

# ASSOCIATION BETWEEN SELF-ESTEEM, SOCIAL ANXIETY AND PSYCHOLOGICAL DISTRESS AMONG UNIVERSITY STUDENTS



by

UROOJ FAREED

BSP191017

Department of Psychology

Faculty of Management and Social Sciences  
Capital University of Science & Technology, Islamabad

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BSP191017

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By

Urooj Fareed

Reg No. BSP191017

A Research Thesis submitted to the

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## DEDICATION

*I would like to dedicate this dissertation to my parents, for their love and support throughout my life. Thanks to both of you for always encouraging me and supporting me. Your endless efforts helped me to reach the level of brilliance at which I now stand. Thank you for everything. I would like to thank to my husband for his unconditional support that made possible for me to complete my studies.*

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Firstly, I am immensely grateful to Allah Almighty for His assistance throughout this expedition. It was Allah's mercy that made it possible for me to complete this work in the first place. I would like to thank my supervisor Ms. Tehmina Mazhar for the guidance, dedicated support and direction but more importantly for providing timely feedback which had helped me a lot.

I'm thankful to my husband and family for their love, support and care towards me. Their support gave me the courage and motivation to persist and do my best during research. I believe without their support, I wouldn't have achieved this milestone.

I would like to dedicate this dissertation to my lovely daughters.

**CERTIFICATE OF APPROVAL**

It is certified that the Research Thesis titled "Association between self-esteem, social anxiety & psychological distress among university students" carried out by Urooj Fareed, Reg. No. BSP191017, under the supervision of Ms. Tehmina Mazhar, 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: \_\_\_\_\_



**Tehmina Mazhar**

**Lecturer**

Department of Psychology

Faculty of Management and Social Sciences

Capital University of Science & Technology, Islamabad


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Urooj Fareed

BSP191017

Approved by



Supervisor

Ms. Tehmina Mazhar



Internal Examiner-I



Internal Examiner-II



Thesis Coordinator

Ms. Irum Noureen



Head of Department

Dr. Sabahat Haqqani





## ABSTRACT

The study aim was to find association between self-esteem, social anxiety and psychological distress among university students. A cross-sectional study was conducted on with a sample of 250 respondents, both men and women, through convenient sampling. After taking consent and debriefing the participants, data was collected through university students in the twin cities of Islamabad and Rawalpindi, and they were given four scales related to variables (the RSES for Self- esteem, LSAS to measure the social anxiety, and the KESS for distress and the alpha reliability was reliable for all of the scales. Data was analyzed through a statistical package for social science, and the results indicates a significant positive relationship social anxiety and psychological distress( $r=.267^{**}$ ) non-significant relationship between selfesteem and social anxiety ( $r = -.068$ ), a non-significant negative relationship between selfesteem and psychological distress ( $r = -.090$ ) and gender differences between self-esteem and social anxiety was found. The study's outcomes will help individuals to cope with their distress, social anxiety it will provide the individuals in depth knowledge about all these variables and ultimately helps to improve their self-esteem also helps in establishing new connections.

**Keywords:** *Self-esteem, Social anxiety, psychological distress, Gender differences and University students.*

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## **Chapter I**

### **INTRODUCTION**

Self-esteem is the extent to which individuals has a positive or negative evaluation of themselves (Ashford, Smit & Lier et al., 2011). It is closely related to self-worth, self-respect, and self-confidence. Low self-esteem can lead to feelings of inadequacy, worthlessness, and depression (Baumiester &Vohs et al., 2003). Self-esteem is defined an individual's overall evaluation of their own worth or value (Orth et al., 2008).

According to Abu (Jado et al., 2015), self-esteem is a general self-assessment of an individual's mental, social, emotional, moral, and physical attributes. As a result, self-esteem is one of the primary components that contribute to an individual's good or negative self-realization. It has an impact on self-esteem, worthiness, competence, and expectations in numerous facets of life.

According to (Roberts et al., 2000) many factors influence self-esteem, including environmental and social factors such as the family, various institutions such as schools and universities, peers, experiences of success or failure, and physical shape, which includes

self-harm of his/her body, maturity rate, sexual maturity, and physical impairment

(Muhammad et al., 2004).

Self-esteem, a concept extensively studied by researchers in psychology, has garnered significant attention due to its impact on various aspects of individuals' lives (Dimico, 2017).

Morris Rosenberg was a prominent researcher who made significant contributions to the study of self-esteem (Xanidis, 2016).

Webster's dictionary defines self-esteem as "satisfaction with oneself" and "one's good opinion of one's dignity or worth." Those higher in self-esteem have an inherently strong sense of worth, while those low in self-esteem can sometimes feel worthless and even dislike themselves (Khalek et al., 2017).

Research consistently indicates that individuals with low self-esteem are more susceptible to developing mental health issues such as depression, anxiety disorders, and eating disorders (Baltretu, 2018). Low self-esteem can contribute to negative self-perceptions, a sense of hopelessness, and reduced overall psychological well-being. Self-esteem, as an individual's overall evaluation and perception of their self-worth, has been recognized as a fundamental aspect of mental health and well-being (Esquiline et al., 2007).

Social anxiety, on the other hand, is the fear of being judged, evaluated, or rejected by others in social situations (Dobbos et al., 2019). It is characterized by a persistent and intense fear of social situations and can lead to avoidance of such situations, which can ultimately lead to social isolation (Diolaiuti et al., 2021).

Social anxiety disorder, also known as social phobia, has been the subject of extensive research by psychologists and psychiatrists (Leo, 2019). Researchers have explored various aspects of social anxiety, including its prevalence, underlying causes, cognitive and behavioral features, and treatment options. Richard Heimberg, a leading researcher in social

anxiety, has made significant contributions to understanding the disorder. He has conducted research on the cognitive-behavioral model of social anxiety (Berg et al., 2018).

Social anxiety disorder (SAD) is a newer term that includes nervousness in any social setting, including smaller or one-on-one social engagements (Roberts, 2017). Generalized anxiety disorder (GAD) causes feelings of anxiety or excessive worry over everyday events or the future, in and out based on diagnostic interview data from National Comorbidity Survey Replication (NCS-R).

