

**Role of Assertiveness and Social Support in Psychological  
Distress among University Students**



**By**

**Nida Habib**

*Dr. Muhammad Ajmal*

**NATIONAL INSTITUTE OF PSYCHOLOGY**

*Centre of Excellence*

**Quaid-i-Azam University, Islamabad Pakistan**

**2018**

**Role of Assertiveness and Social Support in Psychological  
Distress among University Students**

**BY**

**Nida Habib**

**A dissertation submitted in partial fulfillment of the requirements for degree**

**Of**

**MASTERS OF SCIENCE IN PSYCHOLOGY**

*Dr. Muhammad Ajmal*

**NATIONAL INSTITUTE OF PSYCHOLOGY**

*Center of Excellence*

**Quaid-i-Azam University**

**Islamabad**

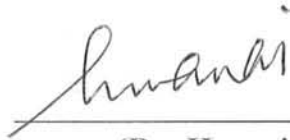
**2018**

**Role of Assertiveness and Social Support in Psychological Distress  
among University Students**

**By**

**Nida Habib**

**Approved by**



**(Dr. Humaira Jami)**  
Supervisor



**(Dr. Syed Sajjad Hussain)**  
External Examiner



**(Prof. Dr. Anila Kamal)**  
Director, NIP

**CERTIFICATE**

Certified that MSc Dissertation titled “**Role of Assertiveness and Social Support in Psychological Distress among University Students** ” prepared by **Nida Habib** has been approved for the submission to the National Institute of Psychology, Quaid-i-Azam University, Islamabad.



**Dr. Humaira Jami**

**(Supervisor)**



**Role of Assertiveness and Social Support in Psychological  
Distress among University Students**

## TABLE OF CONTENTS

<b>Title</b>	<b>Page No.</b>
List of Tables	i
List of Appendices	ii
Acknowledgments	iii
Abstract	iv
<b>Chapter 1 INTRODUCTION</b>	<b>1</b>
Assertiveness	3
Significance of Assertiveness	6
Theoretical Perspective	7
Social Support	9
Models and Types of Social Support	10
Psychological Distress	14
Depression	15
Anxiety	16
Stress	17
Relationship between Variables	18
Rationale of the Present Study	21
<b>Chapter 2 METHOD</b>	<b>23</b>
Objectives	23
Hypotheses	23
Sample	25
Instruments	26
Procedure	27
<b>Chapter 3 RESULTS</b>	<b>28</b>
Reliabilities and Descriptive Statistics	28
Correlation between Study Variables	29
Correlation of Demographic Variables with the Study Variables	31
Gender Difference Across Study Variables	32

<b>Title</b>	<b>Page No.</b>
Predictors of Psychological Distress	33
Step Wise Linear Regression Analysis	34
Mediation Analyses	35
Moderation Analysis	37
Group Difference along the Participants Education	38
Group Difference along the Parents Education	39
Group Difference along the father occupation	40
<b>Chapter 4 DISCUSSION</b>	42
Conclusion	47
Limitations and Suggestions	47
Implications of the Study	48
<b>REFERENCES</b>	49
<b>APPENDICES</b>	61

## LIST OF TABLES

<b>Table No.</b>	<b>Tables</b>	<b>Page No.</b>
Table 1	Frequencies and Percentages along Demographic Variables (N =300)	25
Table 2	Descriptive Statistics and Cronbach Alpha of College Self-expression Scale of Assertiveness, Social Support Scale, Depression Anxiety, and Stress Scale (N = 300)	29
Table 3	Correlation between Assertiveness, Social Support Psychological, Distress and Subscales (N=300).	30
Table 4	Correlation of Demographic Variables with Assertiveness, Social Support, and psychological distress (N =300)	31
Table 5	Gender Difference on Assertiveness, Social Support, and Psychological Distress (N = 300)	32
Table 6	Step Wise Linear Regression Analysis of Assertiveness and Social Support as a Predictors for Psychological Distress (N=300)	33
Table 7	Stepwise Linear Regression of Assertiveness and social support as a predictor of Depression, Anxiety, and stress (N=300)	34
Table 8	Mediating role of social support between assertiveness and psychological distress (N=300)	36
Table 9	One Way Analysis across difference differences among Participants Education (N=300)	38
Table 10	One Way Analysis across difference along Father's and Mother's Education (N=300)	39
Table 11	One Way Analysis across difference along Father Occupation (N = 300)	40

## LIST OF APPENDICES

Appendix		Page No.
Appendix A1	Permission to use the College Self-expression Scale: Measure of Assertiveness (CSES)	62
Appendix A2	TRC Copy to Use Translated Version of the College Self-expression Scale: Measure of Assertiveness (CSES)	63
Appendix A3	Urdu version of the College self-expression Scale: Measure of Assertiveness (CSES)	64
Appendix B1	Permission to use the Perceived Social Support Scale (PSS)	68
Appendix B2	TRC Copy to Use Translated Version of the Perceived Social Support Scale (PSS)	69
Appendix B3	Urdu version of the Perceived Social Support Scale (PSS)	70
Appendix C1	Permission to use the Depression, Anxiety, and Stress Scale (DASS)	71
Appendix C2	TRC Copy to Use Translated version of the Depression, Anxiety and Stress Scale (DASS)	72
Appendix C3	Urdu Version of Depression, Anxiety and Stress Scale (DASS)	73
Appendix D	Demographic Sheet	74
Appendix E	Informed Consent	75

## ACKNOWLEDGMENT

All praise and gratitude be to Allah, the grace of whom made all the people and circumstances around me to help me complete this project. I am very thankful to my supervisor Dr. Humaira Jami who has been very kind and patient throughout the whole process. Her support and guidance helped me through hard times for which I am very grateful of her. I am also thankful to my whole family for providing me with supportive environment. Special thanks to my parents who have always been very caring and concerned about me. I am also thankful to my friends who always been very encouraging and supportive for me. I am thankful to my classmates who have guided and helped me throughout the process.

**Nida Habib**

## ABSTRACT

The present study was aimed to explore the role of assertiveness and social support in psychological distress among university students. To measure the study variables, Urdu versions of The College self-expression Scale: Measure of Assertiveness (Galassi, 1974) translated by (Aftab, 2016), Perceived Social Support Scale translated by (Younis, 2016), and Depression Anxiety and Stress Scale (Lovibond, Sydney, & Lovibond, 1995) translated in Urdu (Aslam, 2007) were used. The sample consisted of 300 university students (Girls = 150, Boys = 150) from different universities of Rawalpindi/Islamabad. Alpha reliabilities for the measures were in acceptable range. Various statistical analyses were run to test the hypotheses. Correlation analysis showed significant positive relationship of assertiveness and social support and negative relationship with psychological distress. Mean differences along gender revealed significant results, boys score high on assertiveness. Regression analysis showed that significant negative prediction in psychological distress is caused by assertiveness followed by family based social support. Mediation analysis computed through Process Macro showed social support as a significant mediator for assertiveness in predicting psychological distress. Among demographic variables, age of the participants was significantly correlated with the social support domain related to university. Number of friends was significantly positively correlated with assertiveness. Monthly income was significantly positively correlated with social support domain related to family. One way ANOVA was also computed across demographic variables. Participants who studied in MPhil level education significantly perceived more social support than other education levels. Participants whose fathers were holding government jobs scored significantly high on with assertiveness than participants holding private jobs and personal business. Further, participants with mother's education of graduate level experienced more distress than others. While, participants with father's education of graduate level experience more distress than others. Findings were discussed in theoretical context and implications of the study were furnished.

# **INTRODUCTION**



## INTRODUCTION

Acquiring social skills that help sustain successful communication in a social group can create a positive social image and determine the extent of social success. The present study aims to examine the role of assertiveness and the role of social support in psychological distress among university students. Social skills such as assertiveness facilitate positive interactions with other people and help students build strong social support networks and a sense of belonging within a group. Social support helps to achieve them academics and maintains social interaction in appropriate way. This is why social skills training is the focus of psychologists, as it can be helpful in maintaining social relationships. These interventions are very relevant at the level of adults a stage of mature development characterized by various developmental changes, including social, emotional, moral, and psychological changes.

Assertiveness and other social skills are related to one's culture. Overall, it is more normal for individualistic social orders in which social standards assign an important part to the needs, thoughts, and opinions of a person contrasted with collectivist societies. Attending university presents students with learning experiences and opportunities for psychosocial development (Tao, Dong, Pratt, Hunsberger, & Pancer, 2000). However, entering university may be a source of strain and an acute stressor (Gall, Evans, & Bellerose, 2000). Among the social skills Assertiveness is considered central to interpersonal behavior, for it is the fundamental aspect in initiating relationship with others and a way of explicit, direct, and suitable self-expression. However, individuals who do not learn assertive behaviors, and are unable to say no to others cannot assertively interact within their own close relations (Behpazhouh & Hejazi, 2007). According to Gumusgul (2014) assertive communication is considered better as it can be more successful. It also helps reduce those barriers that can affect personal growth and thus increase a person's psychological well-being. The transition from high school to university is a major life change for many young adults.

Social support is one protective factor that must be reviewed, as it is depicted both as a buffers against stress throughout life and support in advancing health and wellbeing (Dollete, Steese, Phillips, & Matthews, 2004). Research has demonstrated that social support assumes an important part in addressing to psychological issues. The absence of social support is one of the factors that prompt several psychological issues among the students (Elliot & Gramling, 2005). An increasing variety of literature and experimental research has introduced the connection between social support and psychological issues among students, therefore, the study attempt to explore the role of social support in addressing student's psychological distress that is depression, anxiety, and stress. Social support is important to individuals in their lives. Deficits in social support have been appeared to be identified with numerous psychological issues, for example, depression, anxiety, and stress (Eskin, 2009).

Elliot and Gramling (2005) found that social support enables students to overcome depression, anxiety, and stress. They also found that social support could enable students to adapt to and reduce their emotional, psychological issues. Consequently, this study aims to see how social support can play its role in dealing with depression, anxiety and stress. They additionally found that social support could enable students to adapt and overcome their psychological issues. Subsequently, this investigation intends to see how social support can assume its part in managing depression, anxiety, and stress. Social support has been demonstrated to be an important factor in a variety of communication behaviors and dimensions of overall well-being, not only does increased social support relate to higher self-esteem but it also has been proven to be a protector against mental health problems such as anxiety and depression (Sarason & Gurung, 2001). Drawing from the fields of communication and mental health, researchers have attempted to explore individual's motivations to provide, accept, and evaluate emotional support and predict outcomes for individual's social realities.

Since interpersonal skills such as assertiveness can play a significant role in social exchanges. It is believed that the individuals who are assertive communicate their concerns and feelings in a way that respects the rights of others, and assured people create trust and satisfaction in their capability to express with in social relations (Masters, Burish, Hollon, & Rimm, 2007). Psychological problems among adolescents are an important issue that should be highlighted. According to the World

Health Organization (WHO), in the future depression will be the second most common mental health problem among adolescents, which may become a risk factor for the development of other mental health problems, (as cited in Health Canada Report, 2002). Therefore, main objective of study is to examine the assertive behavior in university students and how much they get social support for having this behavior and overcome psychological distress.

