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RELATIONSHIP BETWEEN ATELOPHOBIA, DEPRESSION AND SELF-ESTEEM AMONG YOUNG ADULTS

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CERTIFICATE OF APPROVAL

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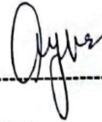
Supervisor:  --

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Relationship between Atelophobia, Depression and Self-Esteem among Young Adults

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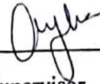

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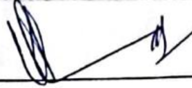

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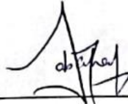

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To

My Abu,

Though you are no longer with me in this world, your spirit and words of encouragement continue to resonate within me. This thesis research is dedicated to you, my source of inspiration, who, even in your absence, motivated me to reach new heights. Your belief in my abilities and the lessons of perseverance you imparted have been a guiding force in this academic journey. Your memory lives on, and this accomplishment is a tribute to the enduring impact of your love and support.

With eternal gratitude,

Warda

DECLARATION

It is declared that this is an original piece of my own work, except where otherwise acknowledged in text and references. This work has not been submitted in any form for another degree or diploma at any university or other institution for tertiary education and shall not be submitted by me in future for obtaining any degree from this or any other University or Institution.

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Abstract

The study's focus was to find the relationship between atelophobia, depression and self-esteem among young adults. It was a quantitative study and convenient sampling was used and data was collected from participants (18-25 age) after taking their consent and Frost Multidimensional perfectionism scale, Depression Anxiety Stress Scale and Rosenberg Self-Esteem scale was applied on them. Data was analyzed using SPSS. It was proposed that there will be a positive correlation between atelophobia and depression and negative correlation between atelophobia and self-esteem among young adults. Preliminary findings indicate a significant positive correlation($r=.190$) between atelophobia and depression, affirming that the fear of imperfection is linked to heightened depressive symptoms among young adults. Additionally, the anticipated negative correlation($r=-.004$) between atelophobia and self-esteem was supported, highlighting that a pervasive fear of imperfection is associated with diminished self-esteem in this demographic. These results underscore the importance of understanding the psychological dynamics at play in young adults grappling with atelophobia. The discussion delves into the implications of these findings for mental health interventions and sheds light on potential strategies to alleviate the impact of the fear of imperfection on both depressive symptoms and self-esteem.The study contributes valuable insights into the emotional landscape of young adults, emphasizing the need for tailored interventions that address the multifaceted nature of atelophobia. By unraveling the complex interplay between fear, depression, and self-esteem, this research seeks to pave the way for more nuanced and effective approaches to support the mental well-being of young adults facing these challenges.

Keywords: *Atelophobia, Depression, Self-esteem, Young Adults, Collage, University students.*

Chapter 1

Introduction

The introduction chapter provides a comprehensive overview of the background, context, and objectives of your research. A well-crafted introduction serves as a roadmap for the reader, outlining the significance of the study and establishing the foundation for the following chapters The literature review maps the ground of fear, depression, and self-esteem, drawing from a rich array of studies that illuminate the relationships between these psychological constructs. From nuanced distinctions between atelophobia and perfectionism to the profound impact of depression on self-perception, this chapter synthesizes existing knowledge to pave the way for our exploration. This chapter outlines the specific objectives and hypotheses guiding our exploration. From unraveling the relationship between atelophobia, depression, and self-esteem to examining the prevalence of atelophobia among young adults, our study seeks to navigate the unknown, offering insights into the psychological landscape of this distinctive fear.

As human beings we face a lot of fears in our daily lives, but some fears are so intense that they become hurdles, interfering with our daily routines, they are called phobias. Phobias are irrational and constant fear of something which can be a specific situation, object or activity e.g., water, closed spaces, blood, flying etc. (APA, 2023). These fears can be overwhelming that the person will try to avoid it all together or endure with great distress which will affect their mental health. Empirical support, derived from studies such as those conducted by Smith and Johnson (2019) and Brown et al. (2020), provides valuable insights into the psychological consequences of intense fears. These studies highlight not only the prevalence of phobias but also the significant impact on mental health, offering a compelling backdrop for our exploration. By

integrating these findings, we aim to shed light on the profound ways in which phobias, particularly atelophobia, may intersect with depression and self-esteem Flett et al.'s (2014).

Atelophobia

Atelophobia is an extreme fear of imperfection where the person is afraid of not doing anything right and of new situations because they are not sure if they will do good there. Those being afraid of being imperfect or developing atelophobia are very conscious of what others think about them leading to avoiding things like writing and eating in front of others, taking a phone call, going to an interview (Doctor et al., 2010). The fear associated with atelophobia can lead to various psychological challenges, including distress, depression, anxiety, panic attacks, and a pessimistic perception of one's life. Atelophobia encompasses feelings of inadequacy and inferiority. People with Atelophobia constantly seek perfection in every aspect of their lives, leading to anxiety and distress when they are unable to reach these high standards. Studies have shown that Atelophobia is associated with low self-esteem and depression, especially in young adults. There are few studies about the prevalence of atelophobia, but phobic disorders are fairly common. Research suggests that about 12% of adults and 19% of adolescents in the U.S. experience a specific phobia at some point in their lives. They're about twice as common in females as they are in males. Furthermore, research has indicated that individuals with this phobia may also experience difficulties in interpersonal relationships. Consequently, it is important to understand the underlying causes of Atelophobia and its relationship with other psychological conditions to develop effective interventions.

Atelophobia and perfectionism are distinct concepts with different implications. Perfectionism is regarded as a personality trait characterized by the relentless pursuit of flawlessness and setting exceptionally high standards for oneself. On the other hand, atelophobia

refers to an authentic fear of imperfections. Individuals experiencing atelophobia may actively avoid situations where they perceive the possibility of making a mistake, perceiving such situations as potential threats. This fear can significantly impact various domains of their lives, including academic or professional endeavors, familial relationships, and social interactions.

Depression

Depression is feeling of sadness and worthlessness that last for more than six months and interferes with a person's daily activities and can be reported in terms of physical symptoms (Kazdin, 2000). Individuals experiencing depression may exhibit a range of symptoms that can be categorized into emotional, cognitive, behavioral, and physical domains. Emotionally, individuals with depression may experience prolonged feelings of sadness, emptiness, or a lack of interest or pleasure in activities they once enjoyed (APA, 2013). They may also have a decreased ability to experience positive emotions or find it challenging to engage in social interactions.

Cognitively, individuals with depression often have negative thoughts about themselves, their abilities, and their future. They may exhibit self-critical thinking patterns and a distorted perception of their self-worth (APA, 2013). These negative thoughts can contribute to feelings of worthlessness and a sense of hopelessness about the future.

Behaviorally, individuals with depression may display changes in their activity levels and motivation. They may withdraw from social interactions, experience a loss of interest in previously enjoyed activities, or have difficulties with concentration and decision-making (APA, 2013). These behavioral changes can lead to impaired occupational and academic functioning, as well as strained interpersonal relationships.

In addition to these psychological symptoms, depression can also manifest in physical symptoms. Individuals with depression may report experiencing bodily aches and pains, such as headaches, backaches, or general discomfort. Sleep disturbances are also common, with individuals experiencing insomnia or hypersomnia (excessive sleepiness). Changes in appetite and weight, either significant weight loss or weight gain, may occur as well (APA, 2013).

Self esteem

Self-esteem refers to an individual's subjective evaluation of their own worth or value (Rosenberg, 2015). It involves how individuals perceive and feel about themselves, including their abilities, accomplishments, and overall sense of self (Orth, Robins, & Widaman, 2012). Self-esteem can influence various characteristics of an individual's life, including their psychological health, well-being, and relationships with others.

The influence of self-esteem on an individual's psychological well-being and mental health is significant. Individuals with high self-esteem generally hold positive perceptions of themselves and their abilities. They often exhibit greater psychological resilience, higher levels of life satisfaction, and reduced psychological distress (Orth et al., 2012; Trzesniewski, Donnellan, & Robins, 2003). High self-esteem serves as a protective factor against the emergence of mental health problems, including anxiety and depression, by cultivating a sense of self-worth and positive self-regard.

In contrast, individuals with low self-esteem typically possess a negative self-image and may harbor self-critical thoughts and beliefs. They frequently experience doubt regarding their abilities, accomplishments, and sense of worth, which can lead to feelings of inadequacy and self-doubt (Orth et al., 2012). Low self-esteem is associated with various psychological

challenges, such as depression, anxiety, and diminished self-confidence (Orth et al., 2012; Trzesniewski et al., 2003). Moreover, it can impede personal growth, hinder goal pursuit, and adversely affect interpersonal relationships.

Self-esteem also plays a crucial role in interpersonal relationships. Individuals with high self-esteem tend to have healthier and more satisfying relationships. They are more likely to establish and maintain positive social connections, as their positive self-regard allows them to engage confidently with others (Orth et al., 2012). High self-esteem enables individuals to set boundaries, assert their needs, and seek out relationships that are supportive and fulfilling. In contrast, low self-esteem can lead to difficulties in establishing and maintaining relationships, as individuals may struggle with feelings of unworthiness or fear of rejection.

It is important to note that self-esteem is a dynamic construct that can change over time. Various factors, such as personal experiences, social interactions, and cultural influences, can impact an individual's self-esteem. Positive experiences, accomplishments, and supportive relationships can contribute to the development and enhancement of self-esteem. Conversely, negative experiences, criticism, and social comparison can undermine self-esteem (Orth et al., 2012).

Literature Review

The literature suggests that fear of imperfection and failure is a common concern that can have a significant negative impact on mental health outcomes. A study found that atelophobia is associated with symptoms of anxiety and depression, as well as low self-esteem (Blankstein et al., 2016). Individuals with high levels of atelophobia were more likely to experience symptoms of depression and anxiety (Flett et al., 2003).

Fear of imperfection may be driven by a fear of social disapproval, leading individuals to perceive even minor mistakes as evidence of their own incompetence (Sowislo & Orth, 2013). Similarly, fear of imperfection may be related to a cognitive bias toward negative self-evaluation (Flett et al., 2017).

Other research has highlighted the link between atelophobia and perfectionism. Individuals with high levels of perfection means people that fear imperfection often had unrealistic expectations of themselves and others, leading to a self-defeating cycle of striving for perfection and feeling inadequate (Stoeber & Otto, 2006). Moreover, a study shows that perfectionism has a link with psychological distress via maladaptive beliefs (Lee. D, 2007).