An estimated 7.1% of U.S. adults had social anxiety disorder in the past year (. Past year prevalence of social anxiety disorder among adults was higher for females (8.0%) than for males (6.1%). An estimated 12.1% of U.S. adults experience social anxiety disorder at some time in their lives (Grant et al., 2006).

However, it is clear that social anxiety disorder is one of the most common of all the anxiety disorders. Lifetime prevalence rates of up to 12% have been reported (Kessler, 2005) compared with lifetime prevalence estimates for other anxiety disorders of 6% for generalized anxiety disorder, 5% for panic disorder, 7% for post-traumatic stress disorder (PTSD) and 2% for obsessive-compulsive disorder (OCD). Twelve-month prevalence rates as high as 7% have been reported for social anxiety disorder (Kessler et al., 2005). Data from the National Comorbidity Survey reveals that social anxiety disorder is the third most common psychiatric condition after major depression and alcohol dependence (Kessler et al., 2005).

David M. Clark has conducted research on cognitive models and treatment approaches for social anxiety disorder. His work has focused on understanding the cognitive processes involved in social anxiety and developing effective interventions, such as cognitive restructuring and exposure therapy (Boyd et al., 2005).. These past researchers have made significant contributions to understanding social anxiety, its causes, features, and treatment options. Their work has helped in shaping the field of social anxiety research, and improves the assessment and management of this disorder (Ehlers et al., 2003).

Numerous researches have examined social anxiety as one of the most significant mental disorders because of its prevalence (Alansari et al., 2004). In social performance and interactional circumstances, those who struggle with social anxiety feel fear and unease, which negatively affects many facets of their lives (Muammariyah et al., 2009).

According to social anxiety has recently attracted more attention due to the higher diagnosed instances and the fact that it can result in severe anxiety and despair (Kugu et al., 2004).

Psychological distress refers to the negative emotional state experienced by individuals when they are faced with challenging life events or situations (Guntuku et al., 2019). It can manifest in the form of anxiety, depression, and other negative emotions that affect the individual's ability to function effectively (Sun et al., 2021).

Psychological distress, encompassing a broad spectrum of negative emotional states, has been extensively studied. (Aaron Beck et al., 1976), a pioneer in cognitive therapy, has explored the cognitive factors underlying psychological distress, emphasizing the role of distorted thinking patterns and maladaptive cognitive appraisals in emotional well-being. (Richard Lazarus et al., 1984) proposed the transactional model of stress and coping, highlighting the influence of cognitive appraisals on emotional responses to stressors. Furthermore, research by (Derald et al., 2007) and others has emphasized the impact of cultural factors, discrimination, and societal stressors on psychological distress.

The association between self-esteem, social anxiety, and psychological distress has been extensively studied by researchers in the field of psychology. Various studies have shed light on the interrelationships and influences of these factors, particularly within marginalized population (Dunn et al., 2017).

By building upon past research and incorporating diverse perspectives, this thesis aims to advance our understanding of how these constructs interact and influence mental health

outcomes. Ultimately, this research aims to contribute to the development of effective interventions and strategies that promote psychological well-being, alleviate distress, and improve the quality of life for individuals experiencing these challenges (Halgin et al., 2014).

## **Literature Review**

Self-esteem, social anxiety, and psychological distress are three common psychological constructs that affect the well-being of students. This chapter includes the relationship between these constructs and how they impact the mental health of students.

Self-esteem is defined as an individual's overall evaluation of his own worth or value. Studies have found that students with low self-esteem are more likely to experience psychological distress, such as anxiety and depression. Students with low self-esteem may also have difficulty forming positive relationships and may experience academic difficulties (Orth et al., 2008).

Social anxiety is characterized by intense fear or anxiety in social situations. Studies have found that social anxiety is a common problem among students, particularly those in higher education. Social anxiety can lead to avoidance of social situations, which can negatively impact academic and social functioning (Sarason et al., 1990).

Self-esteem refers to an individual's overall evaluation of their self-worth and plays a crucial role in shaping one's thoughts, emotions, and behaviors. Numerous studies have explored the relationship between self-esteem and psychological distress among students. For instance, a study by (Lu et al., 2014) found that low self-esteem was associated with higher levels of perceived stress in university students.

The impact of self-esteem on stress levels in students has been investigated in several studies. One such study is by (Whitman et al., 2014) titled "The Relationships of Self-esteem, social support, and Coping with Stress in college students" published in the Journal of



Student Development, which examined how self-esteem relates to stress and coping strategies of students.

Psychological distress is a broad term that encompasses a range of psychological symptoms, including anxiety, depression, and stress. Studies have found that psychological distress is common among students, particularly during times of transition, such as starting college (Stuhldreher et al., 2018). Psychological distress can negatively impact academic performance, as well as physical health and well-being (Stalman et al., 2010). Research has investigated the relationship between social anxiety and overall psychological distress in students (Ranta et al., 2014).

Students often experience significant life transitions, such as starting college or university, moving away from home, and adapting to a new social and academic environment. These transitions can be stressful and disruptive, impacting self-esteem and triggering social anxiety. The need to make new friends, navigate unfamiliar social dynamics, and perform academically can contribute to feelings of insecurity, self-doubt, and anxiety. Such challenges can increase the risk of psychological distress in students (Brown et al., 2014).

Students may experience social isolation or feelings of loneliness, particularly when they are away from their support networks and familiar environments. Social isolation can negatively impact self-esteem as students may feel disconnected or rejected. The fear of social judgment and rejection can contribute to social anxiety, leading to further social withdrawal and exacerbation of psychological distress (Rosenberg et al., 1965).

Many students exhibit perfectionistic tendencies and set high standards for themselves academically and socially. The constant pursuit of perfection can lead to intense self-criticism and unrealistic expectations, contributing to low self-esteem and anxiety (Hysen, 2018). The fear of making mistakes or falling short of these high standards can fuel social anxiety and increase the risk of psychological distress (Bruner, 2016).

Students may face challenges in developing effective coping strategies and accessing adequate support systems. Limited coping skills to manage stress, academic pressure, and social challenges can increase vulnerability to psychological distress (Robert et al., 2017). Additionally, limited social support or difficulty in seeking help may further exacerbate self-esteem issues, social anxiety, and psychological distress among students (Ross, 2016).