### **Assertiveness**

Assertiveness as part of emotional intelligence is not only the capacity for emotional self-analysis, which allows a clear definition of one's own feelings, but also sufficient power over personal impulses, so that they can be expressed in appropriate form and with appropriate strength. Assertiveness is normally characterized in connection to the honest to goodness and honest expression of individual rights, emotions, beliefs, and interests without violating or preventing the rights from securing others (Delamater, 1986).

It is the ability to express one's views and impose one's rights while regarding the feelings and rights of others. Assertive communication is appropriately direct, open and honest that clarifies the needs of the other person. Assertiveness comes naturally in some individuals, but it is a communicative skill that can be learned. Individuals who are capable for assertiveness are prepared to greatly overcome the level of relational conflicts in their lives thereby, reducing a major source of stress (Salter, 2002).

Assertiveness as a social skill was viewed as efficient in reducing psychological distress. The idea of assertiveness was characterized by Alberti and Emmons (2008) as a sort of behavior that enables person to act as per their own particular interests, to keep up equality in individual personal relationships, to protect the self, to express their opinions effortlessly, and their own particular rights to utilize that violate the rights of others. The assertive people consider the desires and needs of others while satisfying their own desires and needs. Assertive people express their needs and thoughts clearly without disregarding the rights of others. The assertive nature of behavior contains the honest and clear expression of thoughts, feelings, principles, preferences, and requirements, the ability to say no to an unwanted or undesired situation or request, the notion of "win-win" in interpersonal



relationships respecting the self and the others, being flexible accepting the success and the mistakes listening efficiently maintain hopes and equality in relationships; etc.

Cognitive filters partly influence the assertive behavior. These filters guide a person in interpreting social signals. Core beliefs, developed from childhood experiences with significant others, influence the cognitive interpretation of social situations. These core beliefs also shape the way we see ourselves, others, and the relationships between them. Individuals with positive beliefs about the self, others, and relationships are easily assertive compared to those with negative core beliefs (Vagos & Pereira, 2010).

Galassi, DeLo, Galassi, and Bastien (1974) defined assertiveness in the form of three response classes: Positive assertion, negative assertion, and self-denial. When an individual expresses positive feelings, such as admiring, showing affection, and agreeing with someone, it is positively affirmed. Negative assertiveness includes expressing negative feelings of anger, displeasure, and disagreement. Self-denial is characterized by increased interpersonal anxiety, excessive apology, and worries about others' feelings. Assertive people have the ability to communicate effectively, influence and guide others. In addition, they are confident and psychologically secure.

According to Gumusgul (2014) assertiveness also helps to reduce those obstacles that can cause personal growth, and thus enhances the mental well-being of an individual. Assertiveness is usually indicative of others' self-confidence and convictions. It is a cognitive model of thoughts and emotions that a person holds and these thoughts shape the communication pattern to use. Assertive individuals tend to use more solutions to problems, promote teamwork and enable effective communication (Hunsaker & Robbins, 2011). Assertiveness is characterized by aggression in such a way that aggressive behavior disregards the rights of others and abuses their passive behavior in relation to needs and movements and does not respect one's self. However, assertiveness ensures the express expression of feelings, thoughts and opinions, without violating the rights of others.

Assertion theory gives a model to the individuals who need to go to stand up for their own rights without hurting the human rights of others. It is a model that can be utilized as a part of a wide range of individual, professional and social circumstances to empower honest, direct and functional communication (Burnett et al., 2009). Assertion theory a basic hypothesis, which is progressively educated in

preparing programs, is a hypothesis called assertiveness or assertion. Some vital parts of the hypothesis of statement incorporate the philosophy underlying the claim, the three possible types of responses in a given situation, some means of external recognition of these reaction styles, some functional differences between the three styles, and the six components of an assertive situation. It highlights reactions that individuals refer to these fundamental human rights on a continuum of response styles: Assertion, non-assertion, and aggression (Burnett et al., 2009).

***Assertion.*** The act of encouraging someone's important human rights without violating the fundamental human rights of others is called assertion. It is a style of response that recognizes the boundaries between individual rights and those of others and stabilizes those boundaries. When one of a friend asked she could borrow Jan's new sports car for a trip, she was able to answer assertively, I appreciate your need for transportation, but the car is too valuable for me to borrow. Jan was able to respect both her friend's right to make the request and her own right to refuse it. Unlike the other two types of responses, an individual who reacts confidently is familiar with the emotion and acts with it when it occurs, is in constructive range.

***Non assertion.*** The two alternative response styles represent an inability to maintain adequately the boundaries between one person's rights and those of another. Non-assertion occurs when one allows one's boundaries to be restricted. In Jan's case, a non-assertive response would have been to loan the car, fearing that her friend might perceive her as pity or distrustful, and to spend the rest of the afternoon wishing she had not. Thus, Jan would not have been acting on her right to say no. The inert individual has a tendency to disguise sentiments and pressures and experience such feelings as fear, tension, anxiety, depression, fatigue, or nervousness.

***Aggression.*** The third sort of response, aggression, happens when a person enters the limits of individual rights. Aggression may seem like this in Jan's: You are joking! Here, Jan would violate the other individual's right to warmth and respect. Despite the fact that the aggressor may have encountered some anxiety, blame or damage eventually in the exchange, this feeling has either been conceal by "secondary" feelings, for example, anger or it has built up to a boiling point over time. In an aggressive reaction, the person's emotional temperature is above normal and is typically expressed through inappropriate anger, hatred or misguided hostility.



**Significance of assertiveness.** In the 1960s, with the advancement of humanistic psychology, interest in conscious inspiration and purpose, self-assertion and advancement of individual potential developed. In the 1970s, as the US civil rights movement developed, a few analysts focused on assertiveness as a methods for ensuring individual rights. Alberti and Emmons (2008), Jakubowski, and Lange (1976) highlighted that the ability to secure human rights in an democratic and equitable way, without prejudice to the essential rights of others, is one of the key methods of self-confident behavior that is assertiveness.

Practicing psychologist and psychotherapists had discovered that the greater part of neurotic patients and those suffering from depressive issue felt uncertainty, loneliness, and communicative instability. The connection between psychological instability and the absence of assertiveness in patients led to the professionals to the idea that uncertainty, that increase inward stress, causes neuropsychiatric disorders. This assumption encouraged counselors expanded interest in the beginning and methods for overcoming vulnerability, and offered stimulus to experimental research around this area. The behavioral therapy with which Wolpe (1990) created self-assertion was pointed fundamentally at saving the person from social anxiety and keeping up high confidence. Developing the limits for free expression of thoughts, behavioral spontaneity, and opportunity in speaking with individuals at different levels (Patterson & Watkins, 1996; Wolpe, 1990).

The utilization of these habits was an important however not adequate condition for the presence of assertiveness. It was deemed important to recognize the assertive and aggressive behavior, as the manifestations of the latter should be studied (Lazarus, 1991). Assertiveness proposes making progress toward self-fulfillment and accomplishing one's objectives, which was an essential for winning competitors, an investigation of the degree to which the factors of social support (family, friends and special individuals) and assertiveness have anticipated the psychological well-being levels of psychological counselor candidates. According to the research, the variables of social support perceived by family, friends and special people and assertiveness significantly predict less psychological distress (Ates, 2016).

Some current investigations demonstrate that young girls have a significantly higher score for assertive communication and autonomy (Bourke, 2002),

or that gender orientation contrasts are insignificant in this regard (Karagozoglu et al., 2008). This is in contrast to some previous studies that showed opposite results (Eskin, 2003). Recently, among Malaysian samples, there has been a significant gender difference in assertiveness, girls were more confident than boys (Asmat, Mahmud, & Salleh, 2015).

Research has demonstrated that socially stable connections are important components for psychological adjustment under stress. Social support has not examined the interaction between relational factors and social support. Specifically, personal assertiveness is a relational variable that could hypothetically enhance the positive parts of social support. Data from two independent samples of undergrads in an urban environment demonstrate that personal assertiveness significantly increase certain sorts of social relationships to predict psychological symptoms under stressful condition (Elliott & Gramling, 2005).

### **Theoretical Perspective**

The current study can theoretically be supported by self-representation theory because it involves an appropriate self-expression in a social situation to reduce fears. Social competence plays an important role when it comes to how the individual behaves in a social situation. According to self-representation theory, impression motivation and impression effectiveness are the main reasons for social anxiety. Social evaluative situations involve social anxiety (Baumeister, & Hutton, 1987).

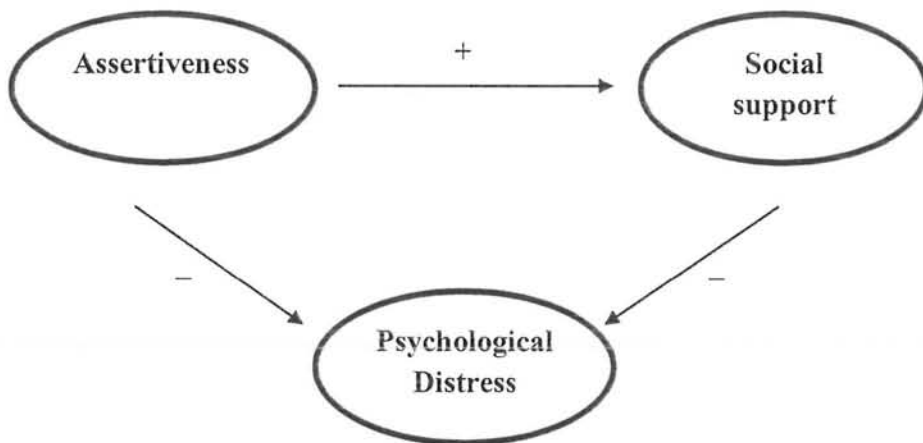
Self-presentation involves how we appear before others and how we succeed in leaving a desired impression or changing the impression of others about us. Self-expression behaviors are of particular interest in achieving a desired outcome in social situations, as they help to shape the image of one individual among others (Leary & Allen, 2011). Individuals use two types of behavior, depending on the social situation and the profit. Independent self-presentation involves the full participation of individuals in a social interaction, and proactive strategies are used to give others a specific impression. On the other hand, if the situation is perceived as threatening, people use defensive self-expression to avoid negative results. Defensive self-expression behavior is used when the individual believes that it is unlikely to make the desired impression (Schlenker & Leary, 1982).



The motives behind self-expression behavior can be linked to social approach and avoidance goals. In the social approach, an individual will use assertive self-expression to achieve positive social outcomes. These positive social outcomes can be support, intimacy, and the formation of social networks that serve as a support system for reducing isolation and loneliness. Social approach involves the integration of one's self into the social group. When it comes to avoiding negative results, defensive self-expression can be used.

Social skills play an important role in how an individual uses their abilities to achieve the desired goal. Assertiveness requires a complete expression of one's own feelings and thoughts to help individuals develop positive social behaviors and denial social support. Assertiveness training can be used as a tool to help people reduce the anxiety that can arise from the fear of leaving a desired impression due to lack of adequate social skills, can cause isolation and create a sense of loneliness, which negatively affects the child psychological well-being of an individual. The theory supports the present study represent link between assertiveness, social support, and psychological distress where social support enhanced through assertiveness reduces psychological distress.