Atelophobia and Depression

The fear of imperfection, also known as atelophobia, is a specific form of perfectionism characterized by an intense aversion to making mistakes or falling short of self-imposed high standards (Kocovski et al., 2019). Atelophobia is associated with a range of negative emotional and psychological outcomes, including depression (Egan et al., 2011).

Several studies have examined the relationship between the fear of imperfection and depression. For instance, research has consistently found that individuals with atelophobia tend to experience higher levels of depressive symptoms compared to those without such fears (Egan et al., 2011; Shafran et al., 2015). This association can be attributed to the inherent nature of atelophobia, which involves rigid and unrealistic standards that individuals feel compelled to meet. When they perceive themselves as falling short of these standards, they may experience a sense of failure, self-criticism, and feelings of worthlessness, which are characteristic features of depression (Kocovski et al., 2019; Shafran et al., 2015).

Additionally, individuals with atelophobia often engage in excessive self-monitoring and self-evaluation, constantly scrutinizing their performance and appearance in an attempt to avoid any perceived imperfections (Egan et al., 2011). This constant self-scrutiny can be emotionally exhausting and contribute to feelings of distress, anxiety, and depressive symptoms (Shafran et al., 2015). The fear of making mistakes or being seen as flawed can create a chronic state of hypervigilance and self-doubt, further perpetuating depressive symptoms.

Furthermore, individuals with atelophobia may develop a negative cognitive bias, wherein they selectively attend to and ruminate on their perceived flaws and failures (Kocovski et al., 2019). This cognitive bias leads to a heightened focus on negative self-evaluations, reinforcing negative self-perceptions and increasing vulnerability to depressive symptoms. The constant self-criticism and negative rumination associated with atelophobia contribute to a negative cycle of thoughts and emotions that can intensify depressive symptoms over time (Egan et al., 2011).

It is important to emphasize that atelophobia can serve as both an outcome and a potential precursor to depression. The fear of imperfection can arise as a result of previous experiences of failure, criticism, or high expectations imposed by oneself or others (Shafran et al., 2015). In turn, the fear of imperfection can further exacerbate depressive symptoms as individuals struggle to meet their unattainable standards and experience repeated disappointments.

Atelophobia and Self esteem

Atelophobia has been found to have a negative impact on self-esteem, affecting how individuals perceive and value themselves. Research suggests that individuals with atelophobia tend to hold unrealistic and excessively high standards for themselves, which can lead to self-

critical thoughts and a persistent fear of failure (Egan et al., 2011; Shafran et al., 2015). These unrealistic standards contribute to a negative self-image and can undermine an individual's sense of self-worth and self-esteem (Shafran et al., 2015).

Individuals with atelophobia often engage in constant self-monitoring and self-evaluation, paying excessive attention to their flaws and mistakes (Egan et al., 2011). This heightened self-scrutiny reinforces negative self-perceptions and can have a detrimental effect on self-esteem. The fear of imperfection creates a self-defeating cycle, as individuals continuously judge themselves harshly, leading to lower levels of self-esteem (Flett et al., 2016).

The fear of imperfection can be associated with social comparison processes. Individuals with atelophobia may compare themselves to others who they perceive as more accomplished or perfect, leading to feelings of inadequacy and a further decline in self-esteem (Brunell et al., 2014). This constant comparison can fuel self-doubt and increase the fear of not measuring up to these idealized standards, exacerbating the negative impact on self-esteem.

Studies have shown that low self-esteem can also contribute to the development and maintenance of atelophobia. Individuals with pre-existing low self-esteem may be more susceptible to the fear of imperfection, as they already hold negative self-beliefs and are prone to self-critical thoughts (Kocovski et al., 2019). This interaction between atelophobia and self-esteem creates a reinforcing cycle, as the fear of imperfection further diminishes self-esteem which perpetuates the fear of imperfection.

The fear of imperfection (atelophobia) is associated with lower levels of self-esteem. The unrealistic standards, self-criticism, and negative self-evaluation characteristic of atelophobia contribute to a negative self-image and can undermine an individual's sense of self-worth. The

fear of imperfection creates a self-defeating cycle that further diminishes self-esteem. Additionally, low self-esteem can contribute to the development and maintenance of atelophobia. Recognizing the link between atelophobia and self-esteem can inform interventions aimed at promoting healthier self-perceptions and reducing the fear of imperfection.

Depression and self esteem

Depression is a psychological disorder characterized by enduring feelings of sadness, worthlessness, and a diminished interest in activities. On the other hand, self-esteem pertains to an individual's subjective assessment of their own worth or value (Orth, Robins, & Widaman, 2012). The correlation between depression and self-esteem has been extensively researched, and findings consistently indicate a robust and reciprocal connection between these two constructs.

Numerous studies have consistently demonstrated that individuals with depression tend to have lower levels of self-esteem (Blatt, 2004; Orth et al., 2008). Depressive symptoms can undermine an individual's self-perception, leading to negative self-evaluations, self-blame, and feelings of worthlessness (Orth et al., 2012). The experience of depression can distort one's self-view and contribute to a diminished sense of self-esteem.

Depression can negatively impact self-esteem through various mechanisms. For instance, individuals with depression often exhibit negative cognitive biases, such as selectively attending to and interpreting information in a negative manner (Gotlib & Joormann, 2010). These biases can distort self-perception, leading to a more critical and negative view of oneself and contributing to lower self-esteem.

Moreover, depression is associated with a range of physical and behavioral symptoms that can further impact self-esteem. For example, individuals with depression may experience

changes in appetite, sleep disturbances, fatigue, and a lack of motivation (American Psychiatric Association, 2013). These symptoms can interfere with daily functioning and achievement of personal goals, further eroding self-esteem.

The correlation between depression and self-esteem is characterized by a bidirectional relationship. Low self-esteem can serve as both a potential risk factor and an outcome of depression. Individuals with pre-existing low self-esteem may be more vulnerable to developing depression when faced with life stressors or negative situations (Blatt, 2004). Conversely, the experience of depression can amplify and sustain negative self-perceptions, thereby exacerbating the decline in self-esteem.

It is important to note that the relationship between depression and self-esteem is complex and influenced by various factors, including individual differences and the presence of other co-occurring psychological conditions (Orth et al., 2012). However, the evidence consistently highlights the reciprocal nature of the relationship, emphasizing the interplay between depression and self-esteem.

Overall, the literature suggests that atelophobia is a significant concern among young adults that can have a negative impact on mental health outcomes.

Theoretical background

The Perfectionism Cognition Theory (PCT) proposes individuals with perfectionistic tendencies often hold maladaptive beliefs that contribute to their psychological distress, including anxiety, depression, and low self-esteem (Flett et al., 2016). According to this theory, individuals who hold unrealistic standards for themselves and are overly self-critical when they

fail to meet these standards are more likely to experience anxiety, depression, and other mental health problems (Egan et al., 2011).

People with atelophobia tend to hold extremely high and unrealistic standards for themselves, expecting perfection in all aspects of their lives. They may believe that any deviation from perfection is unacceptable and that their self-worth is contingent upon achieving flawlessness (Egan et al., 2011).

The PCT suggests that individuals with atelophobia (fear of imperfection) are prone to negative cognitive biases, such as self-critical thoughts, rumination, and a focus on mistakes and failures. These cognitive patterns contribute to the development and maintenance of anxiety, depression, and low self-esteem. When individuals with atelophobia perceive themselves as falling short of their ideal standards, they may experience intense self-criticism and negative emotions, leading to increased levels of depression (Flett et al., 2016).

Moreover, the fear of imperfection can create a cycle of negative reinforcement, where individuals may engage in excessive self-monitoring and self-evaluation to avoid making mistakes or experiencing perceived flaws. However, this constant self-scrutiny often leads to increased anxiety and self-doubt, as individuals may feel overwhelmed by the pressure to meet unrealistic standards. Consequently, these negative emotions further contribute to a decrease in self-esteem (Egan et al., 2011).

Furthermore, individuals with atelophobia may develop an excessive need for external validation and approval. They may rely heavily on the approval of others as a measure of their self-worth, leading to an increased vulnerability to fluctuations in self-esteem. If their efforts to

attain perfection are met with criticism or disapproval, it can further exacerbate feelings of worthlessness and contribute to depressive symptoms (Flett et al., 2016).

Rationale

Previous studies (Flett et al., 2003), suggested that there exists a significant relationship between fear of being imperfect (atelophobia) Depression and self-esteem and there are no reported studies of this kind that are done in Pakistan. So, this research can help fill the gap in the literature on atelophobia specifically and to provide insights into the potential impact of this fear of imperfection on young adults' psychological well-being. These psychological factors are crucial indicators of overall mental health and can significantly impact an individual's quality of life.

Despite the significance of this relationship, it is noteworthy that no studies investigating the association between atelophobia, depression, and self-esteem have been conducted in Pakistan. This research gap presents a valuable opportunity to contribute to the existing literature by exploring the specific dynamics of atelophobia within the cultural and social context of Pakistan.

Conducting this research in Pakistan is particularly important due to the unique cultural and societal factors that shape the experiences and perceptions of young adults. The fear of imperfection may be influenced by cultural expectations, societal pressures, and the prevalence of certain psychological and emotional challenges specific to Pakistan. By investigating the impact of atelophobia on the psychological well-being of young adults in Pakistan, this study can provide valuable insights into the cultural nuances of this fear and its potential consequences.

Moreover, addressing atelophobia and its consequences is of great significance, as young adulthood is a critical period of personal growth, self-discovery, and identity formation. Understanding the impact of atelophobia on psychological well-being during this developmental stage can have far-reaching implications for the mental health support and interventions provided to young adults in Pakistan.

In conclusion, this research endeavor aims to fill the existing gap in the literature by investigating the relationship between atelophobia, depression, and self-esteem among young adults in Pakistan. By exploring the cultural context and its influence on the fear of imperfection, this study can contribute to a better understanding of the psychological well-being of individuals in Pakistan and potentially inform future interventions and support systems to address atelophobia and its consequences.

