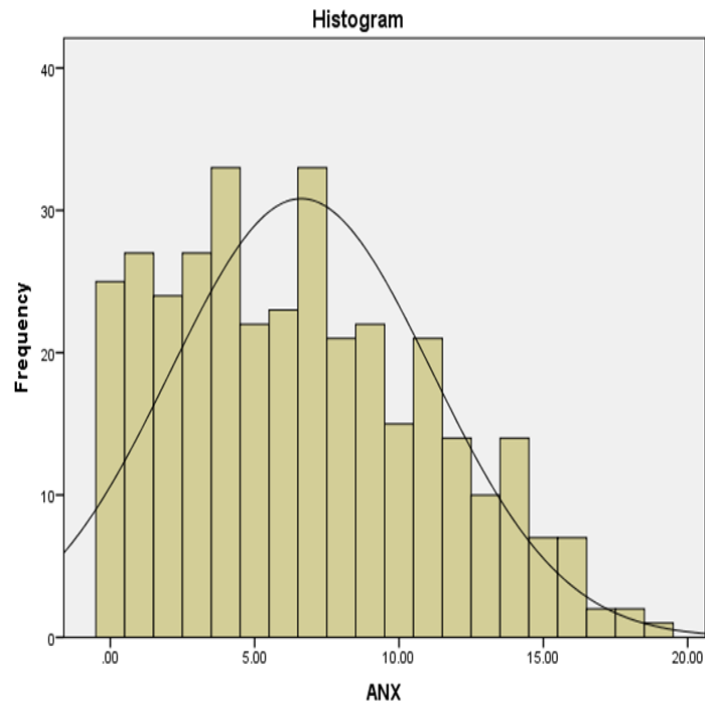


Figure 01 Anxiety (ANX)

The data presented in the histogram deviates from a normal distribution curve due to its skewed shape.

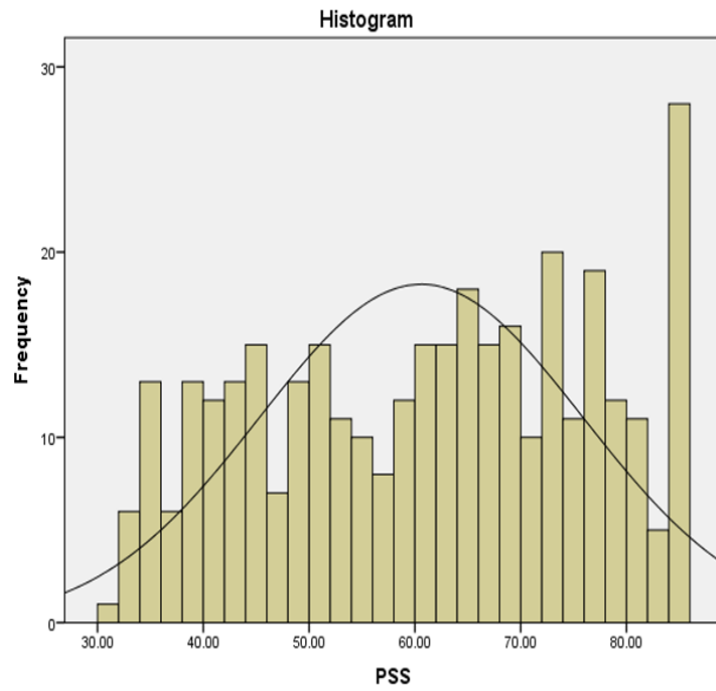


Figure 2 Perceived Social Support (PSS)

The data presented in the histogram has a slightly normal curve distribution.

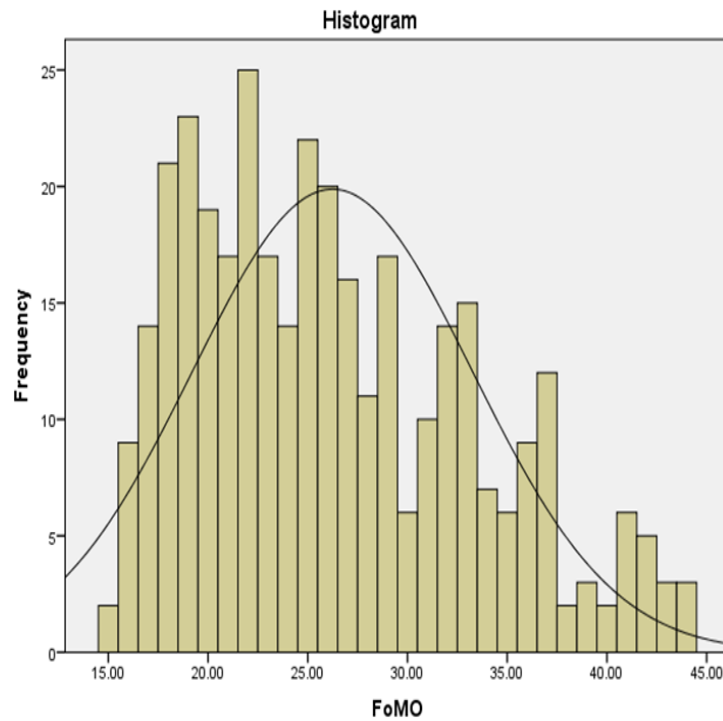


Figure 3 Fear of Missing out

The data presented in the histogram above deviates from a normal distribution curve due to it is skewed shape.