Based on the literature, the relationship between the variables is summarized as, assertively is predicted to be positive for social support and negative for psychological stress. Social support is predicted to be negative for mental stress.



*Figure 1.* Conceptual model explaining relationship between assertiveness and social support in psychological distress.



## Social Support

Social support as a "transactional communication process" including verbal and nonverbal communication for enhance a person's thoughts of ability, aptitude, belonging and appreciation, social support as verbal and nonverbal communication amongst receivers and suppliers who lessen the uncertainty about the circumstance, the self, the others or the relationship and enhance the impression of individual control in life encounter, social support has been appeared to be important for a variety of communication behaviors and dimensions of well-being (Burlison, & Goldsmith, 1998).

Increased social support is not just connected with higher confidence, however has also been demonstrated to secure against mental health problems, for example, anxiety and depression (Sarason & Gurung, 2001). Social relationships significantly affect psychological wellbeing and behavior. Social coordination, person to person communication and social support are definitely connected to wellbeing divisions of social connections (Berkman & Glass, 2000). Social coordination was used to refer to the existence of social ties. Social network refers to the network of social relationships around individuals. Social support is one of the important functions of social relationships. Social networks are connections between people who may provide social support and serve functions other than support (Glanz et al., 2008).

**Types/settings of social support.** The idea of social support, which can positively affect people psychological health, has pulled in analysts' consideration since the mid-1970s (Zimet et al., 1988). Social support can be characterized as the assets made manageable to others by others (Cohen & Syme, 1985). Social support can defines be characterized as the help given to people that make the social network. Thus, social support social support creates the functional dimension of the social network (Martínez et al., 2016). Social support can for the most part be categories into different sorts as emotional, instrumental, informative, and evaluative support, families, friends and other special people make the most essential social support sources for individuals (You & Lu., 2014).

Two social support models have been projected in the past researches. One of them is the buffer model. As indicated by this model, social support has a capacity that shields people from the impacts of stressful life events. The second is the basic

effect model as indicated by this model, social support regardless has a positive and positive effect on those influenced, whether they are distressing or not (Cohen & Syme, 1985). Past research has discovered that social help decreases gloom (Brausch & Decker, 2014), stress (Civitci, 2015), suicide attempt, shyness, loneliness, and self-assurance quality of life (Cohen, 2013), social abilities mindfulness, and scholarly achievement (Traş & Arslan, 2013).

Social support is an aspect that should be reviewed since it is described as both a buffer against life stressors as well as an agent promoting health and wellness (Dollete et al., 2004). Research has shown that social support plays an important role in managing psychological problems. Lack of social support has been found to be one of the factors that lead to many psychological problems among students. Social support has been appeared to be essential for a variety of communication practices and dimensions of psychological health (Burlison & MacGeorge, 2002). Increased social support is not just connected with higher self-esteem, but has also been proven to protect against mental health problems such as anxiety and depression (Sarason & Gurung, 2001). Starting from the areas of communication and mental health, researchers have sought to explore the motivation of individuals to provide emotional support, to accept and to evaluate, and to predict outcomes for the social reality of an individual.

Although social support is widely regarded as an important component of social reality, there is a gap in the literature in the role of feature factors in predicting supportive communication behavior. Social influence models - such as Thoits social support model (1986) as a process of social gestures emphasize the role of social factors in supportive behavior. Based on the constructivist tradition, many models of social support intervention are based on the assumption that social support is merely a reflection of social factors (Lakey, Lutz, & Scoboria., 2005) and not a reflection of internal factors such as traits or predispositions.

Social support refers to the experience that is valued, respected, cared for and loved by others who are present in one's life (Gurung, 2006). It can come from a variety of sources, such as family, friends, teachers, community, or other social groups you belong to. Social support can be provided in the form of existing help from others, when needed, including assessment of different situations, effective

coping strategies and emotional support. Social support is an element that can help individuals reduce stress and help individuals cope better with stressful situations.

Several studies have shown that supportive contacts correlate negatively with symptoms and mental disorders such as stress, depression, and other psychiatric disorders, and positively correlate with physical and mental health. For example, a study by Nahid and Sarkis (1994) found that social support protects people in life crises such as bereavement, illness and other severe stress, and eases the impact of stressors on mental well-being. It has long been recognized that the characteristics and quality of social support are central to individual adaptation.

The quality of perceived and received social support has been reported in several studies to correlate more positively with psychological health than the amount of support received (Nahid & Sarkis, 1994; Holahan et al., 1995). To understand the role of perceived and sustained social support in mental health care, we need to examine the research on the stress-buffering effect that focuses on both types of social support. The study of the mechanisms underlying the stress-buffering effect of social support has focused on how social support influences stress-related assessments and coping (Lakey & Cohen, 2000).

Social support has also been recognized to have significant impact on the achievement of the students. However, family and friends are the individuals first source of reference, supports from these two sources have been found to give a significant influence on academic achievement (Steinberg & Darling, 1994). The support received by the students could help to decrease their psychological problems since they feel that someone is there to help them, thus helping them to perform well in academic life. By having knowledge on how social support could help students to excel in study and cope with any psychological disturbances, much information could be derived to enhance the amount of support provided. Having better understanding and knowledge about social support in relation to psychological condition of the students, it could help us to design and organize proper development program to help them. Since social support is very much important to students, this study will also help family, especially parents, understand their roles in helping their children so that they can help the students to decrease their psychological problems (Steinberg & Darling, 1994).

**Types of social support.** While there are many different ways that people can support each other, much has been researched into the implications of four types of social support:

*Emotional support.* This type of support often includes physical comfort such as hugs or pats on the back as well as listening and empathy. With emotional support, a friend or spouse can hug you very much and listen to your problems and let you know they felt the same way (Brock & Lawrence, 2009).

*Esteem support.* This type of social support manifests itself in the expressions of trust or encouragement. Someone who offers appreciation might point out the strengths that you have forgotten, or just let you know they believe in you. Life coaches and many therapists offer this kind of support to let their customers know that they believe in them. This often causes clients to believe more in themselves (Brock & Lawrence, 2009).

*Informational support.* Those who provide information support do so in the form of advice or in collecting and sharing information (Brock & Lawrence, 2009).

*Tangible support.* Tangible support involves assuming responsibilities for someone else so that they can deal with a problem or otherwise take an active stance to help someone solve a problem they are experiencing. Someone who provides you with concrete support can bring you dinner when you are ill, help you develop solutions (rather than telling you what to do, as with informative support) or otherwise actively deal with the problem (Brock & Lawrence, 2009).

In a study at University of Utah study showed the effects of three of these different types of social support among married couples and found that emotional, tangible and informational support all helped lower blood pressure when individuals were exposed to short-term stressors (Bowen et al., 2014).

Another study, which analyzed 148 smaller studies, showed a definite finding that social support is strongly linked to health and well-being. In researching the link between social support and mortality, research found a surprisingly 50% increased likelihood of survival for participants with stronger relationships. This finding remained consistent across age, sex, initial health status, cause of death, and follow-up period (Koball et al., 2010).

Research has documented many physiological and psychological benefits of social support, including improved immune, cardiovascular and neuroendocrine function; positive adaptation to chronic disease; decreased depression and anxiety;

and effective buffering against the adverse effects of stress (Holt-Lunstad, Smith, & Layton, 2010).

Social support models differ in the different disciplines in the way they emphasize social factors or traits. Lakey et al. (2005) have attempted to highlight the degree to which traits and social factors work together to influence perceived social support. Although Burleson has primarily contributed to the communiological tradition, Burleson has also suggested that social support behavior is influenced by factors such as gender Burleson et al. (2011) and cultural differences (Mortenson, Burleson, Feng, & Liu, 2009). Some social support models suggest that behaviors are also mediated by internal factors such as mental state and perception of availability and accessibility of support, as Rossetto, Lannutti, and Smith (2014) pointed out that self-efficacy and emotional challenges are important predictors of readiness an individual's emotional support.

On basis of gender difference another study purpose to examine the relationship between perception of social support and perceived stress among university students in Jordan. The results showed that university students have moderate perception of social support and stress. Female university students had higher perception of stress and social support than male university students. Perceived stress had a negative correlation with perceived social support from family. The perceived social support from family was a better predictor of perceived life event as stressful situations than perceived social support from friends. (Hamdan-Mansour & Dawani, 2008).

In another study relationship between daily hassles, social supports and mental health. In this regard, among the Islamic Azad University (IAU) students, 262 students have been selected randomly as sample group. In analysis data, Pearson correlation coefficient, multiple regressions has been used. Results showed that between daily hassles and mental health of university students was significant relation, also between social supports and mental health. Generally, between daily hassles, social supports and mental health of university students was significant relation (Tajalli & Ganbaripناه, 2010).

## Psychological Distress

Psychological Distress is often used as a sign of public mental health in public health, population surveys epidemiological studies and as a result in clinical trials and intervention studies. Still, the concept of mental stress is still vague for some. In fact, a closer look at the scientific literature shows that the term mental stress is often applied to the undifferentiated combinations of symptoms ranging from depression and generalized anxiety symptoms to personality traits, functional disabilities, and behavioral problems. Mental illness is a leading cause of disability worldwide, accounting for one-third of the years lost due to disability (Begg et al., 2007; World Health Organization, 2008). There has been increasing concern internationally about the mental health of university students and the impact unrecognized and untreated mental illness can have on individual students, the institution, and sometimes other students (Shuchman, 2007).

Psychological distress is broadly characterized as a condition of emotional trouble described by manifestations of depression (e.g., lost interest, sadness, helplessness) and anxiety (e.g., restlessness, feeling of tension) (Mirowsky & Ross 2002). These signs might be related with somatic symptoms (e.g., sleep deprivation, headache, and absence of energy) that are probably going to change between cultures (Kirmayer 1989, Kleinman, 1991).

Additional criteria were utilized as a part of the meaning of psychological distress, however these criteria don't consensus. In particular, the tenants of the stress-distress model postulate that the defining characteristics of mental stress are exposure to a stressful event that threatens physical or mental health, the inability to deal effectively with this stressor, and the resulting emotional turbulence (Horwitz 2007, Ridner 2004). Rinder (2004) argues that the psychological burden disappears when the stressor disappears or when a person copes effectively with this stressor.

Psychological distress is viewed as an emotional disorder that can influence people's social functioning and daily life (Wheaton, 2007). Accordingly, it has been examined in various studies to recognize the related risks and protective elements. On the other hand, distress is a diagnostic criterion for some psychiatric disorders (e.g., obsessive-compulsive disorder, post-traumatic stress disorder) and, together with an impairment of daily life, a marker of the severity of symptoms in other disorders severe depression generalized anxiety disorder (Phillips 2009, Watson 2009).



Psychological distress is a generic term for unpleasant feelings or emotions that affect the level of functioning. In other words, it is psychological discomfort that affects activities of daily life. Psychological Distress can lead to negative views about the environment, others and the self. Sadness, anxiety, distraction, and symptoms of a mental illness are manifestations of mental stress (Bhimwal, 2007). Psychological Distress is a subjective experience. That is, the severity of the mental stress depends on the situation and how we perceive it. We can think of mental stress as a continuum of mental health and mental illness at opposite ends. One travels back and forth on the continuum at different times in life.