Objectives

1. To find out the relationship between Atelophobia, Depression and self-esteem.
2. To determine the prevalence of Atelophobia in young adults.
3. To explore the effect of demographic variables (gender and age) on study variables (Atelophobia, Depression and self-esteem).

Hypotheses

1. There will be a positive correlation between atelophobia and depression among young adults.

2. There will be a negative correlation between atelophobia and self-esteem among young adults.
3. There will be a considerable number of people with atelophobia among young adults.
4. There will be a significant difference of age and gender in the manifestation of Atelophobia, Depression and Self-Esteem among young adults.

Chapter 2

Method

In order to unravel the intricate relationship between atelophobia, depression, and self-esteem among young adults, this methodology chapter describes the methodological framework employed in this research. A cross-sectional study design was selected to examine the coexistent dynamics of these variables, offering a picture of their relationship without implying causation or tracking changes over time. Ethical considerations formed the foundation of this research, with a firm commitment to safeguarding participant welfare, privacy, and preventing stigmatization.

This methodological chapter underscores the careful planning, ethical adherence, and robust tools employed in navigating the complexities of investigating atelophobia, depression, and self-esteem among young adults. The ensuing chapters will expound upon the rich insights and implications derived from this methodological foundation.

Research Design

In accordance with the research statement on investigating the relationship between atelophobia, depression, and self-esteem among young adults, the chosen study design for this research was a cross-sectional study.

By utilizing a cross-sectional study design, the researchers was able to examine the relationship between atelophobia, depression, and self-esteem among young adults in Pakistan at a particular moment. This design enabled the collection of data on these variables concurrently, providing a snapshot of their association without inferring causality or studying changes over time.

Ethical Consideration

This research placed a strong emphasis on ethical considerations and was committed to upholding the highest standards of research conduct. The following key principles were followed to ensure participant welfare, privacy, and the prevention of stigmatization or discrimination.

Prior to the study, a crucial step was obtaining informed consent from all participants. They were presented with detailed information regarding the study's objectives, methodologies, potential risks, and potential benefits. Participants were given the freedom to make an independent decision on whether to participate, and they were reassured that they could withdraw from the study at any point without experiencing any adverse consequences. To ensure transparency and clarity, written documentation was used to record the informed consent process.

Strict measures were implemented to protect participant privacy. Personal information was kept confidential throughout the research process. Collected data were anonymized, and participants' identities were safeguarded using unique identifiers. Only authorized personnel directly involved in the study had access to the data, which were securely stored. The research was designed and conducted with a focus on minimizing potential harm to participants.

Furthermore, the research was conducted with a strong commitment to avoid perpetuating stigmatizing attitudes or discrimination. Participants were treated with respect and dignity, and their experiences were valued without bias or judgment. The research findings were reported objectively, accurately, and without sensationalism or reinforcement of stereotypes.

Prior to the study's commencement, ethical review and approval were sought from relevant institutional or ethical committees. Researcher strictly adhered to all pertinent ethical

guidelines and regulations specific to human subjects' research in Pakistan or any other applicable jurisdiction.

This research was dedicated to upholding high ethical standards. It prioritized obtaining informed consent, ensuring participant privacy, minimizing harm, and preventing stigmatization or discrimination. By adhering to these principles, the research was conducted in a safe, respectful, and ethical manner, with the well-being and rights of the participants as the utmost priority.

Participants

Sample size used in previous research (Lee, 2007) is around 300 participants. So, the intended sample size was 250 of age group 18-25 years. To ensure accuracy in determining the sample size, G-Power software was employed. After calculations, the software suggested a sample size of 145 participants. However, in order to maintain consistency with the previous studies and to increase the statistical power of the analysis, the decision was made to increase the intended sample size to 250 participants. By increasing the sample size, the study aimed to enhance the reliability and generalizability of the findings. A larger sample size can provide a more representative picture of the population being studied and increase the precision of the statistical analysis conducted.

Sampling

In this research, a convenient sampling method was employed to collect data from collage and university students, who represented the young adult population.

The decision to use convenient sampling was based on practical considerations, allowing for the collection of data within the limitations of time, resources, and accessibility. College and

University students were easily accessible and readily available for research purposes, making them a convenient sample to work with.

By focusing on university students as the target population, the research aimed to gain insights into the experiences and perspectives of young adults. The college and university student population is known for its diversity in terms of backgrounds, academic pursuits, and personal characteristics. This diversity contributed to the richness of the collected data and enhanced the potential generalizability of the findings to a broader young adult population.

Inclusion criteria

The study incorporated both genders to ensure a comprehensive representation of the population. By including participants of both male and female genders, the research aimed to capture any potential variations or similarities between them regarding the variables being examined.

The study specifically focused on individuals aged 18-25 years. This age range was selected to specifically address the experiences and challenges faced by young adults during a critical period of their lives. By targeting this age group, the research aimed to gain insights into the unique dynamics, attitudes, and potential impacts on mental well-being within this specific developmental stage.

The study included participants who were college students and undergraduate students. These criteria were specifically chosen to target individuals who were enrolled in a college or university and were pursuing their undergraduate degrees.

By incorporating college and undergraduate students, the research aimed to explore the experiences and psychological well-being of individuals within the unique context of higher

education. This focus allowed for an examination of the distinct challenges, pressures, and developmental aspects that are often associated with being a student at the undergraduate level.

It is important to emphasize that the decision to include college and undergraduate students was made based on the research objectives and the intended population of interest. By including individuals from this academic background, the study aimed to gain valuable insights into the specific factors related to atelophobia, depression, and self-esteem within the context of higher education without directly replicating or copying previous research.

It is important to emphasize that the inclusion criteria were determined based on the research objectives and the specific population of interest. Including both genders, individuals aged 18-25 years, and specifically targeting collage and undergraduate students aimed to ensure that the research outcomes were relevant and applicable to the targeted population.

Exclusion criteria

In the study, specific exclusion criteria were applied to ensure the suitability of participants for the research. These criteria aimed to identify individuals whose participation might be hindered due to mental or physical disabilities.

Participants with any form of mental or physical disability that could potentially impede their full involvement in the study were not included. This criterion was established to ensure that the research findings accurately represented the targeted population and minimized any potential biases or confounding factors that could arise from participants facing significant challenges related to disabilities.

The decision to exclude individuals with mental or physical disabilities was based on the principle of ensuring fairness and equal opportunities for all participants. It was recognized that

the unique circumstances and potential limitations associated with disabilities might impact their ability to provide accurate responses or fully engage in the research procedures. By excluding these individuals, the study aimed to maintain the integrity and validity of the data collected.

It is important to note that the exclusion criteria were implemented with the utmost respect for participant well-being and ethical considerations. The intention was to conduct the research in a responsible and inclusive manner, while also ensuring that the findings accurately reflected the targeted population. The exclusion of individuals with disabilities aimed to focus on a specific sample without infringing upon the rights or perpetuating discrimination against individuals with such conditions.

Measures/instrument

Prior to administering the scales, participants were first asked to complete a demographic sheet. This sheet aimed to gather essential information about the participants, such as their age, gender, educational background, and any other relevant demographic details. Collecting demographic data is a common practice in research studies as it helps provide a contextual understanding of the sample characteristics.

Once the participants completed the demographic sheet, they were then provided with the scales to fill out. The scales used in this study included the Frost Multidimensional Perfectionism Scale (FMPS) for assessing atelophobia, the Beck Depression Inventory (BDI) for measuring depression, and the Rosenberg Self-Esteem Scale for evaluating self-esteem. These scales are widely recognized and validated measures commonly employed in psychological research.

Frost Multidimensional Perfectionism Scale (FMPS) (Frost et al., 1990)

The Frost Multidimensional Perfectionism Scale (FMPS), created by Randy O. Frost and colleagues (1990), is a commonly employed self-report questionnaire intended to evaluate different aspects of perfectionism. The FMPS consists of a total of 35 items, distributed across the six subscales. Each subscale contains 6 items, except for the Personal Standards (PS) subscale, which has 7 items (Frost et al., 1990). The subscales capture different facets of perfectionism. These subscales are as follows:

1. Concern over Mistakes (CM): This subscale measures the extent to which individuals are preoccupied with making errors and view mistakes as a reflection of personal failure (Frost et al., 1990).

2. Personal Standards (PS): The PS subscale assesses the degree to which individuals set high standards for themselves and strive for perfection (Frost et al., 1990).

3. Parental Expectations (PE): PE measures the perceived level of expectations individuals believe their parents have for their achievements and perfection (Frost et al., 1990).

4. Parental Criticism (PC): PC assesses the perception of individuals regarding their parents' criticism and disapproval of their efforts and achievements (Frost et al., 1990).

5. Doubt about Actions (DA): This subscale focuses on the tendency of individuals to doubt their own actions, decisions, and choices, often feeling uncertain and hesitant (Frost et al., 1990).

6. Organization (O): O measures the degree to which individuals exhibit an organized and structured approach to their work and activities, striving for efficiency and orderliness (Frost et al., 1990).

The FMPS has been widely utilized in research examining perfectionism and its associated outcomes, such as mental health, academic achievement, and interpersonal relationships. Numerous studies have demonstrated the reliability and validity of the FMPS across different populations and cultural contexts (Frost et al., 1990; Stoeber & Otto, 2006). Reliability analyses have demonstrated satisfactory internal consistency for the FMPS subscales. In the original study by Frost et al. (1990), coefficient alphas for the subscales ranged from 0.70 to 0.87. Specifically, the internal consistency reliabilities reported for each subscale were as follows: Concern over Mistakes (CM; alpha = 0.86), Personal Standards (PS; alpha = 0.87), Parental Expectations (PE; alpha = 0.75), Parental Criticism (PC; alpha = 0.78), Doubt about Actions (DA; alpha = 0.70), and Organization (O; alpha = 0.82). These coefficients indicate acceptable to good internal consistency for the FMPS subscales (Frost et al., 1990).

Researchers have replicated these findings in subsequent studies, reporting similar levels of internal consistency for the FMPS subscales in different populations and cultural contexts (Stoeber & Otto, 2006).

The FMPS utilizes a Likert-type response format, where participants indicate their agreement or disagreement with each item on a scale ranging from 1 to 5. The response options typically include "Strongly Disagree," "Disagree," "Neutral," "Agree," and "Strongly Agree. “Scoring involves summing item responses within each subscale. Higher scores on most subscales indicate greater levels of perfectionism, while for the Doubt about Actions subscale, higher scores represent lower levels of perfectionism.