Table 4

Correlation of Perceived social support (PSS), Anxiety (ANX), And Fear of Missing Out (FOMO), (N=350)

Variables	1	2	3
1. ANX	-	- 0.24	0.26
2. PSS		-	0.12
3. FOMO			-

Note: = ANX= anxiety, PSS= perceived social support, and FOMO= fear of missing out.

According to table 4 With a coefficient of -0.24 ($p < 0.05$), a moderately negative connection was found between perceived social support and anxiety. According to this research, those individuals who experience higher levels of anxiety are also the ones that would typically perceive lower levels of social support. On the other hand, a somewhat favorable connection with a coefficient of 0.26 ($p < 0.05$) was discovered between fear of missing out and anxiety. It would seem from this that people who are more anxious also have a stronger aversion to missing something. No significant link was established between perceived social support and fear of missing out, as shown by the absence of a significant coefficient ($p > 0.05$).

Table 5*Mann-Whitney U- Test Values for Scales in Gender, (N=350)*

	Male		Female		U	P
	N	M	N	M		
<i>Mann-Whitney U- Test Values for Scales in Gender, (N=350)</i>						
ANX	186	161.6	164	191.2	1268.0	-2.73
PSS	186	172.8	164	178.5	14750.5	-0.53
FOMO	186	17.92	164	171.2	14560.0	-0.73

Note: M= Mean, SD= Standard Deviation, U= Mann-Whitney, p= Significance value

The findings of the Mann-Whitney U-Tests, which had a total sample size of 350, are shown in Table 5. These tests looked at the differences in three scale score ANX for anxiety, PSS for perceived social work, and FOMO for fear of missing out between male and female research participants. The data in the table includes the number of participants, mean scores, significance levels, and Mann-Whitney U values. The mean anxiety scores (M = 161.6) and M = 191.2 for males and females on the anxiety scale are shown with the U value (12678.0) and a significant negative rank ($p < 0.05$). This suggests that there was a statistically significant difference in the anxiety levels of the male and female participants, with the average anxiety score being greater for the females. For the Perceived social support scale, the mean perceived social work scores for males (M=172.8) and females (M=178.5) are accompanied by a U value of 14750.5 and a non-significant negative rank of -0.53 ($p > 0.05$). This shows that the perceived social work scores of male and female participants do not differ statistically significantly. The fear of missing out scale displays a non-significant negative rank of -0.73 ($p > 0.05$) and a U value of 14560.0 for the mean fear of missing out scores for males (M = 179.2) and females (M = 171.2). This suggests that there is no statistically significant variation in the fear of missing out ratings between people who identify as male and female.

In conclusion, gender-based disparities in anxiety levels are evident from the Mann-Whitney U-Tests in Table 4; women report significantly greater levels than men. But there are no statistically significant differences between the sexes when it comes to how social work is regarded or FOMO

Table 4

Kruskal Wallis Test for age differences in study variables (N = 350)

Variable	Age				X ²	P
	18-23	24-29	30-35	36-40		
e	(243)	(68)	(21)	(18)		
ANX	179.73	173.52	131.85	176.70	4.38	0.22
PSS	164.26	183.17	227.21	237.42	15.6	0.00
FOMO	172.12	183.30	187.93	176.54	0.99	0.80

Note: df = *p > 0.05, χ^2 = chi square, anxiety scale = ANX, perceived social support = PSS and Fear of missing out scale = FOMO

The Kruskal-Wallis test was used in Table 6 to look for any possible age differences in the three variables. 350 people made up the sample, which was split up into four age groups: 18–23 (243), 24–29 (68), 30–35 (21), and 36–40 (18). The Kruskal-Wallis test for anxiety (ANX) did not show any statistically significant differences across the age groups ($\chi^2 (3) = 4.38, p = 0.22$). This means that the levels of anxiety did not substantially vary across the different age ranges, as the p-value exceeded the normal alpha level of 0.05. For perceived social support (PSS), the outcomes were noticeably different. A statistically significant difference in PSS was found among age groups by the Kruskal-Wallis test ($\chi^2 (3) = 15.6, p = 0.001$). This suggests that individuals in different age brackets or groups may experience varying levels of perceived social support. On the other hand, there were no notable variations in fear of missing out (FOMO) between age groups ($\chi^2 (3) = 0.99, p = 0.80$). As a result, it appears that participant FOMO levels are not significantly predicted by age.