The temporary nature of the psychological stress has been denied by Wheaton and his colleagues Wheaton (2007), who have studied the stability of adult mental stress based on seven longitudinal studies from 1 to 10 years. They found that the psychological burden was moderately stable and argued that this finding contradicts the claim that stress is a transient phenomenon. However, they could not explain the role of personality in this relative stability of mental stress over time. In fact, neuroticism has been shown to be associated with mental stress, and some argue that it may be partially responsible for chronic distress (Jorm, & Duncan-Jones 1990).

Psychological Distress is usually described as non-specific psychological problems (Dohrenwend & Dohrenwend 1982). However, according to Wheaton (2007) this lack of specificity should be taken into account, as psychological distress is clearly marked by depression, anxiety, and stress symptoms. The current study focuses on psychological distress associated with depression, anxiety and stress.

**Depression.** Diagnostic and Statistical Manual-5 (American Psychological Association, 2013) define how the symptoms of depression are technically termed as major depressive disorder as overwhelming feelings of grief, isolation and despair, which last 2 weeks. Depression is not just an occasional feeling of being sad or lonely, as most people experience from time to time. Instead, a person feels as if he has sunk into a deep, dark hole with no way out and no hope that things could ever change (Pinette, 2003).

Barbara and Pat (2008) found that today's teens are richer, educated, and healthier than ever and yet there seems to be an overwhelming increase in serious emotional issues in this population. The immense pressure and responsibility of juggling, extra-curricular activities, homework, social life and other domestic events

such as divorce, abuse or neglect can only increase the likelihood of emotional distress (Kantrowitz & Wingert, 2008).

A study reports that depression is a common problem that impacts an individual's ability to perform daily life activities, including those required by the workplace, academic performance etc. The sample was drawn from a subset of students at a university. The finding of a significant relationship between depression and academic performance was strong to the variety of analyses employed within this study (Hysenbegasi, Hass, & Rowland, 2005).

**Anxiety.** It is an emotion that indicates the presence of a danger that cannot be identified or, if identified, does not significantly justify the strength of emotions. Here the true source of condition is unknown (Goodwin, 2004) is not the same as fear, which is a reaction to a real or perceived immediate danger, while anxiety is the assumption of a future risk (APA, 2013).

Abnormal, and irresistible sense of dread and fear often marked by physical signs such as tension, sweating, and increased pulse rate (Sung, & Lee, 2010). Anxiety so often with depression that the two are considered twin faces of a disorder. Like depression, it affects twice as many women as men. In general, anxiety arises, first during childhood. There is evidence that both biology and the environment can contribute to this disorder. Some people may have a genetic predisposition to fear; however, this does not make the development of the condition inevitable.

Early upsetting experiences can also reset the body's normal system of anxiety processing so that it reacts hyper-reactively to stress. The exaggerated worries and expectations of negative consequences in unknown situations that are typical of anxiety are often accompanied by physical symptoms. These include muscle tension, headaches, stomach cramps and frequent urination (Goodwin, 2004).

University students are very much afraid of everything in the learning process, like anxiety related to subjects, new roommates, identity crises, culture shocks, and relationship issues increasing anxiety. Anxiety is increasing among the students (Leta, 2001). But feeling anxious could disturb the performance of the students. Persons in high anxiety states have experience symptom during study life years. Researchers found that many barriers to anxiety while studying processes such as anxiety, mathematical anxiety, language anxiety, social anxiety, family anxiety and library anxiety. Fear during study is an important predictor of academic performance



and various studies have shown that it has a deleterious effect. Researchers have examined the correlation between anxiety sources and the impact of students' academic achievement to find that student's high anxiety level achieves low academic achievement.

**Stress.** It is the negative response of the body to huge pressure or any other force imposed on an individual. Gyllensten and Palmer (2005) anticipated a cognitive definition of stress that emphasizes an individual's understanding of an event: Stress is a negative mood that arises when the pressure on an individual is more than he or she can tolerate. Stress is the reaction of the body to certain situations. It's subjective, so something that's stressful for one may not be stressful for someone else. According to Lovibond and Lovibond (1995), stress could be combined into a continuous state associated with over-excitement, which usually reflects the persistence of problems in achieving a challenging.

Interpersonal theories attribute psychological difficulties to dysfunctional patterns of interaction (Carson et al., 1996). They emphasize that we are social beings and much of what we are is a product of our relationships with others. Psychological distress is described as the maladaptive behavior observed in relationships caused by unsatisfactory past or present relationships.

According to the cognitive model, negatively distorted cognition is a central process in mental emergencies (Barlow, & Durand, 1999). This process is reflected when distressed people typically have a negative view of themselves, their environment, and the future (Weinrach, 1988). They feel worthless, insufficient, unlovable, and deficient. According to cognitive theorists, people's excessive affect and dysfunctional behavior are inadequate ways of interpreting their experiences. The essence of the model is that emotional difficulties begin when the way we see events goes beyond the available evidence. This way of seeing things tends to negatively affect feelings and behavior in a vicious circle.

Event is stressful, depending on two types of factors: Those relating to the person, and those who relating to the particular situation. Personal factors that includes the intellectual, motivational, and personality trait. People who have high self-esteem will probably believe that they have the resources to meet demands. Stressful events are seen as challenges rather than threats (Viner, 1999).

Other sources of stress can be any event or event that considers a person as a threat to their coping strategies or resources. Researchers generally agree that some level of stress is a normal part of a living organism's response to the predictable changes in its physical or social environment, and that both positive and negative events create stress. However, stress-related illnesses result from excessive and persistent demands on the coping reserves of an organism.

### **Relationship between Assertiveness, Social Support, and Psychological Distress**

It is important to develop and encourage the self-assertion of adolescents and adults, as they experience many stress factors such as self-employment, peer group involvement, and other developmental pressures that make them risk factors that affect their health (Seyed fatemi, Choshnavay, Behbahani, & Hosseyni, 2008). It is noted that assertiveness is linked to other variables associated with adolescence, such as self-esteem, anxiety, self-confidence, and school anxiety. Lack of assertiveness also leads to high academic anxiety and poor academic performance (Schwartz, 2000).

One study tested relationship between psychological stress, generalized self-efficacy, and student empowerment, and the findings suggest that counselors can help reduce clients' mental stress by increasing their overall self-efficacy and assertiveness (Lightsey & Barnes, 2007).

One study examined the relationships of assertiveness, depression, and social support. There was a significant correlation between assertiveness and depression, but the correlations between social support and depression and between social support and assertiveness were small and not significant. The results of the study suggest that increasing assertiveness and strengthening health status may be more effective than targeting social support alone (Segal, 2005).

Social support proved to be one of the most important protection factors for students (Tao et al., 2000). This is because social support involves social resources that are available or actually available by individuals who can help protect against mental health problems. According to Teoh and Rose (2001), a lower level of social support is one of the predictors of psychological problems. It is associated with a

higher level of depression, anxiety, attention problems, thinking problems, social problems, somatic complaints and lower self-esteem.

These ideas are supported by the study by Friedlander et al. (2007) over 128 first-year students. It turned out that students who increased their social resources were less psychologically stressed. This shows that the impact of a stressful situation, for example, can be reduced if the students have good social support. Counseling and encouragement through support sources can also increase the likelihood that a person will need active problem solving and information search. These can help students deal with various stress factors in the environment and facilitate a positive adaptation process.

In another study was conducted to examine the relationship between social support and psychological problems. 120 undergraduate students, both males and females were selected as participants in this study. The variables tested were gender, age, and level of study for demographic characteristics, while social supports and psychological problems were tested for psychological construct. It was hypothesized that social support will negatively correlate with depression, social support will negatively correlate with anxiety, and social support will negatively correlate with stress. Correlation coefficients were conducted to test these hypothesis and the analyses yielded anticipated results. As predicted, the results indicated a significant negative relationship between social support and depression, social support and anxiety, and social support and stress (Yasin & Dzulkifli, 2010).

A study was conducted to examine the relationship between social support and psychological issues and their impact on school performance. The results of this study showed that there was a significant negative correlation between social support and psychological problems, suggesting that the higher the social support, the lower the psychological problem (Dzulkifli & Yasin, 2009).

Kogan et al. (1995) found that those who are less assertive and have less social support are at an increased risk for depression. Study also shows that a moderate negative relationship between social support and stress is confirmed. Also, study predicts that the significant negative correlation between assertiveness and stress (low assertiveness and high stress) and positive correlation between

assertiveness and social support (high assertiveness and high social support (Hersen et al., 1995).

According to a research, variables of assertiveness and social support perceived by family, friends, and special people have significantly predicted mental well-being (Ates, 2016). Men are more confident than women. Low education does not make a person assertive and depressed. Married people are more self-confident than unmarried people (Mueen, Khurshid, & Hassan, 2006). Assertiveness and anxiety have negative correlations among university students and affect the mental health and educational and professional performance of students (Larijani, Aghajani & Baheirae, 2010). Research results show that self-confident training reduces anxiety and stress among students (Eslami et al., 2016).

Training-based studies also provide positive results. In Turkey (Sert, 2003), fifth year students were offered assertive training to examine their impact on self-esteem and mental health. The results show a striking difference in the assessments of assertiveness within the groups. The classroom observation conducted by the teachers showed that the training had a positive effect on the mental health and well-being of the children. It has also been found that assertiveness is negatively correlated with depression, social anxiety. In the literature, lack of assertiveness has been shown to cause interpersonal anxiety (Paterson, Green, & Ross, 2002).

Although research has found that socially supportive relationships on important factors for psychological adjustment under stress, social support research has not investigated the interaction between interpersonal variables and social support. In particular, personal assertiveness is an interpersonal variable that could theoretically improve the positive aspects of social support. Data collected from two independent random samples of college students in an urban setting showed that personal assertive power significantly increases certain types of social relationships to predict negative relationship between psychological healths (Elliott & Gramling, 1990).

A study examines the effect of assertiveness on the psychological well-being of adolescents (students), and also the role of fear of negative evaluation and loneliness. Research shows that positive relationship of assertiveness and mental well-being and negative relationship with fear of negative evaluation (Aftab, 2016).

Much work available in Pakistan on social support (Gulshan, 2014; Habiba, 2016; Khan, 2014; Mushtaq, 2014; Namrooz, 2017; Rashid, 2017; Saleem, 2016), and psychological distress includes (Aftab, 2016; Gilani, 2016; Irshad, 2017; Khalid, 2015; Nadeem, 2015; Zafar, 2016). However, not much researches found in context with assertiveness (see Aftab, 2016).

### **Rationale of the Study**

The present study is an attempt to examine the role of assertiveness and to convey the role of social support in psychological distress among university students. Adult development in biological and psychological areas of human life from the end of youth to the end of life. These changes may be gradual or rapid and may reflect positive, negative or no change from previous levels of functioning (Hayflick, 1998). For all these changes students need better social skills for better mental health.