### **Relationships between self-esteem, social anxiety, and psychological distress:**

Research has consistently demonstrated the interconnectedness of self-esteem, social anxiety, and psychological distress among students. Students with low self-esteem are more likely to experience social anxiety and psychological distress. Similarly, individuals with social anxiety often report higher levels of psychological distress (Stallman et al., 2010). The relationship between these constructs is bidirectional, as low self-esteem can contribute to increased social anxiety, which, in turn, exacerbates psychological distress.

Several theoretical models have been proposed to explain these relationships. For example, the vulnerability model suggests that low self-esteem acts as a vulnerability factor for the development of social anxiety and subsequent psychological distress. The cognitive model suggests that negative self-beliefs and distorted thinking patterns contribute to both social anxiety and psychological distress. Understanding these models can guide the development of effective interventions and support systems for students (Derakshan et al., 2009).

Self-esteem, social anxiety, and psychological distress are interconnected psychological constructs that significantly impact the well-being of students. Low self-esteem and social anxiety are associated with increased psychological distress among students (Levecque et al., 2017). Recognizing these relationships is crucial for educators, mental health professionals, and policymakers to develop targeted interventions and support systems to promote students' mental health and well-being. Further research is needed to explore

effective strategies for enhancing self-esteem, social anxiety, and managing psychological distress among students (Kooij et al., 2018).

### **Theoretical Framework**

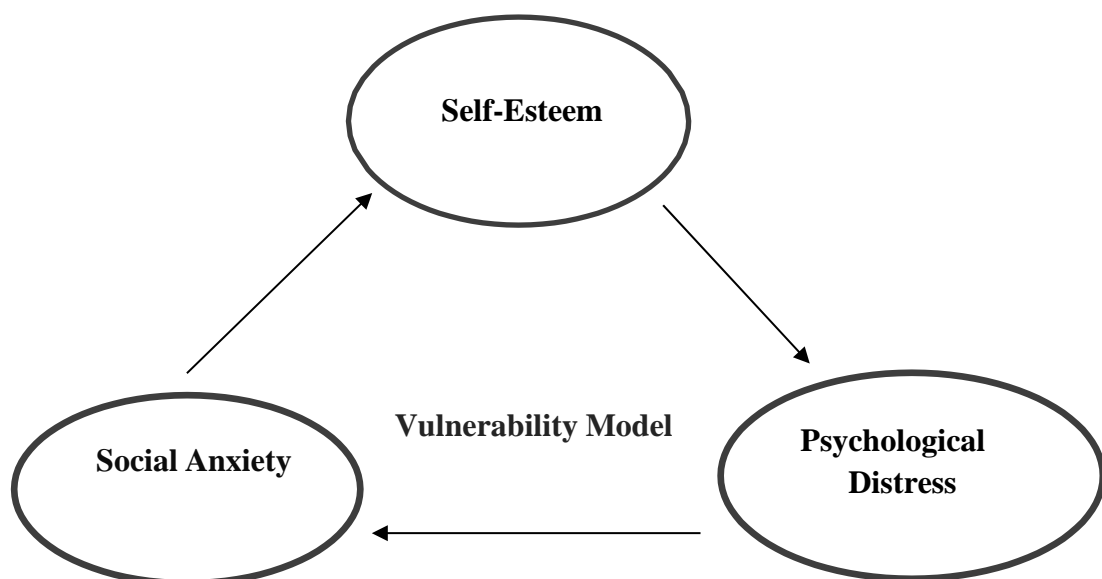
Self-esteem, social anxiety, and psychological distress are three interconnected constructs that affect the overall well-being of students. A vulnerability model is a theoretical framework that explains how certain factors or characteristics can make individuals more susceptible to experiencing negative outcomes or psychological distress. In the context of self – esteem, social anxiety, and psychological distress among university students, a vulnerability model could be used to understand how these variables interact. The vulnerability model suggests that individuals with low self – esteem are more susceptible to experiencing social anxiety, which in turn increases their risk of developing psychological distress. This model emphasizes the interplay between these factors and how they contribute to mental health issues among university students.

Research studies have provided evidence supporting the vulnerability model. For example, a study by (Fisher et al., 2007) examined the association between self – esteem, social anxiety and psychological distress among university students. They found that individuals with lower self- esteem reported higher levels of social anxiety, which in turn predicted greater psychological distress. This study highlights the role of self-esteem as a vulnerability factor for social anxiety and subsequent psychological distress.

Another study investigated the relationship between self- esteem, social anxiety and mental health outcomes in university students (Kashdan et al., 2010). They found that individuals with lower self - esteem were more likely to experience social anxiety, which was associated with a higher level of psychological distress. This study further supports the vulnerability model and emphasizes the importance of addressing self – esteem issues to prevent or reduce social anxiety and psychological distress among university students.

In addition to these studies, research has also explored potential mechanisms underlying the association underlying the association between self – esteem, social anxiety and psychological distress. For instance, a study by (Rapee et al., 1997) proposed that negative self –beliefs mediate the relationship between social anxiety and psychological distress. They found that individuals with social anxiety held negative beliefs about themselves, which contributed to higher levels of psychological distress. This study highlights the importance of addressing negative self – beliefs as part of interventions targeting social anxiety and psychological distress.

Vulnerability model provides a framework for understanding the association between self – esteem, social anxiety and psychological distress among university students. These factors are interconnected and contribute to mental health issues, emphasizing the need for interventions that address self – esteem issues and target social anxiety to prevent or reduce psychological distress.



Overall, a theoretical framework that considers the interplay between self-esteem, social anxiety, and psychological distress is crucial for understanding and addressing the mental health needs of students. Interventions that target these constructs should aim to improve self-esteem, reduce social anxiety, and alleviate psychological distress, promoting adaptive coping strategies and positive social interactions.

## **Rationale**

A study conducted by (Ibrahim et al., 2023) revealed that 45% of university students experienced psychological distress, underscoring the urgent need to address mental health concerns within this population. Specifically, individuals with low self-esteem are more susceptible to psychological distress. University students, in particular, may experience fluctuations in their self-esteem due to academic pressures and social comparisons, rendering them vulnerable to mental health issues, as pointed out by (Orth et al., 2015).