Table 7
Kruskal Wallis Test for qualification differences in study variables, (N = 350)

Variable	Qualification				X ²	P
	Matric	Bachelors	Master	Others		
	(22)	(278)	s	(5)		
			(45)			
ANX	186.8	178.4	148.3	207.8	4.26	0.23
PSS	150.7	168.9	223.1	218.0	13.3	0.004
FOMO	210.2	172.5	172.9	211.9	3.52	0.31

Note df = *p>0.05, χ^2 = chi square, anxiety scale = ANX, perceived social support = PSS and Fear of missing out scale = FOMO

The Kruskal-Wallis test results, which were taken from a sample of 350 individuals, are shown in the table. The test was designed to look at possible age disparities across four educational qualification levels (Matric, Bachelors, Masters, and Others). For the anxiety (ANX) variable, the Kruskal-Wallis test found a non-significant difference among the four educational qualification groups, $\chi^2 = 4.38$, $p = 0.22$. This shows that anxiety levels are not statistically significantly different according to educational background. The central tendency within each group is indicated by the mean ranks for each group. In contrast, the perceived social support (PSS) variable indicated a statistically significant difference among the educational degree groups, $\chi^2 = 15.6$, $p = 0.001$). The average rankings for every category (Matric = 150.7, Bachelors = 168.9, Masters = 223.1, Others = 218.0) indicate possible differences in how social

assistance is viewed at different levels of education. Ultimately, there were no notable variations found in the Fear of Missing Out (FOMO) variable between the educational qualification groups ($\chi^2 = 0.99$, $p = 0.80$). There are no discernible differences in fear of missing out based on educational background, according to the mean rankings for FOMO among groups.

Chapter 4

Discussion

This particular study aimed to examine the extent to which higher levels of FoMO are related to higher levels of anxiety and whether reducing the effects of FoMO can help to alleviate anxiety symptoms. It aimed to investigate the degree to which perceived social support, or the feeling that one has from people who care about them and can provide them with emotional support, is related to anxiety. The study investigated the relationship between perceived social support and anxiety, and investigated the relationship between fear of missing out (FoMO) and anxiety. In addition, the study investigated the prevalence of fear of missing out (FoMO) and anxiety across different age groups and education levels.

The data of young adults, was collected from 350 participants from all over Islamabad and Rawalpindi. Data was analyzed through Statistical Package of Social Sciences (SPSS, version 21). The demographic characteristics of the sample are mentioned in Table 1 that is dedicated to the demographic characteristics of the participants. The sample for the study consists of adults residing in the twin cities between the ages of 18 and 40. All participants were educated (Matric/O levels onwards), and could understand the scales in the English language. Descriptive Statistics (including mean, median, mode, and frequency) was used to check the normality of the data. Application of Spearman Correlation after analyzing the value of Skewness, Kurtosis and Kolmogorov Smirnova of variables led to the identification that there was a non-normal distribution of data. The reliability analysis of the data was done using Cronbach's Alpha. To check the effect of gender, age and qualification Mann-Whitney and Kruskal Wallis analysis was used. The first variable within the

study is perceived social support (PSS), measured using the multidimensional scale of perceived social support (MSPSS). MSPSS was developed to assess perceived social support, by Zimet et Al in 1988. The second variable is Anxiety (ANX), measured using the Depression Anxiety Stress Scale (DASS21). DASS21 Henry D and Crawford R in 2005 which is a shorter version of the DASS-42. It consists of 21 items with subscales for depression anxiety and stress. The final variable used for the study is Fear of Missing Out (FoMO). This is measured using the Fear of Missing out Scale (FoMOS). FoMOS scale was developed by Przybylski et al., (2013).

Table 4 shows us the correlation of Perceived Social Support (PSS), Anxiety (ANX), And Fear of Missing Out (FoMO). Our first hypothesis was that there would be a negative relationship between perceived social support and anxiety among adults. When investigated this in the sample, it was observed that, as shown in Table 4, there is indeed a negative correlation between Anxiety (ANX) and Perceived Social Support (PSS), with a coefficient of -0.24. The p-value is also less than 0.05, indicating a statistically significant result. This result validates the first hypothesis, indeed demonstrating that a lower level of perceived social support generally leads to higher anxiety, and better social support would conversely lead to lower anxiety among adults.