Assertiveness is a variable that is considered to be an important social skill for successful self-expression and negatively associated with stress and anxiety (Sarkova et al., 2013). Assertiveness is considered an important factor in healthy personality development. It is important for students to learn how to confidently deal with conflicts that occur in daily life. Assertiveness is one of the most important social skills that are part of the behavioral and interpersonal skills. Previous research as given in introduction has shown that assertive people have more friends, more social support and less mental health problems than less self-confident people. According to Gumusgul (2014), assertive communication helps to reduce those barriers that can affect a person's personal growth and psychological health.

Very less researches is available in Pakistan to see role of assertiveness in psychological distress in context of social support. The present study aims to fill the research gap in the literature by analyzing the relationship in a cultural context. Another important aspect of the study is that this relationship should be explored in the context of the adult population and that the mediating role of adult social support should also be explored. Therefore, the study identifies the factors that can cause psychological distress against the potential social pressure at this stage.

Evidence suggests that university students are vulnerable to mental health problems. Few studies as mentioned in introduction suggest that high rates of psychological morbidity among university students worldwide, especially, depression and anxiety. Psychiatric morbidity among university students is a neglected public

health problem and has a major impact on campus health services and governance. University environment demands all aspects of well-being; physical, social, emotional, and spiritual well-being. Those who are physically, mentally, and psychologically stable are expected to do well either cognitively or non-cognitively (Dyrbye et al., 2005).

Self-confidence in students fosters academic achievement, self-efficacy, and good mental health by enhancing coping with daily tasks better. Another objective of this study is to examine the mediating role of social support between assertiveness and mental stress. Social support is also an important part of student life. Interpersonal skills such as assertiveness can play an important role in social exchanges. People who are confident are believed to communicate their thoughts and feelings in a way that respects the rights of others. Assertive individuals develop trust and satisfaction in their ability to communicate with others (Masters et al., 2007). Thus research purpose is to identify the university student's stressors and help them to learn social skills and overcome their psychological distress through assertive behavior.

## **METHOD**

## Method

### Objectives

The main objectives of the present study were to

1. Study the relationship between assertiveness, and social support, in psychological distress among university students.
2. Study the predictive role of assertiveness and social support in psychological distress among university students.
3. Explore mediating role of social support for assertiveness in predicting psychological distress among university Students.
4. To study the role of demographic variables such as (age, gender, education system, family system, etc) in assertiveness, social support, and psychological distress among university students.

### Hypotheses

Following hypotheses are formulated on the basis of literature:

1. Assertiveness positively predicts social support among university students.
2. Assertiveness negatively predicts psychological distress among university students.
3. Social support negatively predicts psychological distress among university students.
4. Social supports enhance the role of assertiveness in regarding psychological distress among university.
5. Boys are more assertive as compare to girls.



## Conceptual and Operational Definitions

**Assertiveness.** Wolpe and Lazarus (1996) define assertiveness as “the effective communication of personal thoughts and feeling in interpersonal encounter in a way that respect and regards the thoughts and feelings of others.” In the present study it was measured by using a rating scale. High score on the scale indicated high assertiveness and low score indicated low assertiveness.

**Social support.** It is the extent to which an individual perceives social support from three sources including significant others, family and, friends (Zimet et al., 1988). In the present study, it was measured by using a rating scale. High score on the scale indicated high social support from family, friends, and academic setting.

**Psychological distress.** According to Lovibond and Lovibond (1995), psychological distress (or mental distress) is a non-specific term used to describe an overall negative emotional state. In the present study, it was measured by using a rating scale. Low score on the scale indicated low level of psychological distress. Following are components of psychological distress

**Depression.** Depression as described by Pinette (2003) is caused by a combination of factors such as hormones, sleep habits, heredity, and chemical imbalances within the brain. Those who are depressed may lose interest in activities they usually enjoy, changes in sleep cycles, appetite, and feelings of worthlessness (Pinette, 2003).

**Stress.** According to Lovibond and Lovibond (1995) argued that stress is a chronic non-specific arousal. It is difficulty relaxing, nervous arousal, and being easily upset, irritable and impatient.

**Anxiety.** Anxiety is an emotion that signify the presence of a danger that cannot be identified or, if identified is not significantly threatening to justify the intensity of emotions, danger, while anxiety is the assumption of future risk (American Psychiatric association, 2013).

## Sample

A convenient sample of the present study comprised of ( $N = 300$ ) university students including both men and women of Islamabad and Rawalpindi universities. Age range of respondents varied from 18-34 years. Education level of students included B.S, MSc, and M.Phil. The sample was selected from Quaid-i-Azam University, COMSATS University Islamabad, and NUST University. The sample comprised of 350 students, thirty students among of them did not returned the questionnaires however, and some of the data was discarded due to psychometric issues. Demographic variables include were age, gender, education of respondent, respondent's parents education and occupation, family system, at least one semester has passed, unmarried only with intact family.

Table 1

*Frequencies and Percentages along Demographic Variables (N =300)*

Demographics	f(%)	Demographics	f(%)
<b>Gender</b>		<b>Father's occupation</b>	
Male	150(50%)	Armed forces	12(4%)
Female	150(50%)	Government employ	179(59%)
		Private job	48(16%)
		Personal business	60(20%)
<b>Participant's education</b>		<b>Monthly income</b>	
BS	185(61%)	10,000 to 20,000	1(3%)
MSc	90(30%)	20,000 to 60,000	144(48%)
MPhil	22(7%)	60,000 to lac above	155(51%)
<b>Father's education</b>		<b>Family system</b>	
Under graduate	105(35%)	Nuclear	202(67%)
Graduate	67(22%)	Joint	97(32%)
Post graduate	128(42%)		
<b>Mother's education</b>			
Under graduate	204(68%)		
Graduate	57(19%)		
Post graduate	39(13%)		

## Instruments

**The College Self-expression Scale: Measure of Assertiveness.** It was developed by Galassi et al. (1974) having positive Assertion, Negative assertion and Self-denial. It is a 50-item and self-report measure. It was originally developed in English and also translated in Urdu (Aftab, 2016). Items measure the level of assertiveness in different interpersonal situations. It is a 4-point Likert scale ranging from 0 (*almost always*) to 4 (*never or rarely*). There are 21 positively phrased items and 29 negatively phrased items which are following 3, 6, 8, 9, 11, 13, 15, 16, 19, 20, 21, 22, 23, 25, 26, 27, 29, 30, 31, 35, 36, 40, 41, 42, 43, 45, 46, 48, 49, 50 in the scale. The alpha reliability of the measure is .90 (Galassi et al., 1974). In present study used translated version of scale which translated by (Aftab, 2016) after getting permission from the author (see Appendix A 3).

**Perceived Social Support Scale.** Social support was measured by Perceived Social Support Scale (PSS-16). The original scale has three subscales that measure social support from Friends, Family, and University based support. It consists 16 items, 6 each for Friends, and Family subscales and 4 for the University subscale with Cronbach's reliability as .75, .69, and .70, respectively. For each item respondent were asked to answer yes, no, and don't know. A score of 0 was given to *no responses*, 1 for *don't know*, and 2 for *yes* (see Appendix B 3).

**Depression Anxiety Stress Scale.** This test was developed by Lovibond, Sydney, Lovibond, Peter. (1995). DASS is originally available in English and also translated in Urdu (Aslam, 2007). In this study we use short version of the scale DASS 21. The Depression scale items are 3, 5, 10, 13, 16, 17 and 21, the Anxiety scale items are 2, 4, 7, 9, 15, 19, and 20, and the Stress scale items are 1, 6, 8, 11, 12, 14, and 18. 4 point Likert type rating scale which responses categories of *did not apply to me at all to most of the time* and reliability of the scale is .96 (Lovibond, 1995) (see Appendix C 3).

**Demographic sheet.** To obtain data various demographic characteristics; a comprehensive demographic sheet was devised. Demographic sheet provides comprehensive information required about age, gender, education of respondents, participant's parents education, and occupation, family system, number of friends, and family monthly income among university students.

## **Procedure**

After getting permission from the respective institutions the students were approached for the data collection. Both male and female students were approached individually and, were asked to fill the questionnaires. An informed consent form was used which carried detailed information about the voluntary nature of participation, right to quit at any time, anonymity. Participants were instructed to read carefully and fill out the scales honestly. It was also assured to participants that information provided by them would be used only for research. Before distributing the questionnaires the students were informed about the purpose of the research. The consent of willing and participation in the research was also taken on the informed consent form attached with the protocol. The participants were asked to give honest responses and to fill whole questionnaire. It was assured that the information given will be kept confidential and will only be used for research purpose. It took 35 minutes to complete the questionnaire. The participants and administration authority were thanked for their support.

## RESULTS

## RESULTS

In order to achieve the objectives of the present study, appropriate statistical analyses were used to analyze the data through SPSS version 22. Descriptive statistics were computed for all the measures in the study in order to examine the overall trend in data and normality. The internal consistency of the scales was determined with the help of Cronbach's alpha reliability coefficient. Pearson Product Moment Correlation was used to determine the relationships between variables of the study and also their relationship with certain demographic variables. Independent sample *t*-test was computed to ascertain group differences along demographic variables. Step-wise regression was computed to investigate the strongest predictor among variables for psychological distress. Mediation analysis using regression analysis was also performed in order to study the mediating effect of social support for assertiveness in predicting psychological distress by using Process Macro. The results are presented in tabulated form.

### Reliabilities and Descriptive Statistics

Alpha reliability coefficients and descriptive statistics ( $N = 300$ ) of the College Self-expression Scale: Measure of Assertiveness, Social Support Scale and, Depression Anxiety, Stress Scale was computed. Transformed scores were also computed in order to interpret and compare the mean and standard deviation. It is obtained through dividing sum of scales and subscales by their respective number of items.

Next Table 2 shows the internal consistency of all measures is in the acceptable range for all scales and subscale expect, University based Social Support sub scales which is acceptable but comparatively low, but for total Social Support scale reliability is .75. The values for skewness (asymmetry) and kurtosis lie between -2 and +2 that are considered acceptable (George & Mallery, 2010), in order to prove normal univariate distribution of the data. As far as the skewness of the data is concerned all of the values lie within the range, representing that the data is normally distributed. However, the values of kurtosis are positive which showed pointy

distribution of data. The mean score indicates that the participants comparatively score high on friends support scale. This indicates that the participants perceive more social support from friends as compare to family and university. Mean along DASS subscales, anxiety is also high as compare to depression, and stress.

Table 2

*Descriptive Statistics and Cronbach Alpha of College Self-expression Scale of Assertiveness, Social Support Scale, Depression Anxiety and Stress Scale (N = 300)*

Variables	k	$\alpha$	Raw data	Transform	Range		Skew	Kurt
			$M(SD)$	$M(SD)$	Actual	Potential		
TCSSMA	50	.81	113.5(19.3)	2.27(.38)	1.30-3.50	1-5	.24	-.15
PSSS	16	.75	36.4(6.15)	2.27(.38)	1.31-4.81	1-3	.83	.43
FR	6	.63	14.2(3.64)	2.37(.62)	1.00-3.20	1-3	.20	2.0
FA	6	.64	11.5(2.29)	1.93(.38)	.83-2.52	1-3	-.43	-.51
UN	4	.52	8.07(1.89)	2.01(.47)	1.00-3.00	1-3	.15	-.50
DASS	21	.89	20.0(10.4)	.95(.49)	.00-2.57	0-4	.51	-.15
DE	7	.70	6.44(3.42)	.92(.48)	.00-3.00	0-4	.78	1.2
AN	7	.73	7.74(4.00)	1.10(.57)	.00-2.86	0-4	.46	.28
ST	7	.80	5.89(4.41)	.84(.63)	.00-2.71	0-4	.72	-.24

*Note.* k = no of items; TCSSMA = The College Self-expression Scale of Assertiveness; PSSS = Perceived Social Support Scale; FR = Friends Support; FA = Family Support; UN = University Support; DASS = Depression Anxiety, and Stress Scale; DE = Depression; AN = Anxiety; ST = Stress.