Furthermore, (Heeran et al., 2017) conducted a study that sheds light on the debilitating effects of social anxiety on daily life and emphasizes the importance of exploring its associations with psychological distress. Conducting a study to analyze the relationship between self-esteem, social anxiety and psychological distress among university students has the potential to directly benefit these students by improving their mental health, academic success, and overall (Orth et al., 2008).

There is growing concern about the mental health of university students, with research indicating that many students experience psychological distress during their university years. High level of stress, academic pressure, social isolation, and many other factors can contribute to the development of various mental health problems in university students. Addressing these problems requires understanding the underlying factors that contribute to these problems, including self-esteem and social anxiety (Baumeister et al., 2003).

Students often face significant pressure to perform well academically, which can impact their self-esteem. Academic setbacks or perceived failures can lead to decreased self-esteem and self-worth. This, in turn, can contribute to social anxiety as students may fear judgment or evaluation by their peers or teachers, especially in academic settings. The combination of academic pressure, low self-esteem, and social anxiety can increase the risk of psychological distress among students (Stallman et al., 2010).

Understanding the association between self-esteem, social anxiety, and psychological distress among students is crucial for implementing targeted interventions and support programs. Promoting healthy self-esteem, teaching effective coping skills, providing social support networks, and addressing social anxiety can help mitigate the negative impact of these factors on students' mental well-being and enhance their overall academic and personal success (Hysenbegasi et al., 2008). As Self – esteem and social anxiety would have positive relationship whereas self – esteem and psychological distress would have negative relationship, so to explore gender differences between these variables we are conducting this research. This matter needs further investigation. There are also few researches in Pakistan on this topic, so there is a need to explore these variables or topic more (Watson et al., 1988).

### **Objectives**

- To explore the relationship between self-esteem, social anxiety and psychological distress among university students.
- To find out the gender differences in self-esteem, social anxiety and psychological distress among university students.

### **Hypotheses:**

1. There is significant negative relationship between self-esteem and social anxiety among university students.
2. There is a significant positive relationship between social anxiety and psychological distress among university students.
3. There is a negative relationship between self-esteem and psychological distress among university students.
4. Social anxiety is higher among female students as compared to males.

## **Chapter 2**

### **METHODOLOGY**

#### **Research Design**

To conduct this study, a correlational study design was used. The research method of the present study was quantitative.

#### **Sample**

The sample consisted of ( $N=250$ ), both males and females university students. The selection of participants was from District Rawalpindi and Islamabad. Their age range was (18-25) years.

#### **Sampling technique**

Convenient sampling technique was used for the collection of data.

## **Instruments**

The instruments we used in our research were “Rosenberg self-esteem scale”, “Leibowitz social anxiety scale” and “Kessler psychological distress scale “. Demographic sheet and Informed consent was also created by researcher.

### ***Demographic sheet***

Demographic sheet included gender, age, education, social media, peer group and marital status.

### ***Rosenberg Self-Esteem Scale***

The Rosenberg self-esteem scale (RSES), developed by the sociologist Morris Rosenberg 1965. It is a self-esteem measure widely used in social science research. It uses a scale of 0–30, where a score less than 15 may indicate problematic low self-esteem. Although the instrument was developed for use with adolescents, it has been widely used in research on adults. Five of the items have positively worded statements and five have negatively worded ones. The scale measures global self-worth by measuring both positive and negative feelings about the self.

It consists of 10 items which can be answered on 4 point on Likert scale. There are five items in this scale which will be reverse score. The scale has generally high reliability Cronbach’s alpha value ranges from 0.77- 0.88.

### ***Leibowitz Social Anxiety Scale***

The Leibowitz Social Anxiety Scale (LSAS) is a 24-item; self-rated scale was used to assess how social anxiety plays a role in your life across a variety of situations. The LSAS was developed by psychiatrist and researcher Dr. Michael R. Leibowitz.

The scale might be used in research studies to determine the level of social anxiety experienced by participants, in clinical settings to assess a particular patient's symptoms, or



by people who are concerned that what they are experiencing might be the signs of an anxiety disorder.

- Each item is rated on two 4-point likert\_type scale
- The first rating is a measure of fear/anxiety and ranges from **0** (none) to **3** (severe)
- The second rating is a measure of avoidance and ranges from **0** (never) to **3** (usually)
- Never (**0%**); occasionally (**1–33%**); often (**33–67%**); usually (**67–100%**)

### ***Kessler Psychological Distress Scale***

Kessler Psychological distress scale was developed by Professor Ron Kessler and Dan Mroczek in 1992 was used to assess psychological distress among adolescents. It is a 10 item scale about emotional states and it's a 5-point Likert scale.

Each item is scored from one 'none of the time' to five 'all of the time'. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress.

Scoring can be done by adding the scores from one "none of the time" to five "all the time". High scores indicate the high level of psychological distress and the low scores suggest lower level of psychological distress. Psychological distress scale has Cronbach's alpha value of 0.844 (Lins et al., 2021).

- *f* 10 - 19 Likely to be well
- *f* 20 - 24 Likely to have a mild disorder
- *f* 25 - 29 Likely to have a moderate disorder
- *f* 30 - 50 Likely to have a severe disorder

### **Inclusion Criteria**

- Students enrolled in any university of Rawalpindi and Islamabad was included.

- Participants able to understand English were included in this study.

### **Exclusion Criteria**

- Participants who were mentally or physically disabled were excluded from the study.
- Employed students were not included in this study.

### **Procedure**

The sample was selected from the universities of Rawalpindi and Islamabad. The permission for using the scales was taken from the author. In addition to this, approval from the Capital University of Science and Technology was obtained and after that, participants were explained about the purpose of the research and they were assured about the confidentiality of the shared information. Informed consent was signed and confidentiality and privacy was ensured. A demographic sheet was attached with the questionnaires to obtain relevant data. Before collecting the data participants were briefed about the scales.

### **Ethical Considerations**

The approval for this study was taken from Psychology Department of Capital University of Science and Technology. Informed consent from participants was obtained and it was made sure that participants would not suffer any physical and emotional harm. All participants were made aware that the investigation was performed in an anonymous manner and that contents of their submissions would remain private.