Depression, Anxiety, and Stress Scale (DASS-21) (Lovibond & Lovibond, 1995)

The Depression, Anxiety, and Stress Scale (DASS-21) is a widely utilized self-report measure developed by Lovibond and Lovibond in 1995. This instrument aims to assess the severity of symptoms related to depression, anxiety, and stress in individuals. The DASS-21 is a condensed version of the original 42-item DASS, designed to offer a more efficient assessment while maintaining reliability and validity in evaluating emotional states.

Comprising three subscales, each with 7 items, the DASS-21 covers the domains of Depression, Anxiety, and Stress. Respondents rate the severity of their experiences over the past week using a 4-point scale, ranging from 0 (did not apply to me at all) to 3 (applied to me very much, or most of the time).

DASS-21 allows for the calculation of individual subscale scores (Depression, Anxiety, and Stress) and a total score by summing the scores of the relevant items. Researchers may choose to focus on a specific subscale based on their study objectives. In instances where only the depression scale is utilized, the researcher is concentrating solely on the assessment of depressive symptomatology, emphasizing a specific emotional state.

The DASS-21 exhibits robust psychometric properties. It demonstrates good internal consistency, with Cronbach's alpha coefficients generally exceeding 0.70 for each subscale. Test-retest reliability is satisfactory, indicating stability over time. The scale also exhibits strong convergent and discriminant validity, correlating significantly with other measures of depression, anxiety, and stress, while effectively distinguishing between these emotional constructs. When employing the DASS-21 in research, the decision to focus exclusively on the depression scale

should be justified based on the specific aims and hypotheses of the study. This selective use of scales is common in studies

Rosenberg Self-Esteem Scale (RSES) (M. Rosenberg ,1965)

The Rosenberg Self-Esteem Scale (RSES) is a widely used self-report measure developed by Morris Rosenberg (1965) to assess an individual's overall level of self-esteem. The RSES is a simple and reliable tool for assessing self-esteem in both research and clinical settings.

The RSES consists of 10 items that capture positive and negative feelings about oneself. Respondents rate their level of agreement with each item using a 4-point Likert scale ranging from "strongly agree" to "strongly disagree." The items are designed to assess both positive self-regard and negative self-regard. The total score on the RSES is obtained by summing the scores of the individual items, with higher scores indicating higher levels of self-esteem.

The RSES has demonstrated good internal consistency, test-retest reliability, and construct validity across various populations and cultural contexts (Rosenberg, 1965; Schmitt & Allik, 2005). Internal consistency refers to the degree of interrelatedness among the items, indicating how consistently the items measure the construct of interest. The RSES has shown high internal consistency, with coefficient alphas typically ranging from 0.77 to 0.88 (Schmitt & Allik, 2005). Test-retest reliability assesses the stability of scores over time, indicating the consistency of results upon repeated administration of the measure. The RSES has demonstrated good test-retest reliability over a wide range of intervals (Rosenberg, 1965; Schmitt & Allik, 2005). Construct validity refers to the extent to which the RSES measures what it intends to measure, which in this case is self-esteem. The RSES has shown strong convergent and

discriminant validity, correlating positively with other measures of self-esteem and negatively with measures of depression and anxiety (Rosenberg, 1965; Schmitt & Allik, 2005).

The RSES has been widely used in research and clinical settings to assess self-esteem. It provides valuable information about an individual's subjective evaluation of themselves, their self-worth, and their overall positive or negative feelings about themselves. The RSES is a brief and easily administered measure, making it suitable for large-scale studies and routine assessment in clinical practice.

The RSES has been adapted and translated into numerous languages, allowing for cross-cultural comparisons of self-esteem (Schmitt & Allik, 2005). Researchers and clinicians often utilize the RSES to examine the association between self-esteem and various psychological outcomes, including mental health, interpersonal relationships, academic achievement, and overall well-being.

Procedure

The study involved data collection from young adults aged between 18 and 25 years. Convenient sampling was utilized to select participants for the research. Prior to their involvement, each participant received a consent form and a comprehensive explanation of the study's objectives, procedures, and their rights, including the right to withdraw from the study at any point. After obtaining informed consent, the participants completed self-report questionnaires, namely the Frost Multidimensional Perfectionism Scale (FMPS), the Beck Depression Inventory (BDI), and the Rosenberg Self-Esteem Scale. These questionnaires were employed to assess levels of atelophobia, depression, and self-esteem, respectively

Subsequently, the collected data was analyzed using the statistical software SPSS. The relationship between individuals who scored high on the FMPS, indicating higher levels of atelophobia, with depression and self-esteem was examined. Statistical analysis allowed for the exploration of potential associations or correlations between atelophobia, depression, and self-esteem in the sample of participant

Analyses

In order to examine the relationships among atelophobia, depression, and self-esteem, correlational analyses were conducted using the IBM SPSS statistical software. Correlational analysis is a statistical technique that helps identify the associations between different variables. In this study, the aim was to explore how atelophobia relates to depression and self-esteem.

The participants' responses from the self-report questionnaires, including the Frost Multidimensional Perfectionism Scale (FMPS) for atelophobia, the Beck Depression Inventory (BDI) for depression, and the Rosenberg Self-Esteem Scale for self-esteem, were entered into the IBM SPSS software. The Spearman correlation coefficient was then computed for each pair of variables to determine the degree and nature of their correlations. This approach facilitated a rigorous examination of how atelophobia relates to both depression and self-esteem. In order to find the effect of age and gender on-study variables, Man Whitney and Kruskal Walis test was applied.

Chapter 3

Results

In the order to get a good understanding of atelophobia, depression, and self-esteem, this study was designed to explore the intricate interplay among these variables within a cohort of 250 participants. The results chapter, present a distilled overview of the key findings extracted from the extensive dataset.

The demographic profile of the participants unveiled a balanced distribution across genders. Noteworthy was the revelation that 19.2% reported familiarity with atelophobia, and an impactful 91.2% exhibited atelophobia scores between 91-156. Moreover, the study identified a prevalence of depression among 69.2% of participants.The subsequent exploration of the data involved rigorous normality testing, with results indicating a normal distribution for the Frost Multidimensional Perfectionism Scale (FMPS), in contrast to non-normal distributions observed for the Rosenberg Self-esteem Scale (RSES) and the Depression Anxiety and Stress Scale (DASS-21).

Spearman correlation analysis revealed a noteworthy weak positive relationship between atelophobia and depression emphasizing that heightened atelophobia is associated with an increase in depression.. Mann-Whitney U-Tests failed to discern significant differences between male and female participants across FMPS, RSES, and DASS-21 scores. Likewise, Kruskal Wallis Tests indicated no significant differences among age groups for FMPS, RSES, and DASS-21, substantiating that age did not exert a significant influence on scores across these scales.

These findings, encapsulated in this result chapter, set the stage for an in-depth exploration and discussion of the intricate relationships and implications uncovered in the subsequent chapters.

Table 1

Demographic Characteristics of the Participants(N=250)

Sample Characteristics	*F*	%
Gender		
Male	94	37.6
Female	156	62.4
Age		
18-19	41	16.4
20-21	86	34.4
22-23	98	39.2
24-25	25	10.0
Level of education		
Undergraduate	240	96.0
Graduate	10	4.0
Familiarity with Atelophobia		
Yes	48	19.2
No	202	80.8
Atelophobia		
People without (1-90)	22	8.8
People with (91-156)	228	91.2

Depression		
People without depression	77	30.8
People with depression	173	69.2
Self esteem		
Low self esteem	5	2..0
Normal self esteem	245	98.0

Note: f= frequency, %=percentage

Table 1 shows the demographic characteristics of the participants, according to which out of 250 participants 37.6% of the participants were male (n=94).62.4% were female (n=156).The majority of participants (39.2%) were in the age group 22-23, followed by 20-21 (34.4%), 18-19 (16.4%), and 24-25 (10.0%).96.0% of participants were at the undergraduate level (n=240).4.0% had a graduate-level education (n=10).19.2% of participants reported familiarity with atelophobia (n=48).80.8% were not familiar with atelophobia (n=202).91.2% of participants had atelophobia (scores between 91-156), while 8.8% did not (scores between 1-90).69.2% of participants were classified as having depression (n=173).30.8% did not have depression (n=77).2.0% of participants reported low self-esteem (n=5).98.0% had normal self-esteem (n=245).

Cross tabs between gender and study variable shows,out of people having atelophobia (n= 228), (n=142) females had fear of imperfection and (n= 86) male participants had fear of imperfection. Also, there are (n=173) cases of depression out of which (n=71) are male and (n=102) are female participants. Out of participants who reported lower self-esteem(n=5), (n=2) were males and (n=3) were females.

Crosstabs between age group and study variables shows that, for people with atelophobia 18-19 years age group had (n=38) participants , 20-21 years age group had (n=83) participants, 22-24 years age group had (n=85) participants and 24-25years age group had (n=22)participants .there were (n=30) participants with depression in age group 18-19 years , (n=59) were in age group 20-21years ,(n= 66) were in 22-23 years category and (n=18) were in 24-25 years category. There were (n=3) cases of lower self esteem in 20-21 years age range and (n=2)cases were in 22-23 age range.