### Correlation between Study Variables

To study the relationship between assertiveness, social support and psychological distress and their domain, Pearson Product Moment Correlation was computed.

Table 3

*Correlation between Assertiveness, Social Support, Psychological Distress, and Subscales (N=300)*

Variables	1	2	3	4	5	6	7	8	9
1. ASS	-	.23**	.20**	.17**	.11*	-.36**	-.37**	-.26**	-.33**
2. PSS		-	.80**	.75**	.58**	-.24**	-.26**	-.18**	-.21**
3. FR			-	.32**	.18**	-.18**	-.18**	-.14*	-.16**
4. FA				-	.40**	-.26**	-.26**	-.20**	-.23**
5. UN					-	-.09	-.17**	-.05	-.05
6. DASS						-	.85**	.88**	.89**
7. DE							-	.66**	.68**
8. AN								-	.68**
9. ST									-

*Note.* Grey highlight shows inter-subscale and subscale to total correlations. ASS = Assertiveness; PSS = Perceived Social Support; FR = Friends Support; FA = Family Support; UN = University Support; PS = Psychological Distress; DE = Depression; AN = Anxiety; ST = Stress.

\*\* $p < .01$ . \* $p < .05$ .

Table 3 shows that assertiveness is significantly positively correlated with social support which means that with the increase in assertiveness the social support of individual also increases along all domains including friends, family, and university support. Inter-subscale correlation of Social Support scale is significant which indicate the construct validity of that scales actually measure what it is supposed to be measure. Assertiveness is significantly negatively correlated with psychological distress along all domains including depression, anxiety and stress or which indicates that as assertiveness increases psychological distress decreases. Social support is significantly negatively correlated with psychological distress which indicates that as social support increases psychological distress decreases however non-significant correlation is observed for university based support. It has significant and correlated only with anxiety as study sample is university student results shows as university support increases psychological distress decreases. Inter subscales



correlation of Depression Anxiety Stress scale is also significant which reflects construct validity of measure that is scale measures what they supposed to be measure.

### Correlation of Demographic Variables with the Study Variables

To investigate the relationship of study variables with certain demographic variables including age, monthly income, and no of friends Pearson Product Moment Correlation is computed.

Table 4

*Correlation of Demographic Variables with Assertiveness, Social Support, and Psychological Distress (N =300)*

Variables	Age	Monthly income	Number of Friends
Assertiveness	-.01	-.06	<b>.12*</b>
Social support	.10	-.09	.09
Friends	.10	-.04	.01
Family	.02	<b>.11*</b>	.08
University	<b>.11*</b>	-.04	<b>.13*</b>
Psychological Distress	-.03	.06	-.08
Depression	-.01	.09	-.09
Anxiety	-.03	.02	-.04
Stress	-.02	.04	-.07

\*\* $p < .01$ . \* $p < .05$ .

Table 4 shows that age of the participants is significantly correlated with the social support domain related to university that means perceived more university based with increases in age. Number of friends is significantly positively correlated with assertiveness which indicates that with number of friends increase, with increase assertive. Monthly income is significantly positively correlated with social support

domain related to family. It means that as the family monthly income increases social support from family also increases.

### Gender Difference across Study Variables

To compare scores of male participants ( $n = 150$ ) and female participants ( $N = 150$ ) on assertiveness, social support, and psychological distress, Independent sample  $t$ -test was computed.

Table 5

*Gender Difference on Assertiveness, Social Support, and Psychological Distress (N = 300)*

Variables	Male	Female	95% CI				
	( $n=150$ )	( $n=150$ )					
	<i>M (SD)</i>	<i>M (SD)</i>	<i>t(df)</i>	<i>p</i>	<i>UL</i>	<i>LL</i>	Cohan's <i>d</i>
Assertiveness	112.0(19.1)	114.2(19.5)	.68	.57	2.94	-5.83	0.11
Social support	36.2(5.44)	36.6(6.80)	.59	.63	.98	-1.82	0.06
Friends	13.9(2.71)	14.4(4.37)	1.20	.25	.31	-1.33	0.14
Family	11.3(2.24)	11.7(2.33)	1.53	.14	.11	-.92	0.17
University	8.36(1.84)	7.78(1.89)	2.65	.00	.99	.14	0.31
Psychological Distress	19.5(10.1)	20.5(10.7)	.83	.36	1.36	-3.38	0.09
Depression	6.34(3.28)	6.54(3.55)	.50	.56	.57	-.97	0.05
Anxiety	7.36(3.86)	8.12(4.12)	1.66	.08	.14	-1.67	0.19
Stress	5.86(4.42)	5.91(4.42)	.09	.89	.95	-1.05	0.01

*Note.* CI = Confidence Interval; *LL* = Lower Limit; *UL* = Upper Limit.

Table 5 shows that there is a non-significant gender difference on assertiveness, social support and psychological distress. However, a significant difference exists on university related support. Results show that boys significantly perceive more university based social support than girls. Hence, hypothesis no., 5 has been accepted and Cohen's effect size value ( $d = 0.31$ ) reflects the mean difference here has moderate effect.

## Predictors of Psychological Distress

In order to explore the strongest predictor among, assertiveness, and social support for psychological distress step wise regression was conducted.

Table 6

*Step Wise Linear Regression Analysis of Assertiveness and Social Support as Predictors for Psychological Distress (N=300)*

	B	B	R <sup>2</sup>	$\Delta R^2$	F	S.E	95% CI	
							LL	UL
<b>Model 1</b>								
Constant	42.6		.13	.13	46.3**	3.35	36.0	49.2
Assertiveness	-.19	-.36				.02	-.25	-.14
<b>Model 2</b>								
Constant	53.1		.17	.17	31.8**	3.97	43.5	59.2
Assertiveness	-.17	-.33				.02	-.23	-.12
Family	-.94	-.20				.24	-1.42	-.46

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

Table 6 shows that total domain variance is 17% depicted in Model 2 in psychological distress is caused by assertiveness and family social support in which 13% of the prediction in psychological distress is contributed by assertiveness.

$\beta$ -values shows significant negative prediction in psychological distress is caused by assertiveness and family social support. Which mean that as assertiveness increase in participants, it decrease in psychological distress, and as family social support increases it reduces psychobiological distress in participants. Domain of social support friends and university support is not appearing as significant predictor and automatically get excluded.



Table 7

*Stepwise Linear Regression of Assertiveness and Social Support as Predictors of Depression, Anxiety, and stress (N=300)*

	<i>B</i>	$\beta$	$R^2$	$\Delta R^2$	<i>F</i>	<i>P</i>	<i>S.E</i>	95% CI	
								<i>LL</i>	<i>UL</i>
<b>Depression</b>									
<b>Model 1</b>									
Constant	14.0		.14	.14	49.7**	.00	1.09	11.9	16.2
Assertiveness	-.06	-.37				.00	.00	-.08	.04
<b>Model 2</b>									
Constant	16.8		.18	.17	33.5**	.00	1.29	14.3	19.4
Assertiveness	-.06	-.34				.00	.00	-.07	.04
Family	-.30	-.20				.00	.07	-.46	.15
<b>Anxiety</b>									
<b>Model 1</b>									
Constant	13.9		.07	.06	22.5**	.00	1.33	11.3	16.6
Assertiveness	-.05	-.26				.00	.01	-.07	.03
<b>Model 2</b>									
Constant	16.6		.09	.09	31.8**	.00	1.59	13.5	19.8
Assertiveness	-.04	-.23				.00	.01	-.07	.02
Family	-.29	-.16				.00	.09	-.48	.09
<b>Stress</b>									
<b>Model 1</b>									
Constant	14.5		.11	.10	37.4**	.00	1.43	11.7	17.3
Assertiveness	-.07					.00			
<b>Model 2</b>									
Constant	17.8		.14	.13	24.9**	.00	1.71	14.4	21.1
Assertiveness	-.06	-.30				.00	.01	-.09	.04
Family	-.35	-.18				.00	.10	-.55	.14

Table 7 shows (Model 1, Model 2) that the outcome depression is dependent variable and assertiveness, social support and its subscales are taken as independent variables. Results shows that total 18% variance depicted in Model 2 in depression is caused by assertiveness and family social support in which 14% of the prediction in depression was done by assertiveness.  $\beta$ -values shows significant negative prediction in depression caused by assertiveness and family social support, it means that if assertiveness increased in participants it decrease in depression. And as family social support increases it reduces depression in participants.

(Model 1, Model 2) shows that the outcome in which anxiety are dependent variable and assertiveness, social support and its subscales are taken as independent variables. Results shows that Overall 9% variance depicted in Model 2 in anxiety is caused by assertiveness and family social support in which 7% of the prediction in anxiety was done by assertiveness.  $\beta$ -values shows significant negative prediction in anxiety caused by assertiveness and family social support. It means that if assertiveness increased in participants it decrease in anxiety. And as family social support increases it reduces anxiety in participants.

(Model 1, Model 2) shows that the outcome in which stress is dependent variable and assertiveness, social support and its subscales are taken as independent variables. Results shows that Overall 14% variance depicted in Model 2 in stress is caused by assertiveness and family social support in which 7% of the prediction in stress was done by assertiveness.  $\beta$ -values shows significant negative prediction in anxiety caused by assertiveness and family social support. It means that if assertiveness increased in participants it decrease in stress. And as family social support increases it reduces stress in participants.

Domains of social support friends and university support are not appear as significant predictor and automatically get excluded.

### **Meditational Analysis**

Mediation analysis was computed on assertiveness, as an independent variable, psychological distress as outcome variable and social support a mediator between them.

Table 8

*Mediating role of social support between assertiveness and psychological distress (N=300)*

Variables	Model 1	Model 2	95% CI	
	<i>B</i>	<i>B</i>	<i>LL</i>	<i>UL</i>
Constant	27.90***	50.60***	42.3	58,8
Assertiveness	-.19***	-.17***	-.46	-.10
Social support		-.28***	-.23	-.11
R <sup>2</sup>	.05	.16		
ΔR <sup>2</sup>		.11		
F	17.62	28.58***		
ΔF		10.96***		

*Z* = 2.55, *p* < .05.

In Table 8 results, Model 1 assertiveness significantly positively predicts social it means participants who are high level of assertiveness perceive more social support. Model 2 explains the mediating role of social support between assertiveness, and psychological distress. According to model 2 social support works as mediator as the predictor role as of assertiveness and psychological distress significantly reduce up to -.17. It shows that participants that reduce their psychological distress significantly with assertiveness get more social support either from friends, family and university. Sobel test values ( $z = -2.44$ ,  $p < .01$ ) is also significant which shows that social support works as mediator between assertiveness and psychological distress.