### **Analysis**

Data was analyzed by using Statistical Package for Social Sciences. The obtained data was cleaned and descriptive statistics were analyzed.

In descriptive statistics, the distribution and variance of the data were calculated. Descriptive analysis for gender, marital status and peer group were calculated.

Reliability of the scales was examined through Cronbach's Alpha. The correlation was investigated by using Pearson's correlation analysis because the data was normally distributed.

Independent t-test was also computed to check the gender differences in self-esteem and social anxiety.

### Chapter 3

## RESULTS

The data was collected through questionnaires filled out by every participant. In this chapter, the frequencies and percentages were computed while demographic information regarding the sample is provided, followed by the reliabilities for all the instruments and descriptive statistics. The analyses used to test the research hypotheses are then presented.

### Demographic Characteristics

**Table 1**

*Frequency distribution and percentages of demographic variable (N=250)*

<b>Variables</b>	<b>F</b>	<b>%</b>
<b>Gender</b>		
Male	108	43.2
Female	142	56.8
<b>Marital status</b>		
Married	18	7.2
Unmarried	232	92.8

<b>Peer group</b>		
Yes	118	47.2
No	132	52.8

---

Note: *f*= frequency, %= percentage

Table 1 demonstrates the frequency and the percentages of the demographic variables. The variables include age of social anxiety person, gender, marital status, and peer group. It shows that females has higher frequency than males ( $f = 108$ ,  $\% = 43.2$ ) single people has higher frequency than married ( $f = 18$ ,  $\% = 7.2$ ) and unmarried people ( $f = 232$ ,  $\% = 98.8$ ) the table also shows participants with peer group had lower frequency ( $f = 118$ ,  $\% = 47.2$ ) than non-peer group ( $f = 132$ ,  $\% = 52.4$ ).

## Reliability Analyses of the Instruments

Reliability of the scale and the subscales used in the data was calculated through Cronbach's alpha reliability. Table 2 shows the descriptive of the questionnaires used in the research.

**Table 2**

*Cronbach's Alpha Reliability with Means and Standard Deviations analysis for RSES, LSAS and KESS (N=250)*

Scales	Items	$\alpha$	M	SD	Potential Range	Actual Range	Skew	Kurts	Ks	P
<b>RSES</b>	10	.47	22.11	3.63	10-40	10-47	1.27	-.212	1.70	.06
<b>LSAS</b>	24	.89	28.77	13.3	0-72	0-58	.119	-.440	.747	.63
<b>KESS</b>	10	.82	29.88	7.98	10-50	10-50	-.383	-.377	1.51	.02

Note: RSES=Rosenberg Self-Esteem Scale, LSAS=Leibowitz Social Anxiety Scales, KESS=Kessler Psychological Distress Scale,  $\alpha$ = Cronbach's Alpha reliability, M= Mean, SD= Standard deviation, Skew=Skewness, Kurts= Kurtosis

Table 02 shows the item numbers, alpha reliabilities, mean, standard deviation, skewness, kurtosis of all the scales used in the present study. RSES ( $\alpha = .47$ ), LSAS ( $\alpha = .89$ ), KESS ( $\alpha = .82$ ). All of these scales are reliable according to Nunnally and Bernstein's (1994) criteria, that is 0.7 and above alpha value means highly reliable which indicates RSES (M = 22.11, SD

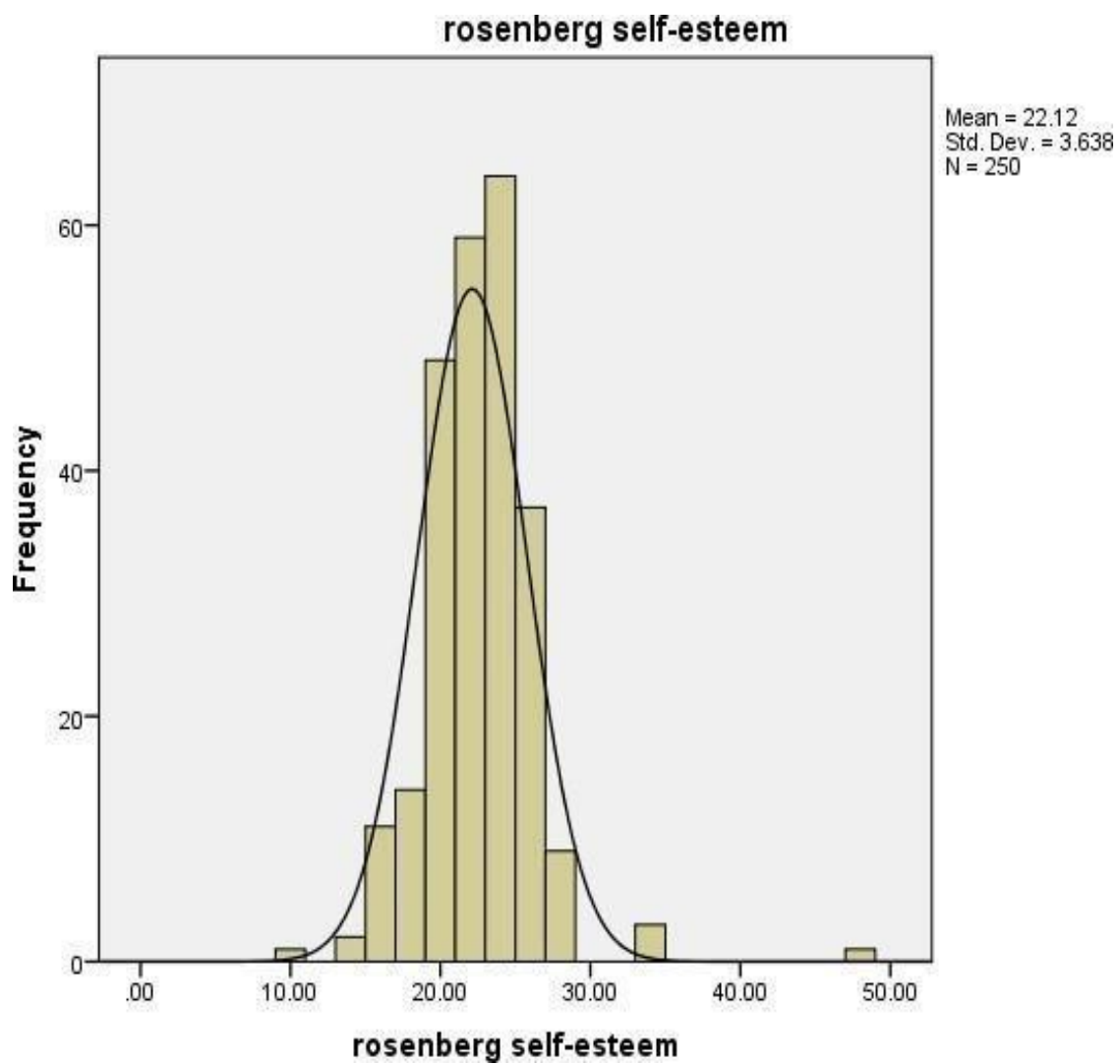
= 3,63), LSAS (M = 28.77, SD = 13.3) and KESS (M = 29.88, SD = 7.98) to be highly reliable. According to skewness and kurtosis data is normally distributed.