Figure 1*Normality testing*

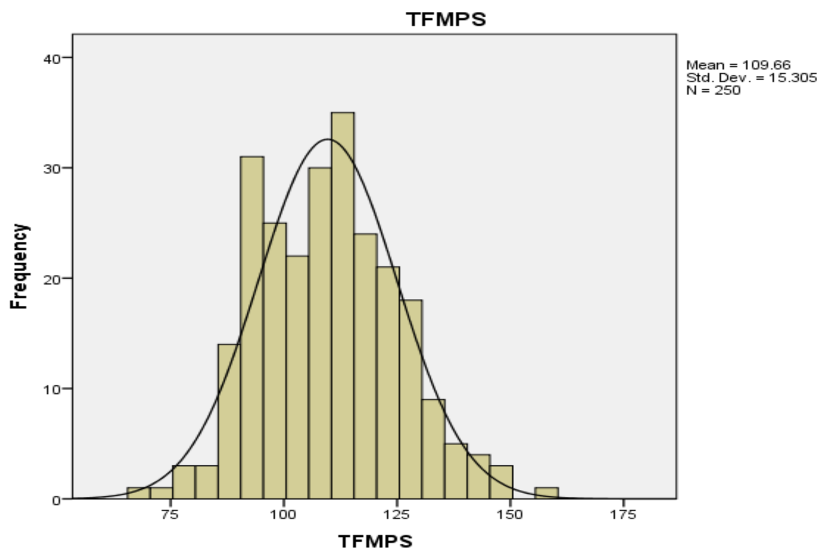
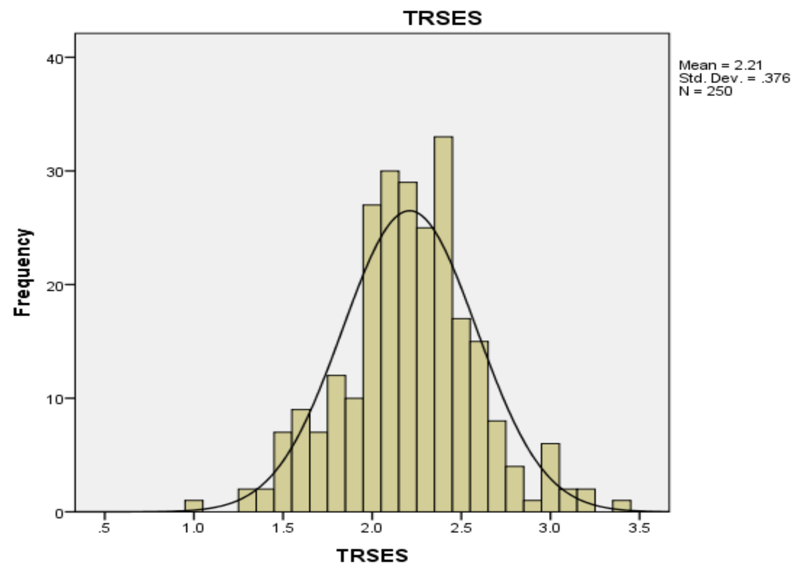


Figure 1 demonstrates the distribution of frost multidimensional perfectionism scale skewness and kurtosis which shows that the distribution is normal for frost multidimensional perfectionism scale. A normal distribution suggests that the scores are spread out in a balanced manner, with a central tendency and predictable tail behavior. This normality assumption is crucial for statistical analyses that assume normal distributions.

Figure 2*Normality testing*



The figure 2 demonstrates the distribution of Rosenberg self-esteem scale skewness and kurtosis shows that there is non-normal distribution of data in this scale. A non-normal distribution may indicate that the self-esteem scores are not evenly spread or that there are extreme values influencing the distribution's shape. Researchers might need to consider non-parametric statistical tests or transformations when analyzing non-normally distributed data.

Figure 3*Normality testing*

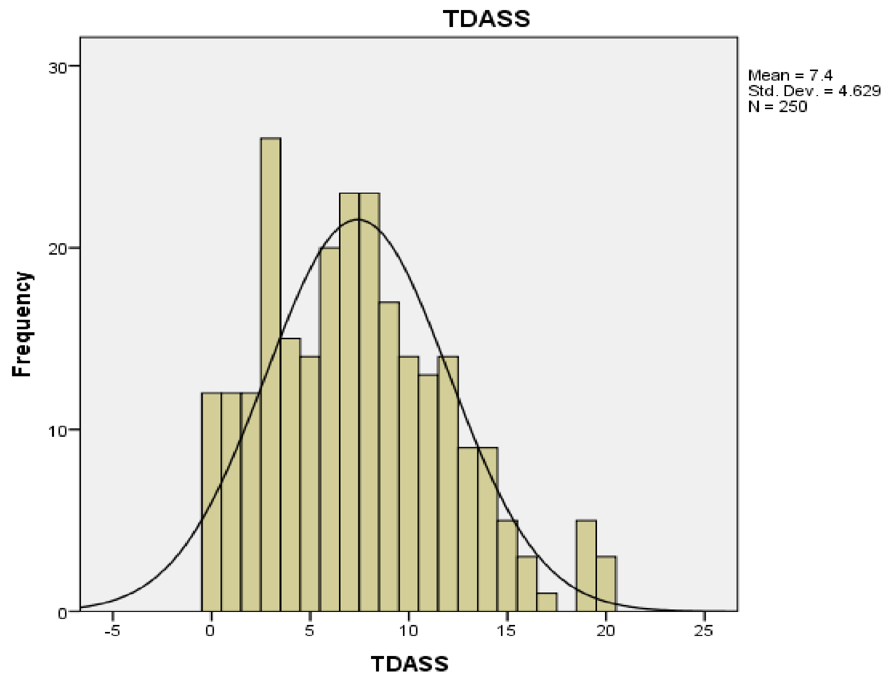


Figure 3 demonstrate the distribution of Depression Anxiety and Stress scale skewness and kurtosis which shows that data is non-normally distributed for this scale. a non-normal distribution may indicate that the self-esteem scores are not evenly spread or that there are extreme values influencing the distribution's shape. Researchers might need to consider non-parametric statistical tests or transformations when analyzing non-normally distributed data.

Table 2

Mean, Median, Mode, Standard deviation, skewness, Kurtosis, and Kolmogorov-Smirnov test statistics of Frost Multidimensional perfectionism scale, Rosenberg Self-esteem scale, Depression Anxiety Stress Scales

Scales	M	Median	Mode	SD	Skewness	Kurtosis	K-S	P
FMPS	109	110.00	112	15.30	.22	-.16	.05	.200*
RSES	2.21	2.20	2	.37	.03	.56	.08	.000
DASS-21	7.40	7.00	3	4.62	.49	-.15	.07	.001

Note: M= Mean, SD= Standard Deviation, K-S= Kolmogorov-Smirnov, p= K-S significance value, FMPS = Frost Multidimensional Perfectionism Scale, RSES = Rosenberg Self-esteem Scale, DASS-21 =Depression Anxiety Stress Scale-21 Items

Table 2 shows the K-S value for FMPS scale is showing normal distribution as it is insignificant *($p>.05$)* and for both RSES and DASS-21 scales showing non-normal distribution as it is significant ($p<.05$) in both groups. This suggests that the scores for RSES (self-esteem) and DASS-21 (depression, anxiety, and stress) in both groups do not follow a normal distribution based on the K-S test. While considering the values of skewness and kurtosis and the shape of the histogram as well. n statistical analyses, assumptions about the normal distribution are often made. For FMPS, where the distribution appears normal, parametric tests assuming normality may be suitable. For RSES and DASS-21, the non-normal distributions may prompt researchers to use non-parametric tests or consider transformations for analysis.

Table 3

Psychometric Properties of Frost Multidimensional Perfectionism Scale, Rosenberg Self-Esteem Scale and Depression Anxiety Stress Scale-21

Variables	M	SD	Range		Cronbach's α
			Actual	Potential	
FMPS	109	15.3	68-156	35-175	0.851
RSES	2.21	.376	10-34	21-63	0.704
DASS-21	7.40	4.629	0-20	10-40	0.793

Note: M = mean, SD = standard deviation, α = alpha reliability, FMPS = Frost Multidimensional Perfectionism Scale, RSES = Rosenberg Self-esteem Scale, DASS-21 =Depression Anxiety Stress Scale-21 Items

Table 2.2 exhibits that FMPS (α= .85), RSES (α= 0.70) and DASS-21(α=.79) of both scales are reliable concerning the Cronbach's alpha values mentioned above in the table which shows the (*M*=109, *SD*=15.3) FMPS ,*(M=2.21,SD=.376)* RSES and (*M*=7.40, *SD*= 4.6) DASS-21 are reliable.

Cronbach's alpha is a measure of internal consistency reliability, indicating how closely related a set of items are as a group. It ranges from 0 to 1, with higher values suggesting greater reliability. A higher Cronbach's alpha value indicates that the items within a scale are more reliably measuring the same construct. The Cronbach's alpha value of 0.85 for the Frost Multidimensional Perfectionism Scale (FMPS) suggests a high level of internal consistency. This indicates that the items within the FMPS are closely related and reliably measure the multidimensional construct of perfectionism. The Cronbach's alpha value of 0.70 for the

Rosenberg Self-Esteem Scale (RSES) indicates a moderate level of internal consistency. While this value is acceptable, it suggests that there is some variability in how closely related the items are in measuring self-esteem. The Cronbach's alpha value of 0.79 for the Depression, Anxiety, and Stress Scale (DASS-21) suggests a high level of internal consistency. This indicates that the items within the DASS-21 are closely related and reliably measure the three constructs of depression, anxiety, and stress.

The mean (M) and standard deviation (SD) values for the FMPS provide a summary of the central tendency and variability of scores. These values can be useful for understanding the typical score and the degree of variability in responses. Similar to FMPS, the mean and standard deviation values for RSES provide insights into the average self-esteem score and the extent of variability in responses. The mean and standard deviation values for DASS-21 offer information about the average levels of depression, anxiety, and stress reported by participants, as well as the variability in these responses.

Table 4

Descriptive Statistics and Correlations for Atelophobia (FMPS), Depression (DASS-21) and Self-Esteem (RSES)

	Variable	*M*	*SD*	*1*	*2*	*3*
1	FMPS	109	15.3	-	-.004	.190**
2	RSES	2.21	.37	-	-	-
3	DASS-21	7.40	4.62	-	-	-

Note: FMPS = Frost Multidimensional Perfectionism Scale, RSES = Rosenberg Self-esteem Scale, DASS-21 =Depression Anxiety Stress Scale-21 Items

Table 4 shows spearman correlation analysis was used to analyze the relationship between atelophobia, depression and self-esteem as the data was non-normally distributed. Results shows that there is a significantly weak positive relationship between atelophobia (FMPS) and depression (DASS-21) (r=.190**) with significant correlation 0.02 (1-tailed). This shows that as atelophobia increases depression also increases. The significance level ($p < 0.01$) suggests that this correlation is unlikely due to random chance, reinforcing the statistical reliability of the relationship.

There is an insignificant weak negative relationship between atelophobia (FMPS) and self-esteem (RSES)(r=-.044) with significant correlation at 0.24(1-tailed). The negative correlation coefficient of -0.044 indicates an insignificant weak negative relationship between atelophobia and self-esteem. As atelophobia increases, there is a slight decrease in self-esteem, but this relationship is not statistically significant.