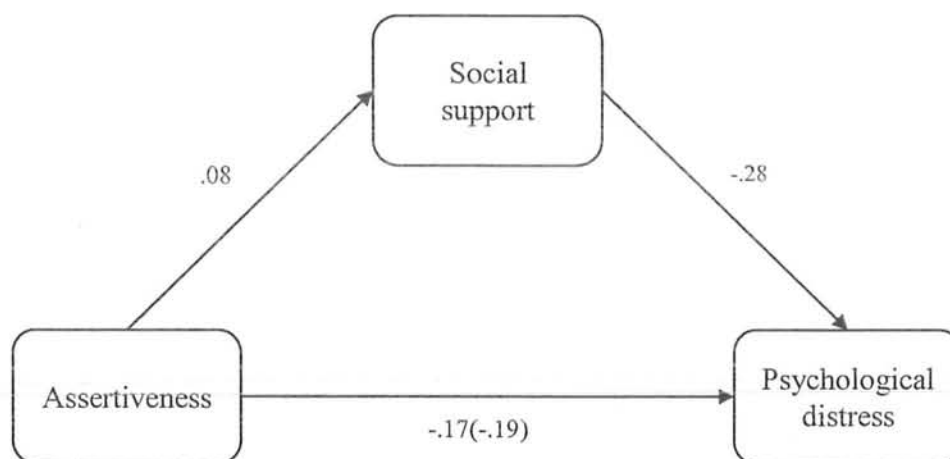


Figure 2. Mediating effect of social support for assertiveness in predicting psychological distress.

### Moderation Analysis

Moderation analysis was carried out in order to observe the moderating effect of gender between assertiveness and psychological distress. Moderation analysis was carried out in order to check the moderating effect of gender between assertiveness and psychological distress. Results show that gender has emerged as a non-significant interaction effect with assertiveness ( $B = .08$ ,  $P > .05$ ) in predicting psychological distress. Results also show that age has a non-significant interaction effect with assertiveness ( $B = .00$ ,  $p > .05$ ) in predicting psychological distress.

### Mean Differences

To compare the mean differences of Participant's education, their parents' education, and parental occupations along assertiveness, social support, and psychological distress, a one-way ANOVA was performed. Only for a significant F-value, a post hoc analysis was done to check the differences between groups for respective variables.

Table 9

*One Way Analysis across Participants Education (N = 300)*

Variables	BS	MSc	MPhil							95% CI	
	(n = 185)	(n = 90)	(n = 22)						LL	UL	
	<i>M(SD)</i>	<i>M(SD)</i>	<i>M(SD)</i>	<i>F</i>	<i>P</i>	<i>i-j</i>	<i>D(i-j)</i>				
Assertiveness	113.5(18.4)	113.6(20.6)	113.1(22.6)	.00	.99						
Social Support	35.7(5.43)	36.9(6.19)	41.0(9.49)	7.91	.00	3 > 1	5.28*	2.00	8.56		
Friends	13.7(2.82)	14.4(2.80)	17.2(8.58)	9.42	.00	3 > 1	3.44*	1.51	5.34		
Family	11.3(2.19)	11.8(2.50)	12.4(2.08)	2.92	.06						
University	8.01(1.75)	8.14(2.05)	8.54(2.30)	.81	.44						
Psychological distress	20.6(10.0)	19.2(11.2)	20.0(10.4)	.54	.58						
Depression	6.68(3.40)	6.12(3.57)	6.22(2.89)	.89	.41						
Anxiety	7.94(3.85)	7.55(4.40)	7.40(3.44)	.39	.67						
Stress	6.02(4.24)	5.58(4.63)	6.36(5.01)	.41	.66						

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



Table 10

*One Way Analysis across difference along Father's and Mother's Education (N=300)*

Variables	U.G (n = 105)	Graduate (n = 67)	P.G (n = 128)	F	P	i-j	D (i-j)	95% CI	
	M(SD)	M(SD)	M(SD)					LL	UL
Father's Education									
Psychological distress	18.8(10.4)	19.0(9.82)	21.6(10.6)	2.57	.07				
Depression	6.22(3.50)	6.04(2.97)	6.83(3.54)	1.51	.22				
Anxiety	7.80 ( 4.18)	6.97( 3.83)	8.09(3.92)	1.76	.17				
Stress	4.80(3.79)	5.98(4.59)	6.72(4.63)	5.62	.00	3 > 1	1.91*	.53	3.29
Mother's Education									
	N = 204	N = 57	N = 39						
Psychological Distress	18.6(9.70)	23.1(11.3)	23.0(11.5)	5.98	.00	2 > 1	4.43*	.72	8.14
Depression	6.16(3.30)	7.03(3.54)	7.07(3.70)	2.23	.10				
Anxiety	7.32(3.85)	8.52(4.16)	8.76(4.28)	3.52	.03				
Stress	5.18(3.95)	7.54(4.94)	7.17(5.03)	8.71	.00	2 > 1	2.36*	.80	3.91

*Note.* U= undergraduate, P.G= Postgraduate

Table 11

One Way Analysis Comparing Groups along Father's Occupation (N=300)

Variables	Government	Private job	Personal	F	i-j	D(i-j)	95% CI	
	Job (n = 191)	(n = 48)	business (n = 60)				LL	UL
	<u>M(SD)</u>	<u>M(SD)</u>	<u>M(SD)</u>					
Assertiveness	115.6(19.2)	107.9(16.7)	110.7(20.1)	3.90	1 > 2	7.72*	.32	15.1
Social support	36.6(5.73)	34.2(5.50)	37.4(7.49)	3.96	1 < 3	2.39*	.02	4.76
Friends	14.3(2.77)	13.1(2.98)	14.7(5.84)	2.56				
Family	11.7(2.36)	10.6(2.25)	11.8(1.94)	4.45	1 < 2	1.03*	.15	1.91
University	8.06(1.89)	7.83(1.75)	8.26(1.83)	.69	2 < 3	-1.14*	2.20	-.08
Psychological	19.0(9.58)	23.7(11.5)	20.3(11.6)	3.94	1 < 2	-4.68*	-8.70	-.65
Distress								
Depression	6.00(3.04)	7.72(3.70)	6.85(4.04)	5.56	1 < 2	-1.72*	-3.04	-.41
Anxiety	7.53(3.71)	8.62(4.31)	7.67(4.60)	1.42				
Stress	5.49(4.16)	7.41(4.86)	5.85(4.59)	3.50	1 < 2	-1.86*	-.35	-.16

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

Table 9 results produced significant results for social support; according to Post-Hoc Bonferoni analysis participants who study in MPhil level education significantly perceive more social support also in friend domain as compare to students who are studies in BS level education. Results also indicates that participants who studying in MPhil level education are significantly perceive more social support from friends.

In Table 10 one way ANOVA analysis applied on all variables for participants along father's and mother's education. But it has only significant on psychological distress for both. However, according to Post-Hoc Bonferoni participants whose fathers are post graduated significantly experiencing more stress as compare to participants of others. In Table 9 according to Post-Hoc Bonferoni analysis participants whose mothers are graduated are significantly experiencing more psychological distress as compare to those whose mothers are graduated. Results also indicate that participants whose mothers have post graduated are experiencing significantly more stress as compare to those whose mothers are undergraduate.

In Table 11 results produced significant results, According to Post-Hoc Bonferoni analysis participants whose fathers were holding government jobs are more assertive as compare to participants whose fathers having private occupation. Participants whose fathers were holding personal business perceive more social support especially from family as compare to friends and university based support, results also indicates that participants whose father belongs to private jobs are more psychological distress especially depression as compare to father of other occupations participants

## **DISCUSSION**

## DISCUSSION

The main objective of the present study was to explore the role of assertiveness and social support in psychological distress among university students. In this study sample of students was taken from private and government universities. In the present study based on past literature social support was studied as a mediator between assertiveness and psychological distress, assertiveness was measured by using the self-report measure.

Alpha reliabilities and descriptive statistics of the instruments used in the study showed that these measures had satisfactory reliabilities. The mean value of the The College Self-expression scale: Measure of Assertiveness showed that participants reported relatively less assertiveness. Further, the mean value indicates that the participants comparatively scored high on friends related support subscale. This indicates that the participants get more social support from friends as compare to family and university. Mean of depression anxiety and stress scale show, anxiety is also high as compare to other subscales may because of university students are very much afraid of everything in the learning process. These are like anxiety related to subjects, new roommates, identity crises, culture shocks and relationship issues increasing anxiety. Anxiety is increasing among the students (Leta, 2001). Skewness and kurtosis of the measures were also calculated, results showed acceptable range of skewness (+2 to -2) and kurtosis of all the measures (George & Mallery, 2010). Over all this suggested that data were normally distrusted, hence parametric test for analysis can be used.

The independent sample *t*-test on gender shows non-significant gender difference on assertiveness, social support and psychological distress. Results of the present study are consistent with the previous literature (Karagozoglu et al., 2008) that gender orientation contrasts are insignificant in this regard. However, a significant difference existed on university related support. Hypothesis no. 5., boys are more assertive as compare to girls has been supported by the results of the study. Results show that boys significantly perceive more university based social support than girls supported by pervious research Eskin (2003) states that earlier research on assertiveness have revealed that boys are more assertive than girls. However,

contradictory findings have emerged in research findings regarding the gender difference on assertiveness there has been a significant gender difference in assertiveness, girls are more confident than boys (Asmat et al., 2015).

Step wise regression analysis showed that the hypothesis no. 1 that is assertiveness positively predicts social support among university students has been supported by the results of the study. Results of the present study are consistent with the previous literature Kogan et al., (1995) found that those who are less assertive and have less social support and those who are more assertive receive more social support. Hypothesis no. 2 that is assertiveness negatively predicts psychological distress among university students has been supported by the results of study mover over , family social support predicted psychological distress strongly among all domain. Which mean that as assertiveness increase in participants it decreases in psychological distress. Schwartz (2000) noted that assertiveness is linked, self-esteem, anxiety, self-confidence, and school anxiety among adolescents. Lack of assertiveness also leads to high psychological distress and poor academic performance. Correlation analysis also reveals similar results for the present study. On the other hand assertiveness is also a positive construct which promote psychological well-being in adults along with increasing self-esteem (Ghodrati, Tavakoli, Heydari, & Akbarzadeh, 2016), reducing depression (Eskin, 2003), and psychological distress (Taylor et al., 2002); which in turn promote psychological well-being of the individual.