### Distribution Curves

Following are the figures representing the shape of distribution curve drug self-esteem (RSES), social anxiety scale (LSAS) and distress scale (RSES) where total number of participants (N) for all three measures is 250.

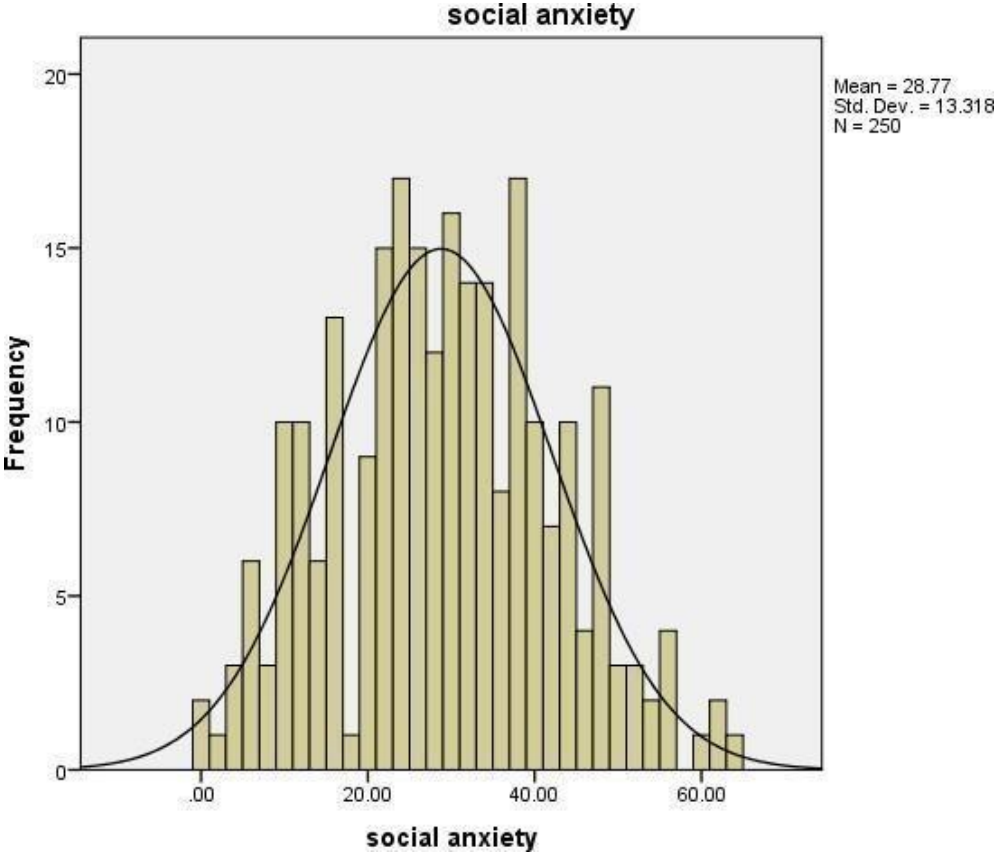
#### Figure 1:

Distribution scores of Rosenberg self-esteem scale (RSES) scale N = 250. Figure 01 shows normal distribution.