The non-significant p-value ($p > 0.05$) suggests that the observed correlation could be due to random variation, and it does not provide sufficient evidence to conclude a genuine relationship between atelophobia and self-esteem.

Table 5

Mann-Whitney U- Test values for gender with Frost Multidimensional Perfectionism Scale, Rosenberg Self-Esteem Scale and Depression Anxiety Stress Scale-21

	Male		Female		*U*	*P*
	N	*M*	*N*	*M*		
FMPS	94	125.86	156	125.28	7298.0	.900
RSES	94	125.34	156	125.60	7317.0	.910
DASS-21	94	133.41	156	120.73	6588.0	.093

Note: M= Mean, N= *Participants, U*= Mann-Whitney, *p*= Significance value FMPS = Frost Multidimensional Perfectionism Scale, RSES = Rosenberg Self-esteem Scale, DASS-21 =Depression Anxiety Stress Scale-21 Items

Table 5 shows that there is insignificant difference between male and females in terms of their scores on FMPS, RSES and DASS-21 variables. For FMPS mean score for males is 125.86, while for females it is 125.28, which shows a very minimum difference between the two genders. The Mann-Whitney U statistic is 7298.0. The p-value for FMPS is .900 indicating insignificant difference between males and females on FMPS.

For RSES mean score for males is 125.34, while for females it is 125.60, which shows a very minimum difference between the two genders. The Mann-Whitney U statistic is 7317.0. The p-value for RSES is .910 indicating insignificant difference between males and females on RSES.

For DASS-21 mean score for males is 133.41, while for females it is 120.73, which shows a very minimum difference between the two genders. The Mann-Whitney U statistic is

6588.0. The p-value for FMPS is .093 indicating insignificant difference between males and females on FMPS.

Table 6

Kruskal Wallis Test values for age with Frost Multidimensional Perfectionism Scale, Rosenberg Self-Esteem Scale and Depression Anxiety Stress Scale-21

Variables	18-19 Years		20-21 Years		22-23 Years		24-25 Years		χ^2	*p*
	N	*M*	*N*	*M*	*N*	*M*	*N*	*M*		
FMPS	41	127.35	86	132.14	98	119.92	25	121.50	5.89	.11
RSES	41	128.00	86	123.64	98	125.45	25	128.00	2.31	.90
DASS-21	41	130.46	86	124.76	98	123.18	25	129.00	.565	.511

Note: *M*= Mean, *N= Participants,* χ^2*=Chi Square, p=* Significance value, FMPS = Frost Multidimensional Perfectionism Scale, RSES = Rosenberg Self-esteem Scale, DASS-21 =Depression Anxiety Stress Scale-21 Items

Table 6 shows that there is insignificant difference among age group in terms of their scores on FMPS, RSES and DASS-21 variables. For FMPS mean score for 18-21 years age group is 127.35, for 20-21 years age group is 131.14, for 22-23 years age group is 119.92, while for 24-25 years age group it is 121.50, which shows a minimum difference between the age groups. The Chi square statistic is5.89. The p-value for FMPS is .11 indicating insignificant difference among age groups on FMPS.

For RSES mean score for 18-21 years age group is 128.00, for 20-21 years age group is 123.64, for 22-23 years age group is 125.45, while for 24-25 years age group it is 128.00, which

shows a minimum difference among the age groups. The Chi square statistic is 2.31. The p-value for RSES is .90 indicating insignificant difference amongs age groups on RSES.

For DASS-21 mean score for 18-21 years age group is 130.46, for 20-21 years age group is 124.76, for 22-23 years age group is 123.18, while for 24-25 years age group it is 129.00, which shows a minimum difference between the age groups. The Chi square statistic is .565. The p-value for DASS-21 is .511 indicating insignificant difference among age groups on DASS-21.

Chapter 4

Discussion

The study sought to examine the relationships between atelophobia, depression, and self-esteem among young adults, with the main goal of contributing to the existing literature on mental health. The discussion will be structured according to the study objectives, hypotheses, and the results obtained through statistical analyses.

The first objective aimed to explore the relationship between atelophobia and depression. The literature review provided a foundation for this investigation, highlighting prior research suggesting a significant association between fear of imperfection and symptoms of depression (Egan et al., 2011; Shafran et al., 2015). Consistent with the literature, the findings revealed a weak positive correlation between atelophobia and depression, indicating that as atelophobia increases, so does the likelihood of experiencing depressive symptoms.

This positive correlation aligns with the cognitive-behavioral perspective, suggesting that individuals with atelophobia may internalize their fear of imperfection, leading to negative self-perceptions and a predisposition to depressive symptoms (Kocovski et al., 2019; Shafran et al., 2015). The results emphasize the importance of addressing atelophobia in mental health interventions, particularly among young adults.

The results of the Spearman correlation analysis supported Hypothesis 1, indicating a significantly weak positive relationship between atelophobia and depression. This aligns with prior literature suggesting that individuals experiencing fear of imperfection are more likely to exhibit symptoms of depression (Egan et al., 2011; Shafran et al., 2015). The positive correlation found in this study implies that as atelophobia increases, the likelihood of experiencing

depression also increases among young adults. A research's exploration of models from both diathesis–stress and developmental-relational perspectives resonates with this hypothesis, acknowledging that the relationship between perfectionism and depression can be complex and multifaceted (Blatt, 1995).

The study conducted by Rnic, Hewitt, Chen, Flett, Jopling, and LeMoult (2021) contributes valuable insights into the relationship between fear of imperfectionism and depression. In their longitudinal investigation, the researchers focused on multidimensional perfectionism and its connection to depression, exploring the mediating role of social disconnection.

The findings of the study revealed a compelling link between multidimensional perfectionism and depression over time. This suggests that individuals characterized by various facets of perfectionism may be more susceptible to experiencing depressive symptoms. The study goes beyond establishing a simple correlation and delves into understanding the mechanisms involved, highlighting social disconnection as an intervening factor (Rnic et al., 2021).

The study conducted by Flett, Besser, and Hewitt (2014) explores the intricate relationship between perfectionism and interpersonal orientations in the context of depression. Examining validation seeking and rejection sensitivity in a community sample of young adults, the findings of this study can be related to your Hypothesis 1, which posits a significantly weak positive relationship between atelophobia (fear of imperfection) and depression.

Flett et al.'s (2014) exploration of how perfectionism manifests in interpersonal relationships, particularly in seeking validation and sensitivity to rejection, aligns with

Hypothesis 1. If individuals with atelophobia exhibit validation seeking and heightened rejection sensitivity, it supports the hypothesis that fear of imperfection is linked to depressive symptoms.

This finding has important implications for mental health interventions. Addressing atelophobia could potentially contribute to the prevention or reduction of depressive symptoms in this population. Future research might explore the specific mechanisms through which atelophobia contributes to depression to inform targeted intervention strategies

The second objective aimed to investigate the relationship between atelophobia and self-esteem. The literature review suggested a negative correlation between these variables, with atelophobia contributing to a self-defeating cycle of low self-esteem (Flett et al., 2016). Our findings, however, indicated an insignificant weak negative relationship between atelophobia and self-esteem. This unexpected result suggests a nuanced interplay that requires further exploration.

Possible explanations for this unexpected finding may involve individual differences in coping mechanisms or the presence of moderating factors not considered in the present study. Future research should delve into the complexities of the atelophobia-self-esteem relationship, considering potential mediators and moderators.

Contrary to Hypothesis 2, the Spearman correlation analysis revealed an insignificant weak negative relationship between atelophobia and self-esteem. This unexpected result suggests that, in this sample, the fear of imperfection is not significantly associated with lower self-esteem. This finding diverges from some aspects of the existing literature that suggested a negative impact of atelophobia on self-esteem (Shafran et al., 2015).

The study conducted by Hewitt et al. (2003) delves into the interpersonal expression of perfection, particularly focusing on perfectionistic self-presentation and its association with psychological distress. In the context of your research, where Hypothesis 2 predicts a negative relationship between atelophobia (fear of imperfection) and self-esteem, the findings of Hewitt et al. (2003) present an interesting perspective. The unexpected result implies that, in the examined sample, fear of imperfection is not significantly linked to lower self-esteem. The findings from Hewitt et al. (2003), which focuses on the interpersonal expression of perfection, may provide context for this result. It suggests that while perfectionistic tendencies may impact interpersonal dynamics and psychological distress, the direct association with self-esteem may be more complex.

The study by Casale, Fioravanti, Rugai, Flett, and Hewitt (2016) focuses on the interpersonal expression of perfectionism among grandiose and vulnerable narcissists. In the context to this research, Hypothesis 2 suggests a negative relationship between atelophobia (fear of imperfection) and self-esteem, the findings from Casale et al. (2016) may offer insights into potential factors influencing this relationship. The study explores how grandiose and vulnerable narcissists express perfectionism in interpersonal interactions. Understanding the interpersonal dynamics of perfectionism contributes to the broader understanding of how perfectionistic tendencies manifest in relationships. The study specifically investigates perfectionistic self-presentation, which may be relevant to the self-esteem dynamics explored in your research. Individuals with perfectionistic tendencies may engage in specific self-presentation strategies that could impact their self-esteem.

Hypothesis 2 suggests a negative relationship between atelophobia and self-esteem, proposing that heightened fear of imperfection is associated with lower self-esteem. However,

the Spearman correlation analysis in your study reveals an insignificant weak negative relationship between atelophobia and self-esteem, contrary to the expected result. This aligns with the unexpected result found in (Casale et al.,2016).

The study by Casale et al. (2016) may provide insights into potential mechanisms influencing the relationship between atelophobia and self-esteem. For example, if individuals with atelophobia engage in perfectionistic self-presentation strategies similar to those explored in the study, it could contribute to an insignificant or complex relationship between fear of imperfection and self-esteem.

The lack of a significant negative correlation invites further exploration. It could be that other factors, such as coping strategies or resilience, mediate the relationship between atelophobia and self-esteem. Future research should consider these factors to develop a more comprehensive understanding of the dynamics between fear of imperfection and self-esteem. Future research may explore whether specific aspects of perfectionistic self-presentation, as identified by Casale et al. (2016), are particularly relevant to the relationship between atelophobia and self-esteem. Additionally, considering these interpersonal dynamics may help refine the understanding of how fear of imperfection influences self-esteem.