Many previous studies have shown similar negative correlations between the anxiety and social support. A study by, Abuhamdah et al., (2021) explored that perceived social support was adversely connected to anxiety. In their study, they found that for college students, there was a structural and functional relationship between a better social support network, and better mental health. Another study by Hefner et al., (2009) stated that college students who reported having low quality social support, screened positive for probable depression in much higher percentages than those with

high quality social support. Similarly, Alsubaie et al., (2019) discovered that social support was related to anxiety. They found that social support from family and social support from friends were significant predictors of depressive symptoms. In addition, Farmer et al., (2015) discovered that social support worked as a mediator in the relationship between anxiety sensitivity and as well as anxiety symptoms. All of these studies are in line with the research study, and hence we can accept the first hypothesis. The second hypothesis we aimed to test via this study was that there will be a positive correlation between anxiety and Fear of Missing Out (FoMO) among adults. When we take a look at the data presented in Table 4, there is indeed a positive correlation between Anxiety (ANX) and Fear of Missing Out (FoMO), with a coefficient of 0.26. Once again, the p-value being less than 0.05 indicates a statistically significant result. This result validates our second hypothesis, indeed demonstrating that young adults with a higher level of anxiety are also more likely to experience a fear of missing out. Conversely, adults with a lower level of anxiety are less likely to experience a fear of missing out.

A number of studies have identified a link between anxiety and FoMO. For example, Franchina et al., (2018) discovered that anxiety was positively connected with FoMO in their study. They also found that a higher level of FoMO is associated with a high level of phubbing, and high levels of problematic internet and smartphone usage. Similarly, Kuss et al., (2017) discovered that anxiety was positively linked with FoMO. Moreover, Lu et al., (2017) discovered that among university students, anxiety moderated the association between social media use and FoMO. In another research Chou et al., (2012) discovered that anxiety was positively connected with FoMO among Facebook users. Similarly, Elhai et al., (2016) discovered that anxiety was positively connected with FoMO. Similarly, Holt et al., (2020) in their study showed that FoMO

is positively associated with depression and anxiety. Moreover, Milyavskaya et al., (2018) demonstrated in their study, that FoMO is a significant predictor of stress. All of these findings are in line with our study as well, validating our second hypothesis.

The third hypothesis presented, was that there will be a negative relationship between Perceived Social Support and FoMO among adults. Upon further evaluating the results in Table 4, we instead observe a slight positive correlation between PSS and FoMO. However, this result is not statistically significant, since the p-value is greater than 0.05. Hence it can be concluded that the data does not conclusively support the hypothesis. However, the data does not reject the hypothesis in a significant way either.

Taking a look at the literature, we can see that most studies report a generally negative correlation between FoMO and PSS. For example, Dou et al., (2021) reported in their findings that the perceived social support (PSS) was a significant negative predictor of FoMO, which they say provides empirical support for the social causality model. Similarly, Deniz et al., (2021) reported in their findings that there was a significant negative correlation between FoMO and social self-efficacy. According to Jones et al., (2016), social support was shown to be adversely connected with FoMO among social media users. Lin and Lu (2019) discovered that among college students, perceived social support was adversely linked with FoMO. These studies generally point to the fact that people who report higher levels of social support are less likely to feel FoMO.

Further discussing the fourth and final hypothesis, which posited that there was a significant difference in age and gender in relation to perceived social support, FoMO and anxiety. For this hypothesis, it is crucial to observe the gender relationships between

these three variables, and then additionally take a look at the age relationships between these variables; perceived social supports, fear of missing out and anxiety.

Upon exploring more on the findings in Table 5, it examines the differences in the scores of the three variables, anxiety (ANX), perceived social support (PSS), and fear of missing out (FoMO) between the males and female individuals of the sample for this study. For the Anxiety (ANX) scale, we see that there is a higher mean anxiety score for females, as compared to males. We obtain a U value of 12678.0, and we obtain a significant rank of -2.73. Since the p-value is less than 0.05, this result is statistically significant. We hence see strong evidence that there is a difference between the anxiety levels of males and females, with females experiencing higher anxiety than males. This result is very widely documented and supported in the literature as well. Studies such as Angst et al., (1985), Bruce et al., (2005), and Regier et al., (1990) have shown that women in general are much more likely to develop anxiety during their lives than men. McLean et al., (2011) further established in their study that anxiety orders are not only more prevalent in women than men, but their effects can be much more disabling on women as compared to men.

In Table 5, when we look at the Perceived Social Support (PSS) scale, we see that there is a slightly higher mean PSS score for females, as compared to males. We obtain a U value of 14750.5, and we obtain a rank of -0.53. We hence see supporting evidence for the fact that there is a difference between the levels of perceived social support between males and females, with females having better social support than men. However, this difference is not significant. Studies have previously shown that females indeed have better social support than males. Hum et al., (2016) show in their study that for a sample size of 705, women have higher levels of social support, companionship, and emotional support as compared to men. Kneavel et al., (2021) in

their findings also report that women generally tend to have both higher levels of stress, and greater quality of social support.