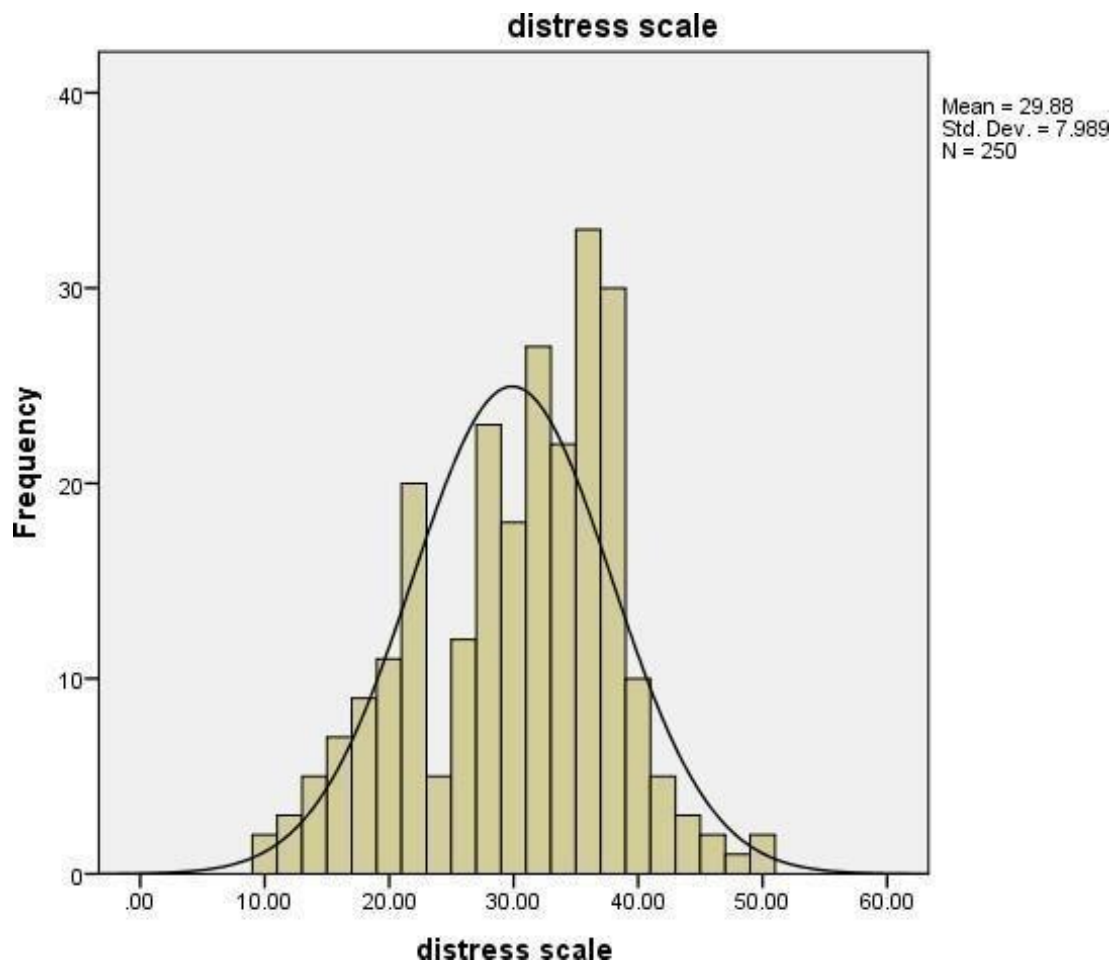
**Figure 2:**

Distribution scores of Leibowitz Anxiety Scale ( $N = 250$ ). Figure 02 shows normal distribution.



**Figure 3:**

Distribution scores of Kessler Psychological Distress Scale (KESS) scale ( $N = 250$ ). Figure 03 shows normal distribution.



### Correlational analysis for scales

A correlation analysis was conducted to assess the relationship between self-esteem, social anxiety and psychological distress. Pearson correlation was computed as the data was normally distributed.

### Table 3

*Pearson correlations between measures of RSES, LSAS and KESS (N=250)*



Sr. #	Scales/ Subscales	1	2	3
1.	Self-Esteem	–		
2.	Social Anxiety	-.064	–	
3.	Distress Scale	-.090	.267**	–

Note:\*\* $p < 0.01$ , \* $p < 0.05$ , (1-tailed)

Pearson correlation analysis was used to analyze the relationship between self-esteem, social anxiety and distress scale. The results showed a weak and non-significant negative relationship between self-esteem and social anxiety ( $p = -0.68$ ). There is a weak and nonsignificant relationship between self-esteem and distress scale ( $p = -.090$ ). However social anxiety and psychological distress has positive and significant relationship ( $= .267^{**}$ ).

### T-Test Tables

To study the gender wise difference in Social anxiety and Self-Esteem Independent sample ttest was used for the scale due to the normal distribution of the data as shown in the table 5.

**Table 4**

Variables	Male		Female		T(248)	p	Cohen's d
	M	SD	M	SD			
<hr/>							

<b>RSES</b>	22.35	3.75	21.93	3.54	.887	.314	0.114
<b>LSAS</b>	27.44	14.28	29.78	12.49	-1.377	.086	-0.17

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Note: *M*=mean. *SD*=standard deviation, *P*=significance value.

Table 4 indicates slight difference in the mean ranks of RSES in Males (25.35) and females (21.93) as the data was normally distributed among male and females. While, there is a significant difference in the mean ranks of LSAS as (M=27.44) in males and (M=29.78) in females which shows that female students exhibit more social anxiety as compared to male students.

## Chapter 4

### DISCUSSION

The study aimed at assessing the association between self –esteem, social anxiety and psychological distress among university students. Additionally, it is also aimed at exploring the gender differences on self -esteem and social anxiety among university students. The results of the study and its limitations and implications are discussed in this chapter.

The reliability of the scales was checked by computing the Cronbach’s alpha reliability. The RSES had coefficient of 0.47, the reliability of LSAVV was 0.85, the reliability of LSAS was 0.89 and K-10 have alpha reliability value of 0.82 respectively.

Descriptive analysis of demographics revealed that the participants of this study were ranged between ages of 18-25 years among which most of them were unmarried and had no peer group.

Descriptives analysis of the instruments used in this study has revealed some important findings. First, students mean score on the anxiety scale ( $M=28.77$ , see table 2) indicates low level of social anxiety.

The mean score of Leibowitz Social Anxiety Scale ( $M=28.77$ , see table 1) with alpha reliability of ( $\alpha=0.89$ ) was similar to as reported in some other studies;  $M= 29.30$  among a sample of university students (Marraziti et al., 2019). This shows that LSAS is a reliable measure for measuring avoidance among university students.

### **Relationship between Self-Esteem and Social Anxiety**

It was hypothesized that there would be a negative relationship between self-esteem and social anxiety. It appears that the hypothesis has been supported by the results of a Pearson correlation analysis, which showed a weak negative but nonsignificant relationship between the two variables, self-esteem and social anxiety. This means when self-esteem decreases the social anxiety increases among the individuals. This is supported by findings of the previous research, which has also observed that low self-esteem weakens the individual ability to adapt to the communication of environment and increase the level of social anxiety (Z. L. et al., 2008). Other findings also revealed that self-esteem influence on social anxiety was found low in women as compare to men (Ghayas et al., 2017).

### **Relationship between Self-Esteem and Psychological Distress**

It was hypothesized that there would be a negative relationship between self-esteem and psychological distress, and it appears that the hypothesis has been supported by the results of Pearson correlation analysis which revealed a negative relationship between two variables. This means as the self-esteem become low the psychological distress among the students increases.

## **Relationship between Social Anxiety and Psychological Distress**

It was hypothesized that there would be a positive relationship between social anxiety and psychological distress, and it appears that the hypothesis has been supported by the results of a Pearson correlation analysis which revealed a positive and strong significant relationship between two variables social anxiety and psychological distress. This means as social anxiety increases psychological distress is also increase among and it does impact on individuals. This is supported by the findings of the previous research, which has observed that they found the positive relationship between social anxiety and psychological distress among university students (Dixit et al., 2017).