Casale et al.'s (2016) focus on grandiose and vulnerable narcissists emphasizes the nuanced nature of perfectionistic tendencies. It suggests that different expressions of perfectionism may have varied effects on interpersonal dynamics and, consequently, on self-esteem

Our third objective aimed to determine the prevalence of atelophobia among young adults. The literature review underscored the negative impact of atelophobia on mental health

outcomes (Blankstein et al., 2016), prompting an exploration of its prevalence in our sample. The results revealed that a substantial proportion of participants, 91.2%, reported atelophobia, highlighting the significance of this fear of imperfection among young adults.

This high prevalence suggests a need for increased awareness and targeted interventions to address atelophobia in educational and mental health settings. Understanding the prevalence of atelophobia is crucial for designing effective prevention and intervention strategies tailored to the needs of young adults.

Hypothesis 3, predicting a considerable prevalence of atelophobia among young adults, was supported by the findings. A substantial 91.2% of participants reported atelophobia. This high prevalence underscores the significance of fear of imperfection in the mental health landscape of young adults. It suggests that interventions and mental health initiatives should consider integrating strategies to address atelophobia within this demographic.

The study by Curran and Hill (2019) investigates the trend of perfectionism over time, providing valuable insights into changes in perfectionistic tendencies among individuals. In the context of your research, where Hypothesis 3 predicts a considerable prevalence of atelophobia (fear of imperfection) among young adults, the findings from Curran and Hill (2019) can offer a broader perspective.The study conducts a meta-analysis of birth cohort differences from 1989 to 2016, revealing a consistent increase in perfectionism over this period. This suggests that societal and cultural factors may contribute to a rise in perfectionistic tendencies among individuals.

Hypothesis 3 posits a considerable prevalence of atelophobia among young adults. The findings from Curran and Hill (2019) align with this hypothesis, suggesting that perfectionism, a broader construct that includes atelophobia, is on the rise among individuals. If perfectionism is

increasing over time, it implies that the fear of imperfection, as a component of perfectionism, may also be prevalent among young adults.

Understanding the prevalence of atelophobia can guide the allocation of resources and the development of targeted interventions for individuals struggling with this fear. It also highlights the need for awareness campaigns to reduce the stigma associated with seeking help for fear of imperfection.

The fourth objective aimed to explore the effect of demographic variables, specifically gender and age, on the study variables (atelophobia, depression, and self-esteem). The cross-tabulations provided insights into how these demographic factors intersected with the prevalence of atelophobia and its associated outcomes.

Regarding gender, the analyses indicated no significant differences between males and females in terms of atelophobia, depression, or self-esteem. These results suggest that the impact of atelophobia on mental health is consistent across genders. It is important to note that these findings may be context-specific and should be interpreted cautiously, considering cultural and societal influences.

Similarly, age did not appear to exert a significant influence on atelophobia, depression, or self-esteem. The lack of significant differences among age groups underscores the universality of atelophobia's impact on mental health among young adults. However, further research may explore potential developmental variations in the manifestation of atelophobia and its outcomes.

The results from gender and age group comparisons did not support Hypothesis 4, indicating insignificant differences in scores on atelophobia, depression, and self-esteem between genders and age groups. This suggests that the impact of atelophobia on mental health outcomes

is consistent across different demographic groups among young adults in this study. The finding of insignificant differences suggests that the impact of atelophobia on mental health outcomes, specifically depression and self-esteem, remains consistent across genders and age groups. This indicates that atelophobia's influence on mental health is not significantly modified by gender or age among young adults in this study.

The non-significant differences across FMPS, RSES, and DASS-21 scores indicate that, in this study, there is no substantial variation in fear of mistakes perfectionism, self-esteem, and mental health outcomes between male and female young adults. These findings underscore the universality of certain psychological constructs, as evidenced by the consistent impact of atelophobia and related factors across genders in the studied population.

It's crucial to note that these results are specific to the studied demographic and may vary in different cultural or contextual settings. While the lack of significant differences challenges initial expectations, it emphasizes the universal nature of atelophobia's impact on mental health. The findings suggest that interventions addressing fear of imperfection should be tailored to the general young adult population, without a specific focus on gender or age. It is crucial to acknowledge some methodological considerations in interpreting the study's results. The reliability analysis demonstrated that the scales used in the study, including the FMPS, RSES, and DASS-21, exhibited satisfactory internal consistency, contributing to the credibility of the study's findings. The use of Spearman correlation analysis, appropriate for non-normally distributed data, provided robust insights into the relationships between variables.

Conclusion

This research delves into the relationships between atelophobia, depression, and self-esteem among young adults, contributing valuable insights to the existing literature on mental health. The study's objectives were to explore the association between atelophobia and depression, investigate the link between atelophobia and self-esteem, determine the prevalence of atelophobia among young adults, and examine the impact of demographic variables. The ensuing discussion, structured according to these objectives, revealed compelling findings and raised pertinent questions for future research.

The study validated the cognitive-behavioral perspective, showcasing a weak positive correlation between atelophobia and depression among young adults. This aligns with prior research, emphasizing the significance of addressing fear of imperfection in mental health interventions. The positive correlation implies that individuals internalizing the fear of imperfection may be more prone to depressive symptoms, underscoring the importance of early intervention and support.

Contrary to expectations, an unexpected result emerged, indicating an insignificant weak negative relationship between atelophobia and self-esteem. The literature review and supporting studies, particularly those exploring perfectionistic self-presentation, provided context for this finding. The complexities of atelophobia's impact on self-esteem, influenced by individual differences and coping mechanisms, invite further exploration. Future research should focus on uncovering the nuanced interplay between fear of imperfection and self-esteem.

Hypothesis 3, predicting a considerable prevalence of atelophobia among young adults, was strongly supported by the findings. A staggering 91.2% of participants reported atelophobia, emphasizing the urgency of addressing this fear of imperfection in educational and mental health

settings. The high prevalence underscores the need for targeted interventions and awareness campaigns to mitigate the potential mental health implications associated with atelophobia.

The study's exploration of gender and age differences yielded unexpected results. Contrary to Hypothesis 4, no significant differences were found in atelophobia, depression, or self-esteem between genders or age groups. While challenging initial expectations, this highlights the universal nature of atelophobia's impact on mental health among young adults. The consistent influence across demographic groups suggests that interventions addressing fear of imperfection should be tailored to the general young adult population, without specific considerations for gender or age.

The research underscores the need for mental health interventions that specifically target atelophobia, given its significant association with depressive symptoms. While the unexpected relationship between atelophobia and self-esteem prompts further exploration, the study highlights the potential impact of individual differences and coping mechanisms. Future research should delve into these complexities to refine our understanding of how fear of imperfection influences self-esteem.

In conclusion, this research contributes to the evolving discourse on mental health by unraveling the relationships between atelophobia, depression, and self-esteem among young adults. The study's findings underscore the urgency of addressing atelophobia in mental health initiatives and highlight the universal impact of this fear of imperfection across diverse demographic groups. The unexpected results pave the way for future investigations, ensuring a nuanced understanding of the complex interplay between atelophobia and mental health outcomes. As society grapples with the challenges of mental health, this research provides a

foundation for targeted interventions and awareness campaigns to foster the well-being of young adults

Limitations

The study's findings should be understood carefully because of several possible limitations, including selection bias, social desirability bias, and the cross-sectional design, which limited its ability to establish causality. The narrow age range of participants may have also limited the generalizability of the findings.

In this study, convenient sampling was employed, which could have resulted in a biased sample. Consequently, the findings may not have been fully representative of the entire population of young adults. Selection bias referred to the possibility that the sample of participants did not accurately represent the broader population of interest.

Another potential limitation was social desirability bias, which occurs when participants provide responses that align with societal expectations or perceived favorable responses. In research on sensitive topics like atelophobia, depression, and self-esteem, participants may have been inclined to provide socially desirable answers, potentially affecting the accuracy and reliability of the collected data.

Furthermore, the cross-sectional design employed in this study posed limitations regarding the establishment of causal relationships between variables. The cross-sectional design captured data at a single point in time, preventing the examination of changes or causality over time. As a result, the findings could only suggest associations rather than causal relationships between atelophobia, depression, and self-esteem.

The narrow age range of participants in this study may have limited the generalizability of the findings to a broader population. The study focused on university students, who were typically within a specific age range and had unique experiences and characteristics that may

have differed from the general young adult population. Therefore, caution should be exercised when applying the findings to other age groups or populations.

Despite these limitations, the study provided valuable insights into the relationship between atelophobia, depression, and self-esteem among the specific sample of participants. It highlighted the need for further research with larger and more diverse samples, longitudinal designs, and measures to minimize biases in order to obtain a more comprehensive understanding of these relationships and their broader implications.

Recommendations/Implications

The research had proven a significant association between atelophobia, depression, and self-esteem, it could facilitate the development of interventions aimed at reducing the negative impact of atelophobia on mental health. These interventions could be designed to address the specific challenges faced by individuals affected by atelophobia, with the aim of improving their mental well-being.

Additionally, the research findings would play a crucial role in raising awareness about atelophobia as a potential threat to mental health. By highlighting the relationship between atelophobia, depression, and self-esteem, the research could contribute to a better understanding of the psychological implications of atelophobia. This increased awareness could foster a supportive and empathetic environment, encouraging individuals to seek help and support when dealing with issues related to atelophobia.

Future research may explore whether specific aspects of perfectionistic self-presentation, as identified by Casale et al. (2016), are particularly relevant to the relationship between atelophobia and self-esteem. Additionally, considering these interpersonal dynamics may help refine the understanding of how fear of imperfection influences self-esteem.

The limited existing research on atelophobia underscores the need for further studies in this area. The research had revealed a significant association between atelophobia, depression, and self-esteem, it has emphasized the importance of conducting more comprehensive investigations into atelophobia. Subsequent studies could explore various aspects of atelophobia, such as its underlying causes, potential risk factors, and effective interventions, thereby enhancing our understanding of this phenomenon and its impact on mental health.