Finally in Table 5, when we examine the Fear of Missing Out (FoMO) scale, we see that there is a higher mean PSS score for males, as compared to females. We obtain a U value of 14560.0, and we obtain a rank of -0.73. We hence see supporting evidence for the fact that there is a difference between the levels of FoMO between males and females, with men having a higher tendency to feel FoMO than women. However, this difference is not significant. Once again, this result seems to be in line with what the literature in the field seems to suggest. Qutishat et al., (2020) show in their study that men score a higher level of Fear of Missing Out (FoMO) than women. However, studies such as Dmitri et al., (2021) found no difference in experience of FoMO with regards to gender. This does complement our findings, as even though our findings suggested higher levels of FoMO in males, the results we got were not statistically significant.

Furthermore, exploring more on the analysis of the three variables - Anxiety (ANX), Perceived Social Support (PSS), and Fear of Missing Out (FoMO) - and their relationships with age differences. For this, a Kruskal-Wallis Test was used to analyze the sample data. This data is shown in Table 6. The four age groups the sample was distributed into are 18-23 (243), 24-29 (68), 30-35 (21), and 36-40 (18). We will now examine each of these variables according to their relationship to age differences.

Moreover, referencing to the scale for Anxiety (ANX) on the Kruskal-Wallis test, showed no significant correlation with age. Since the p-value is 0.22 ($p > 0.05$), it can be concluded that, no significant relationship between anxiety and these age groups. This means that the levels of anxiety did not vary significantly across these different age brackets. Upon precisely deducing from studies across the literature, we see a similar pattern. For example, one study showed that anxiety disorders are much more

prevalent within the 25-44 years age bracket (Statista 2022), which encompasses the entirety of our sample's age bracket. Flint et al., (2010) also showed that generally, anxiety levels are much lower in older people as compared to young adults. Since our study is entirely done on young adults, it makes sense that there is no internal variability within this age bracket.

Moreover, upon further investigation on the scale for the Perceived Social Support (PSS) on the Kruskal-Wallis test, we instead found a significant correlation with age brackets. The study shows that the highest PSS is shown within the 36-40 age bracket, followed by the 30-35 age bracket, the 24-29 age bracket, and lastly followed by the 18-23 age bracket, which showed the least amount of PSS. Since the p-value is 0.001 ($p < 0.05$), we can establish a statistically significant relationship between the perceived social support (PSS) of a person, and their age. The results show that older people will generally have better social support, as compared to younger people. Studies across the literature generally support this finding as well. Shin et al., (2022) suggest that in older adults, social support has a much stronger link to their well-being as compared to younger people. This suggests that older adults are more likely to seek and have better social support systems in place. In addition, studies such as Abuhamdah et al., (2021) suggest that older students (age > 30) were more likely to have a higher social support score. Hence, evidence across studies seem to support our findings.

Moreover, when taking a look at the scale for the Fear of Missing Out (FoMO) on the Kruskal-Wallis test, we did not find a significant correlation with age brackets. Since the p-value is 0.80 ($p > 0.05$), we cannot establish any significant relationship between FoMO and these age groups. This means that the FoMO does not significantly vary with age. Studies such as Blackwell et al., (2017) and Elhai et al., (2018) have usually suggested that generally younger adults have a higher amount of FoMO.

However, since our study includes all adults, it makes sense that no significant internal variability was found.

Finally, we also analyzed the data for our three variables - Anxiety (ANX), Perceived Social Support (PSS), and Fear of Missing Out (FoMO) - and their relationships with education levels. This was done using a Kruskal-Wallis test for qualification differences. The results of this analysis are shown in Table 7.

For Anxiety (ANX), the test did show a trend of higher anxiety among people with lower qualifications. However, this trend was not statistically significant enough to conclusively say that there was a strong relationship between qualifications and anxiety, since the p-value we obtained (0.22) was greater than 0.005. Generally, studies have shown a higher level of anxiety in people with lower educational qualifications. Bjelland et al., (2008) for example, found that low educational levels are significantly associated with higher anxiety and depression. However, we cannot conclusively state that from our results.

For Perceived Social Support (PSS), the test showed a very strong trend of higher perceived social support among people with higher qualifications. This trend was statistically significant enough to conclusively say that there was a strong relationship between qualifications and social support, since the p-value we obtained (0.001) was less than 0.005. Generally, studies have shown a higher level of anxiety in people with lower educational qualifications. Saeed et al., (2023) showed in their study that the effects of social support, particularly by family and friends, were significant on academic achievement. Studies like this support our data for PSS and qualification levels. For Fear of Missing Out (FoMO), the test did not show any trend between FoMO and educational qualifications. The relationship between the two was not statistically significant enough to conclusively say that there was a strong relationship between

qualifications and FoMO, since the p-value we obtained (0.80) was greater than 0.005. Generally, studies have shown a higher level of anxiety in people with lower educational qualifications. Bjelland et al., (2008) for example, found that low educational levels are significantly associated with higher anxiety and depression. However, we cannot conclusively state that from our results there is a relationship between FoMO and educational qualifications. Mallari et al., (2023) in their study, also did not find any significant relationship between FoMO and educational qualifications. This hence validates our findings in this study as well.