### **Conclusion**

According to recent research self-esteem was associated with higher social anxiety among both men and women but men had lower social anxiety related problem as compare to women and it was associated with both positive and negative effects. Social anxiety was linked to increase psychological distress among the participants also lower self-esteem was associated with higher level of psychological distress among individuals.

All the hypotheses in the present study are accepted by the current data. It has been concluded that there is a non-significant negative relationship between self-esteem and social anxiety and psychological distress and there was a positive relationship between social anxiety and psychological distress. Gender differences among self- esteem and social anxiety was also found.

### **Limitations:**

Sample will be taken from Rawalpindi and Islamabad, so it would be challenging to generalize the results. The sample size would be limited to young people. The study might suffer from insufficient sample sizes and the results might not be generalizable to a larger population.

The research is correlational study making it impossible to establish a cause and effect relationship. The study does not take into account cultural differences or cultural norms that may impact students psychological well – being. Future studies with a more holistic and diverse sample are required for better understanding of the relationship between the variables.

Previous research studies relating to Pakistan were not available on the subject study. This study has targeted only university students aging 18-25 due to several constraints. Future studies should include a diverse age simple for better understanding of the study.

Furthermore, Casual filling of the survey forms by the participants cannot be ruled out completely. This might have affected the result as well.

### **Future Implications:**

Future studies would be conducted on a wider and diverse age group of people across Pakistan analyzing the association between self-esteem, social anxiety and psychological distress. The study shall be helpful for students to make them aware how self-esteem and social anxiety affects their mental health so they should try to decrease their level of selfesteem thus it will automatically decrease their social anxiety. To get much better results random sampling method may be used, this would improve the generalizability of results.

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## **APPENDICES**

### **Approval letter for data collection**



**Capital University of Science and Technology**

Islamabad Expressway, Kahuta Road, Zone-V, Islamabad

Phone: +92 51 111 555 666, Fax: 92 51 4486705

Email: [info@cust.edu.pk](mailto:info@cust.edu.pk), Website: <http://www.cust.edu.pk>

Ref. CUST/IBD/PSY/Thesis-01

August 30, 2023

### **TO WHOM IT MAY CONCERN**

Capital University of Science and Technology (CUST) is a federally chartered university. The university is authorized by the Federal Government to award degrees at Bachelor's, Master's and Doctorate level for a wide variety of programs.

Ms. Urooj Fareed, registration number BSP191017, is a bona fide student in BS Psychology program at this University from spring 2019 till date. In partial fulfillment of the degree, she is conducting research on "Association between Self-esteem, Social Anxiety and Psychological distress among University students". In this continuation, the student is required to collect data from your institute.

Considering the forgoing, kindly allow the student to collect the requisite data from your institute. Please feel free to contact undersigned, if you have any query in this regard.

Best Wishes,

**Dr. Sabahat Haqqani**

Head, Department of Psychology Ph

no. 111-555-666 Ext: 260

[sabahat.haqqani@cust.edu.pk](mailto:sabahat.haqqani@cust.edu.pk)

### **Informed Consent form**

I am BS Psychology student from Capital University of Science and Technology. I am conducting research on association between Self-Esteem, Social anxiety and Psychological Distress among University Student which is the requirement of my degree. I invite you to be a part of my study. I am assuring you that your identity will be kept confidential. After the

completion of this research, your data will be destroyed. You have right to say yes or no, though it would be great contribution and help to this research, if you participate in this research. It would be highly appreciated.

Please contact if you have any questions regarding the study

**Email:** uroojfareed2019@gmail.com

Participant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Demographic Questionnaire 1. Name**

2. Age:
3. Gender:
4. Internet Access: .....
5. Social Media:        Yes/ No
6. Peer Group:    Yes/ No
7. Marital Status:        (1) Married (2) Unmarried (3) Single

**Instructions**

Demographic sheet will be used along with the form of questionnaire. Kindly read each question carefully and participate with honesty. Your sincere cooperation is needed. I ensure your information will be kept fully confidential. Thanks for your precious time.

**Signature:** \_\_\_\_\_

## APPENDIX C

### Rosenberg Self Esteem Scale (RSES; Rosenberg, 1965)

Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA. If you agree with the statement, circle A. If you disagree, circle D. If you strongly disagree, circle SD.

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

9	I take a positive attitude toward myself.				
10	I feel that I have a number of good qualities.				

**Leibowitz Social Anxiety Scale (LSAS-SR)**

This measure assesses the way that social phobia plays a role in your life across a variety of situations. Read each situation carefully and answer two questions about it, the question asks how anxious or fearful you feel in the situation. If you come across a situation that you ordinarily don't experience, you have to imagine "what if you were faced with that situation", and then rate the degree to which you would fear this hypothetical situation (using the 0 to 3 scales below). Please base your ratings on the way that situations have affected you in the last week (or other agreed time period).

**Fear or anxiety:**

<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
0	1	2	3

### Kessler Psychological Distress Scale (K-10)

Please tick the answer that is correct for you	All the time (score=5)	Most of the time (score=4)	Some of the time (score=3)	Little of the time (score=2)	None of the time (score=1)
1. In the past 4 weeks, about how often did you feel tired out for no good reason?					
2. In the past 4 weeks, about how often did you feel nervous?					
3. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?					
4. In the past 4 weeks, about how often did you feel hopeless?					
5. In the past 4 weeks, about how often did you feel restless or fidgety?					
6. In the past 4 weeks, about how often did you feel so restless that you could not sit still?					
7. In the past 4 weeks, about how often did you feel depressed?					
8. In the past 4 weeks, about how often did you					

feel that everything was an effort?					
9. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?					
10. In the past 4 weeks, about how often did you feel worthless?					

**Interpretation of scores:**

The 2001 Victorian Population Health Survey adopted a set of cut-off scores that may be used as a guide for screening for psychological distress. These are outlined below: K10

Score: Likelihood of having a mental disorder (psychological distress)

- 10 - 19 Likely to be well
- 20 - 24 Likely to have a mild disorder
- 25 - 29 Likely to have a moderate disorder
- 30 - 50 Likely to have a severe disorder