However, it is important to acknowledge that the implications of the research would depend on the specific findings and the quality of the study. The significance of any observed associations should be interpreted within the context of the research limitations and the characteristics of the studied sample. Furthermore, the development of effective interventions and the promotion of awareness about atelophobia would require collaborative efforts involving mental health professionals, researchers, policymakers, and relevant stakeholders.

The research had demonstrated a significant association between atelophobia and depression, ,it could pave the way for the development of targeted interventions, raised awareness about atelophobia as a mental health concern, and highlighted the need for further studies to advance our understanding of this condition. Future research should explore the complex interplay between atelophobia, self-esteem, and other potential mediators or moderators. Investigating contextual and cultural influences on atelophobia could provide a more comprehensive understanding of its impact on mental health.

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Appendices

Appendix A

Informed Consent

I, the undersigned, confirm my voluntary participation in the research thesis project conducted by a student of the Psychology Department at Capital University of Science and Technology, Islamabad. The purpose of this research is to fulfill the academic requirements for their degree program. I acknowledge that the researchers will handle all the data collected during this study with the utmost confidentiality. By signing this consent form, I affirm that I have read and understood the information provided, and I voluntarily agree to participate in the research thesis project. I have had the opportunity to ask any questions or seek clarification about the study, and all my concerns have been addressed to my satisfaction.

Participant's Name: ____________________________

Date: ____________________________

Signature: ____________________________

Appendix B

Demographics sheet

Gender	○ Male	○ Female
Age		
Education		
Do you have any mental or physical disabilities?	○ Yes	○ No
Are you familiar with the term “Atelophobia”	○ Yes	○ No

Appendix C

Scale 1

Instructions:

Please answer the following questions in relation to how much they apply to you. Do not spend too much time on any one question.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	My parents set very high standards for me.					
2	Organization is very important to me.					
3	As a child, I was punished for doing things less than perfectly.					
4	If I do not set the highest standards for myself, I am likely to end up a second-rate person.					
5	My parents never tried to understand my mistakes.					
6	It is important to me that I be thoroughly competent in what I do.					
7	I am a neat person					
8	I try to be an organized person.					
9	If I fail at work/school, I am a failure as a person.					

10	I should be upset if I make a mistake.					
11	My parents wanted me to be the best at everything.					
12	I set higher goals than most people.					
13	If someone does a task at work/school better than I do, then I feel as if I failed the whole task.					
14	If I fail partly, it is as bad as being a complete failure					
15	Only outstanding performance is good enough in my family.					
16	I am very good at focusing my efforts on attaining a goal.					
17	Even when I do something very carefully, I often feel that it is not quite right.					
18	I hate being less than the best at things.					
19	I have extremely high goals.					
20	My parents expect excellence from me					
21	People will probably think less of me if I make a mistake.					
22	I never feel that I can meet my parents' expectations.					
23	If I do not do as well as other people, it means I am an inferior being.					

24	Other people seem to accept lower standards from themselves than I do.					
25	If I do not do well all the time, people will not respect me.					
26	My parents have always had higher expectations for my future than I have.					
27	I try to be a neat person.					
28	I usually have doubts about the simple everyday things that I do.					
29	Neatness is very important to me.					
30	I expect higher performance in my daily tasks than most people.					
31	I am an organized person.					
32	I tend to get behind in my work because I repeat things over and over					
33	It takes me a long time to do something “right”.					
34	The fewer mistakes I make, the more people will like me.					
35	I never feel that I can meet my parents’ standards.					

Appendix D

Scale 2

Instructions

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1. On the whole, I am satisfied with myself.

Strongly Agree	Agree	Disagree	Strongly Disagree

2. At times I think I am no good at all.

Strongly Agree	Agree	Disagree	Strongly Disagree

3. I feel that I have a number of good qualities.

Strongly Agree	Agree	Disagree	Strongly Disagree

4. I am able to do things as well as most other people.

Strongly Agree	Agree	Disagree	Strongly Disagree

5. I feel I do not have much to be proud of.

Strongly Agree	Agree	Disagree	Strongly Disagree

6.I certainly feel useless at

Strongly Agree	Agree	Disagree	Strongly Disagree

7. I feel that I'm a person of worth, at least on an equal plane with others.

Strongly Agree	Agree	Disagree	Strongly Disagree

8. I wish I could have more respect for myself.s

Strongly Agree	Agree	Disagree	Strongly Disagree

9. All in all, I am inclined to feel that I am a failure.

Strongly Agree	Agree	Disagree	Strongly Disagree

10. I take a positive attitude toward myself.

Strongly Agree	Agree	Disagree	Strongly Disagree

Appendix E

Scale 3

Instructions

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

Statement				
1 (s) I found it hard to wind down	0	1	2	3
2 (a) I was aware of dryness of my mouth	0	1	2	3
3 (d) I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a) I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d) I found it difficult to work up the initiative to do things	0	1	2	3
6 (s) I tended to over-react to situations	0	1	2	3
7 (a) I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s) I felt that I was using a lot of nervous energy	0	1	2	3
9 (a) I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d) I felt that I had nothing to look forward to	0	1	2	3
11 (s) I found myself getting agitated	0	1	2	3
12 (s) I found it difficult to relax	0	1	2	3
13 (d) I felt down-hearted and blue	0	1	2	3
14 (s) I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a) I felt I was close to panic	0	1	2	3

16 (d) I was unable to become enthusiastic about anything 0 1 2 3

17 (d) I felt I wasn’t worth much as a person 0 1 2 3

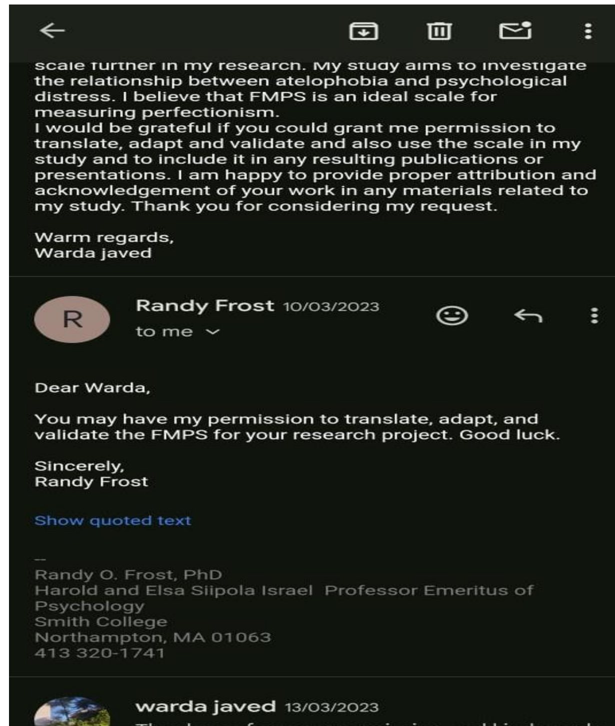
18 (s) I felt that I was rather touchy 0 1 2 3

19 (a) 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) 0 1 2 3

20 (a) I felt scared without any good reason 0 1 2 3

21(d) I felt that life was meaningless 0 1 2 3

Appendic F: Permission letter



scale further in my research. My study aims to investigate the relationship between atelophobia and psychological distress. I believe that FMPS is an ideal scale for measuring perfectionism.
I would be grateful if you could grant me permission to translate, adapt and validate and also use the scale in my study and to include it in any resulting publications or presentations. I am happy to provide proper attribution and acknowledgement of your work in any materials related to my study. Thank you for considering my request.

Warm regards,
Warda javed

Randy Frost 10/03/2023
to me

Dear Warda,

You may have my permission to translate, adapt, and validate the FMPS for your research project. Good luck.

Sincerely,
Randy Frost

Show quoted text

--
Randy O. Frost, PhD
Harold and Elsa Siipola Israel Professor Emeritus of Psychology
Smith College
Northampton, MA 01063
413 320-1741

warda javed 13/03/2023

2. Who can administer and interpret the DASS?

The DASS is a self-report instrument, and no special skills are required to administer it.

However, interpretation of the DASS should be carried out by individuals with appropriate training in psychological science, including emotion, psychopathology and assessment.

When the DASS is administered to individuals who have sought professional help, or who are displaying high levels of distress, interpretation should be carried out by an appropriately qualified health professional such as a clinical psychologist.

3. How do I get permission to use the DASS?

The DASS questionnaire is public domain, and so **permission is not needed to use it**. The DASS questionnaires and scoring key may be downloaded from the DASS website and copied without restriction (go to Download page).

4. Where can I get norms and psychometric data (reliability/validity) for the DASS?

The psychometric properties of the DASS and normative data for the DASS are described in detail in the DASS manual (see FAQ6).

Additional information is available through published articles (see FAQ7).

Note 1: When interpreting alpha coefficients (internal consistency), remember that alpha is strongly determined by the number of items in a test. The more items, the higher alpha will be. So it is not appropriate to compare alphas between tests that have different numbers of items.

The Rosenberg Self-Esteem Scale is perhaps the most widely-used self-esteem measure in social science research. Dr. Rosenberg was a Professor of Sociology at the University of Maryland from 1975 until his death in 1992. He received his Ph.D. from Columbia University in 1953, and held a variety of positions, including at Cornell University and the National Institute of Mental Health, prior to coming to Maryland. Dr. Rosenberg is the author or editor of numerous books and articles, and his work on the self-concept, particularly the dimension of self-esteem, is world-renowned.

The Rosenberg Self-Esteem Scale is now in the public domain, meaning you may use it without charge and without notifying the Sociology Department. This permission extends to making translations or adaptations as you see fit, consistent with traditional scholarly attribution practices. The department does not maintain any information on the scale beyond what is linked below, and cannot advise on its use.

Self Esteem: What Is it?

Appendix G: Support Letter

Capital University of Science and Technology
Islamabad

Islamabad Expressway, Kahuta Road,
Zone - V, Islamabad, Pakistan
Telephone :+92-(51)-111-555-666
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Email: :info@cust.edu.pk
Website: :www.cust.edu.pk

Ref. CUST/IBD/PSY/Thesis-611
August 7, 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. Warda Javed, registration number **BSP201023** is a bona fide student in BS Psychology program at this University from Spring 2020 till date. In partial fulfillment of the degree, she is conducting research on "Relationship between atelophobia, depression and self-esteem among young adults". 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. Your cooperation in this regard will be highly appreciated.

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: 178
sabahat.haqqani@cust.edu.pk