Conclusion

In conclusion, the study investigated the relationships between anxiety, social support, and FoMO. Anxiety and perceived social support did indeed have a negative correlation as hypothesized. Anxiety and FoMO exhibited a positive correlation, fitting our hypothesis as well. However, perceived social support and FoMO did not exhibit a statistically significant relationship.

Higher anxiety levels were associated with females. While higher perceived social support was seen in women, and men seemed to experience higher levels of FoMO, these results were not seen to a statistically significant degree. Finally, older people had strong correlations with better perceived social support. People with higher qualifications also had higher levels of perceived social support to a statistically significant degree. The study touches upon a small part of the complex interactions between these variables, and must be understood in the broader context of the literature available in this field.

Limitations

The study will be conducted only in Rawalpindi/Islamabad, so the results might not be generalized to other parts of the country or the world and may suffer from sample bias if the participants are not representative of the broader population in the cities. Islamabad and Rawalpindi have unique cultural and contextual factors that may influence perceptions of social support, fear of missing out, and anxiety. This study may not necessarily be generalizable across different cities of Pakistan.

The study relies on self-report measures to assess perceived social support, fear of missing out, and anxiety. Since this is the case, some participants may not be truthful in their self-reports. This may be due to several factors, such as social acceptability (social acceptability bias) and reader comprehension. This is evidenced by some of the results we got. Future studies should gather data from numerous sources to increase the validity of the research constructs, as depending solely on self-reported information may alter the strength of the connections between constructs. Some participants might not reveal the truthful information about their relationship with their perceived social support or their anxiety levels due to which significant findings might not be accurate due to which there may also be a possibility of a social desirability bias or recall bias, which could impact the accuracy of the results. Participants may respond in a way they believe aligns with social norms or expectations, rather than providing genuine responses.

The sample size may also affect the study. For example, in Table 7, we found no significant correlation between educational qualifications, and anxiety. This is in contrast to some other literature, where we find that individuals with lower educational qualifications are more prone to anxiety. This could either be due to the sample size, or

could be a legitimate characteristic of this particular sample. There is also a lack of such studies in similar demographics and region. Hence, a larger sample or a different, wider study may be able to clarify some of these questions in the future.

The study is cross-sectional and correlational and does not follow participants over time, it may be challenging to establish causal relationships between perceived social support, fear of missing out, and anxiety. Longitudinal studies can provide a more robust understanding of how these variables relate to each other over time and to follow the trajectory of adults' mental health over time, this would provide a deeper understanding of the long-term effects of perceived social support, FoMO, and anxiety and help refine interventions based on evolving needs.

Future Implications

The results of this study will assist in figuring out the effect of perceived social support on the intensity of anxiety and the feeling of FoMO. The findings can guide the development of targeted interventions to enhance social support systems and reduce FoMO which will ultimately mitigate anxiety symptoms.

This study will also be helpful for researchers. It will provide theoretical understanding of relationships between present study variables; no other study has yet explored the relationship between these variables. This research can support future studies as it will provide a new perspective and viewpoint and researchers can continue to explore these variables with more participants and in different cultures that are still unexplored. For example, evidence from Table 4 suggests that anxiety and perceived social support have a negative correlation. This result opens up several new questions as to which factors within social support systems might be important for better mental health. Hence, numerous research directions can use these results as a starting point.

It could be explored if reducing social media use or taking a break from and disconnecting yourself from all the chaos and FoMO being caused may help focus on an individual's mental health. Understanding the relationship between perceived social support, FoMO, and anxiety can help identify individuals at risk. For example, our research suggests that FoMO and anxiety are positively related. Mental health support programs can hence deduce that where FoMO is present, anxiety could be present in that individual as well, or vice versa. By recognizing the factors that contribute to anxiety, preventive measures can be implemented to reduce its onset or severity. Early intervention programs can be developed to support individuals who are susceptible to anxiety due to low perceived social support or high FoMO.

The research also tried to analyze anxiety, FoMO, and perceived social support according to demographics such as age and gender. Such researches are important, since different groups of people have different tendencies. For example, the study showed in Table 6 that perceived social support has a high correlation with age. Future studies can delve deeper into how age affects social support, and help in better counseling and therapy for all age groups, that is much more tailored to them.

As FoMO is often associated with excessive use of social media and digital technologies, the study's findings can inform discussions about the impact of technology on mental health. Recognizing the potential negative consequences of excessive digital engagement can guide individuals, parents, and policymakers in developing healthy technology habits and promoting digital well-being. As described earlier in the research, "Fear of missing out (FoMO)" is a term that describes the anxiety or unease individuals experience when they believe they are missing out on rewarding experiences or social connections compared to others. In today's digital age, FoMO has become strongly associated with the excessive use of social media and digital

technologies. The constant availability of information and the fear of being left out contribute to the compulsive need to stay connected, resulting in excessive use of these platforms. This research will ultimately help in understanding the complex relationships between the three variables - Anxiety (ANX), Perceived Social Support (PSS), and Fear of Missing Out (FoMO), leading to a better understanding of how these variables affect the behavior and lives of people.

Recommendation

The current study provided evidence for promoting perceived social support and basic psychological needs and decreasing the symptoms of anxiety in the clinical implications for relieving FoMO. As seen in the data such as in Table 5, there is a high FoMO across genders. FoMO prevention can be greatly aided by the increased attention that practitioners and researchers have been but should be paying to the causes of excessive levels of FoMO in individuals. Offer counseling services within city educational institutions to give people a secure setting in which they can talk about their concerns, fears, and anxieties. These services ought to incorporate strategies for minimizing FoMO while acquiring effective coping skills. The data also backs up some well-established facts. For example, Table 5 demonstrates that there is higher anxiety in women as compared to men. This phenomenon is well-documented in literature, and is cause for concern. Both environmental and biological reasons contribute to this fact. While women are more prone to anxiety due to hormonal fluctuations and brain chemistry, societal reasons and pressures are also contributing factors. The data shows a need for better mental health management for both genders, but women in particular. Promote community and family engagement in treating mental health concerns.

Increasing understanding of the value of community involvement and family support might help create a more encouraging atmosphere for adults and possibly reduce anxiety. This is evidenced by the fact that as seen in Table 4, perceived social support and anxiety have a negative correlation – a better social support system can help reduce anxiety. Focus on implementing programs for adults' skill development that improve their social and emotional skills. Workshops and training sessions focused at improving social interactions and fostering positive social relationships, building resilience, as well as improving communication may be a part of these programs. By implementing these recommendations, everyone involved in bettering an individual's mental health can contribute to creating a supportive and resilient environment for young adults in Islamabad and Rawalpindi, ultimately improving their mental health outcomes in the face of perceived social support, FoMO, and anxiety.

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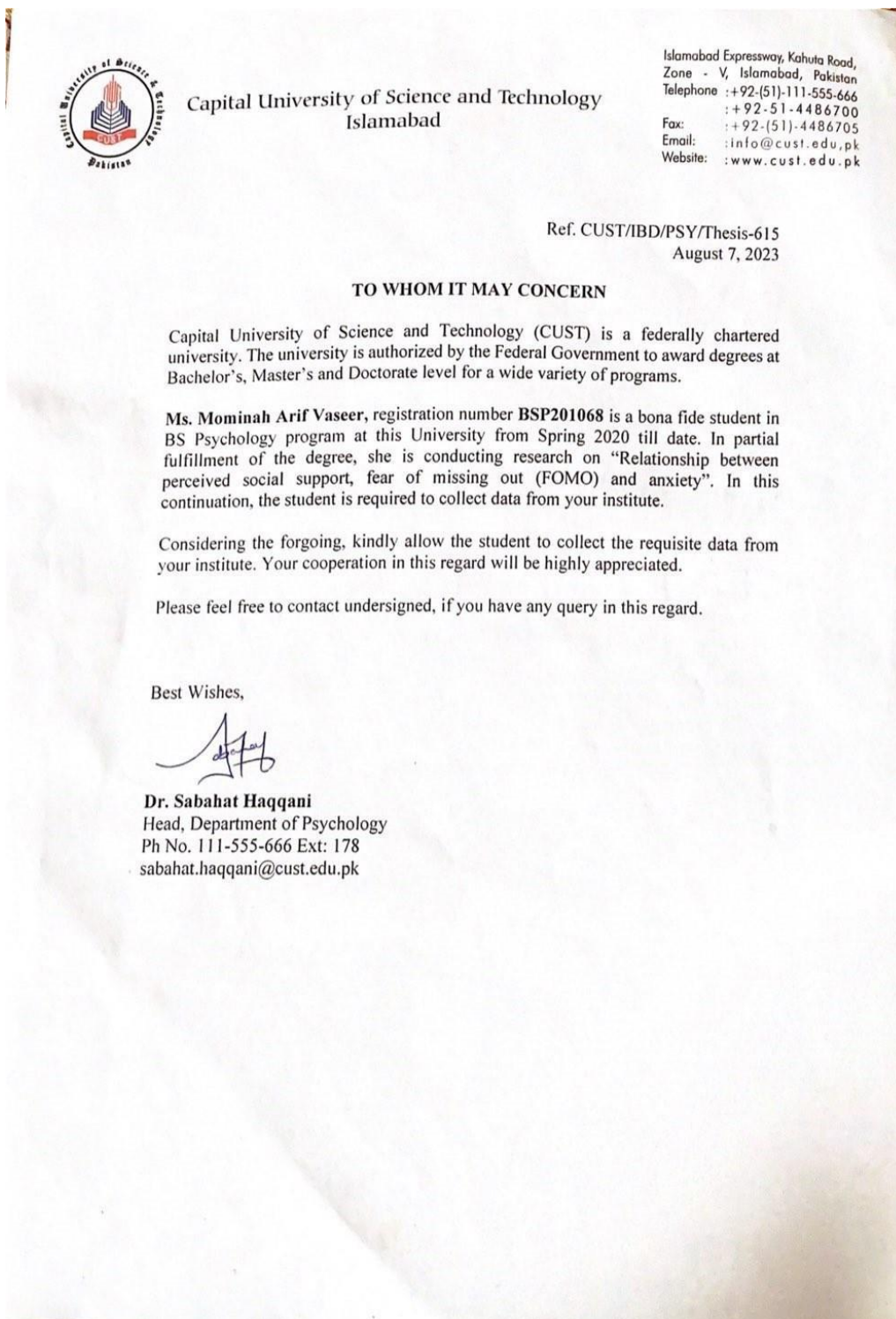
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Appendix A



Permission letter

Appendix B

Informed Consent Form

My name is Mominah Arif Vaseer and I am a university student currently enrolled in the undergraduate program in psychology in the Capital University of Science and Technology. The topic of my research is; Relationship between perceived social support, fear of missing out (FoMO) and anxiety. For the purpose of research on this topic I would like to request you to be a part of this study. If you consent to take part in this study, you will be required to fill out the given questionnaires. Your name will not be mentioned and your identity will be kept confidential. Your participation in the study is completely voluntary and you have the right to withdraw at any given time. If you choose to participate, your input will prove very beneficial to this research.

For any further questions regarding the study, contact me on my Email:

Mominahvaseer@gmail.com

If you have agreed to participate in this study, please sign below:

Signature _____

Mominah Arif Vaseer

THANKYOU!

Appendix C

Demographic Sheet

Age _____

Gender **Male** **Female**

Qualification _____

Appendix D

Anxiety Subscale (DASS21)

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 = Did not apply to me at all

1 = Applied to me to some degree, or some of the time

2 = Applied to me to a considerable degree or a good part of time

3 Applied to me very much or most of the time

Sr#	Items	0	1	2	3
1	I was aware of dryness of my mouth				
2	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)				
3	I experienced trembling (e.g. in the hands)				
4	I was worried about situations in which I might panic and make a fool of myself				
5	I felt I was close to panic				
6	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)				
7	I felt scared without any good reason				

Appendix E

Fear of Missing out (FoMO)

Below is a collection of statements about your everyday experience. Using the scale provided please indicate how true each statement is of your general experiences. Please answer according to what really reflects your experiences rather than what you think your experiences should be. Please treat each item separately from every other item.

1 = Not at all true of me 2 = Slightly true of me 3 = Moderately true of me
4 = Very true of me 5 = Extremely true of me

Sr#	Items	1	2	3	4	5
1	I fear others have more rewarding experiences than me.					
2	I fear my friends have more rewarding experiences than me.					
3	I get worried when I find out my friends are having fun without me.					
4	I get anxious when I don't know what my friends are up to.					
5	It is important that I understand my friends "in jokes."					
6	Sometimes, I wonder if I spend too much time keeping up with what is going on.					
7	It bothers me when I miss an opportunity to meet up with friends.					

8	When I have a good time, it is important for me to share the details online (e.g., updating status).					
9	When I miss out on a planned get-together it bothers me.					
10	When I go on vacation, I continue to keep tabs on what my friends are doing					

Appendix F

The Multidimensional Scale of Perceived Social Support (MSPSS)

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

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

Sr#	Items	1	2	3	4	5	6	7
1	There is a special person who is around when I am in need.							
2	There is a special person with whom I can share joys and sorrows.							
3	My family really tries to help me.							
4	I get the emotional help & support I need from my family.							
5	I have a special person who is a real source of comfort to me.							
6	My friends really try to help me.							
7	I can count on my friends when things go wrong.							
8	I can talk about my problems with my family.							
9	I have friends with whom I can share my joys and sorrows							
10	There is a special person in my life who cares about my feelings							
11	My family is willing to help me make decisions.							
12	I can talk about my problems with my friends.							