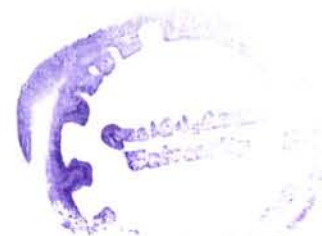
Hypothesis no. 3 that social support negatively predicts psychological distress among university students has been supported by a results of the study that showed that family social support increases it reduces psychological distress in participants and is supported by past research (Catie & Cecilia., 2016). Catie and Cecilia indicated positive roles of family support in university students with higher life satisfaction and lower hopelessness. Domains of perceived social support from friends and university did not appear as significant predictor and automatically got excluded may be because of present study sample is university students and most of them belonged to BS degree. Participants were young adults and may experience anxiety for which they need more family support as compare to university and friends support. In present research, assertiveness and family support emerged an as predictors of depression, anxiety, and stress. Literature also shows a significant negative relationship between assertiveness and depression among university students

(Mueen et al., 2006). And family cohesion and family support are inversely related to depression in university students (Harris & Molock, 2000).

Assertive people have a great opportunity in reducing stress and developing self-esteem which can also be related to their low anxiety (Larijani et al., 2010). Wolpe, (1980) believes that an anxious person is not able to express his/her feelings because he/she is afraid of losing friends and afraid of losing respect. Students who have an anxious character have lower assertiveness, as they are afraid of rejection and negative assessments and distressed by how they should interact with others. The third outcome stress shows significant negative prediction in stress caused by assertiveness and family support. Pervious literature support that assertive people have a great opportunity in reducing stress and developing self-esteem which can also be related to their low anxiety (Larijani et al., 2010). Further, as family social support increases it reduces stress in participants also studied in pervious literature that the perceived social support from family was a better predictor of perceived life event as stressful situations than perceived social support from friends (Hamdan et al. 2008). An individual is a social animal. Every person is inclined to need social support during each moment in his life. Social support for an individual plays a pivotal role in reducing stress and saves him from ostracism.

Kogan, et al. (1995) found that those who are less assertive and have less social support and those who are more assertive, receive more social support on according to self-presentation theory self-expression behaviors are of particular interest in achieving a desired outcome in social situations, as they help to shape the image of one individual among others (Leary & Allen, 2011). A studies support recent study results findings suggest that counselors can help reduce clients' mental stress by increasing their overall self-efficacy and assertiveness (Lightsey, & Barnes, 2007).

Social support negatively correlated psychological distress and show significant results. The results of the present study are supported by the previous literature showed a definite finding that social support is strongly linked to health and well-being (Koball et al., 2010). Another studies on social support proved to be one of the most important protection factors for university students (Tao et al., 2000). This is because social support involves social resources that are available or actually





available by individuals who can help protect against mental health problems. According to Teoh and Rose (2001), a lower level of social support is one of the predictors of psychological problems. It is associated with a higher level of depression, anxiety, attention problems, thinking problems, social problems, somatic complaints and lower self-esteem. Study by (Friedlander et al., 2007) showed students who increased their social resources were less psychologically distressed.

The mediation model of the study was based on the previous findings establishing relationship between assertiveness as a significant predictor of psychological distress and social support (Maria, 2009; Sarkova et al., 2013). The relationship between depression and assertiveness was mediated by social support. They concluded that depressive symptoms could possibly function to decrease social support from peers and family members, which, in turn, lowers an individual's self-confidence and motivation (Babiss & Gangwisch, 2009). Based on self-presentation theory this has been supported significantly social support mediated between assertiveness and psychological distress. The motives behind self-expression behavior can be linked to social approach and avoidance goals. In the social approach, an individual will use assertive self-expression to achieve positive social outcomes. These positive social outcomes can be support, intimacy, and the formation of social networks that serve as a support system for reducing isolation and psychological distress. Social support is one perspective that must be reviewed, as it is depicted both as a buffer against stress throughout everyday life and as a methods for advancing health and wellbeing (Dollete et al., 2004).

Relationship of study variables with certain demographic variables including age, monthly income, and no of friends that showed age of the participants is significantly correlated with the social support domain related to university that means university participants perceive more university based support with increases in age. Supported by a previous literature (Shahahmadi, & Nosrati. 2014) students had lower social support scores than older students. Number of friends is significantly positively correlated with assertiveness which indicates that with increase in number of friends, an indicator of social support related with more assertiveness. Study results are also supported by pervious literature reported having more friends in university level results more assertiveness in students (Korem, Horenczyk, & Tatar, 2012). Monthly income is significantly positively correlated with social support domain



related to family, which means that as the family monthly income increases social support from family or vica versa increases as increase in monthly income improves social economic status; therefore it may leads to higher family support.

In present research, also comparing groups along participant father's occupation shows that participants whose fathers have government jobs are more assertive as compare to participants whose fathers are having private occupation. Not much literature is available in this regard. Participants whose father have personal business perceive more social support especially from family supported by pervious research (Osorio, Settles, & Shen, 2017) that is perceived family support is positively related to perceived desirability and feasibility of starting a business and having personal business also. Results also indicate that participants whose father have to private jobs experience more psychological distress especially depression as compare to participants whose fathers having other occupations. Participants as supported in pervious literature (Hersi et al., 2017) that showed lower monthly income, not having close friendships, and not having satisfying relationship were associated with mental distress.

Participants whose fathers are post graduated were significantly experiencing more stress as compare to participants whose fathers are graduated and under-graduated. Further, participants whose mother are graduated significantly experiencing more psychological distress as compare to participants whose mothers are under-graduated or post graduated. Supported by pervious literature (Gulzar, Yahya, Nauman, Mir, and Mujhid., 2012) higher level of perceived stress was reported by the students the highly common sources of stress were related to academic and psychosocial concerns. Greater academic expectations from parents are chief cause of frustration among students, however, may be highly educated parents have more expectations from their children regarding study and good attitude that's why their children's experience more psychological distress. Present research also study the comparison between participant's education which shows that participants who studied in MPhil level education significantly perceive more social support it means higher or more education can result more social support. Pervious research (Awang, Kutty, & Ahmad, 2014) findings also support this study results and suggested that support should be viewed more holistically. Research has linked positive academic adjustment with social and emotional adjustment and noted that

students would do the best when they have full support from people whom they know inside and outside the university. Based on these findings it can be concluded that assertiveness has positive impact on psychological health among university students.

### **Conclusion**

The findings of the study revealed that assertiveness significantly predicts the social support among university students and also negatively significantly predicts psychological distress among university students. The social support also negatively predicts psychological distress and also plays a role of mediator between assertiveness and psychological distress. Here, it is concluded that enhance social support that would help in reducing psychological distress among university as supported by the results of the present study in the line with previous scattered researches. Based on these findings it can be concluded that assertiveness has positive impact on psychological health among university students.

### **Limitations and Suggestions**

There are certain limitations which should be considered while interpreting its results and contributions to existing body of literature.

- 1- The sample of the study was relatively small and was not representative of the whole population. For future research sample size should be increased and randomly selected generalize results.
- 2- The present study is correlation in nature. Experimental study can also be designed to study the effect of assertiveness on psychological distress.
- 3- The data were collected through self-report measures from the participants only. For the future research teachers and parents of participants could also be taken. It will help in designing intervention programs by incorporating all the components that are part of adult's environment.
- 4- Other socio-demographic variables such as, economic and geographical differences, comparison across urban and rural area, can also be incorporated in future studies.
- 5- The present study was cross-sectional in design, for future longitudinal data can provide better insight on the mechanism of social support and

psychological distress. For future research different age cohorts can be compared on level of assertiveness and psychological distress.

- 6- In present study part of sample was young adults of university students, for future sample from various settings can be used.

### **Implications of the Present Study**

The present study highlighted the role of assertiveness and social support in psychological distress among university students. Assertiveness as an important social skill for that increase social support and reduces psychological distress. Many studies have been conducted across the world that reveals the effectiveness of assertiveness through training program to improve social and mental health. This research also endorses the assertiveness training for university students to improve their mental health. The study will also help therapist and counselors to design intervention and training programs based on assertiveness to deal with the psychological health related problems. Assertiveness training programs can be given to the teachers to incorporate this skill in the everyday learning of the students and positive behavioral outcomes. This will help them to develop confidence and open expression among children and can improve their academic achievement and reducing distress. This finding in general will help in providing awareness about the use of assertiveness not in term of psychological health but also in term of development of successful interpersonal communication in home setting as well to avoid conflict that can arise from uncertain situation.

## REFERENCES

## References

- Alberti, R. E., & Emmons, M. L., (2008). *Your perfect right: Assertiveness and equality in your life and relationships* (9th ed.). Atascadero, CA: Impact Publishers.
- American Psychological Association. (2013). *APA concise dictionary of psychology*. Washington, DC: American Psychological Association.
- Asmat, S., Mahmud, Z., & Salleh, A. (2015). An investigation of assertiveness and satisfaction with life among Malaysian secondary school students. *The International Journal of Knowledge, Culture and Change Management: Annual Review*, 11(6), 1-10.
- Ates, B., (2016). Perceived social support and assertiveness as a predictor of candidates' psychological counselors: psychological well-Being. *International Education Studies*, 9(5), 28-39.
- Awang, M. M., Kutty, F. M., & Ahmad, A. R. (2014). Perceived social support and well-being, First-year student experience in university. *International Education Studies*, 7(13), 261.
- Barlow, D. H., & Durand, V. M. (1999). *Abnormal Psychology*. Brooks. *Cole Publishing Phone*, 1300(794), 991.
- Berkman, L. F., & Glass, T. (2000). Social integration, social networks, social support, and health. *Journal of Social Epidemiology*, 1(3), 137-173.
- Vos, T., Barker, B., Stanley, L., & Lopez, A. (2007). The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003. *Brisbane: School of Population Health, The University of Queensland*.
- Behpazhouh, A., & Hejazi, E. (2007). Investigating the effectiveness of training social skills on blind students' self-esteem research on psychological health. *Tehran Teacher Education University*, 2(3), 19-26.
- Bhimwal, N. (2007). Understanding well-being: An exploratory study of life without death. In R. Singh, & R. Shyam (Eds.), *Psychology of well-being* (pp. 373-379). New Delhi, India: Global Vision Publishing House.

- Bowen, K. S., Uchino, B. N., Birmingham, W., Carlisle, M., Smith, T. W., & Light, K. C., (2014). The stress-buffering effects of functional social support on ambulatory blood pressure. *Health Psychology, 33*(11), 121-125.
- Brausch, A. M., & Decker, K. M. (2014). Self-esteem and social support as moderators of depression, body image, and disordered eating for suicidal ideation in adolescents. *Journal of Abnormal Child Psychology, 42*(5), 779-789.
- Brock, R. L., & Lawrence, E. (2009). Too much of a good thing: under provision versus overprovision of partner support. *Journal of Family Psychology, 32*(7), 243-251, doi: 10.1037/a0015402.
- Baumeister, R. F., & Hutton, D. G. (1987). Self-presentation theory: Self-construction and audience pleasing. In *Theories of group behavior* (pp. 71-87). New York, NY: Springer.
- Burleson, B. R., & Goldsmith, D., J. (1998). How the comforting process works: Alleviating emotional distress through conversationally induced reappraisals. In P. A. Andersen and L. K. Guerrero (Eds.), *Handbook of communication and emotion* (pp. 246-275). Orlando, FL: Academic Press.
- Burnett, S., Bird, G., Moll, J., Frith, C., & Blakemore, S. J. (2009). Development during adolescence of the neural processing of social emotion. *Journal of Cognitive Neuroscience, 21*(9), 1736-1750.
- Bourke, R. (2002). Gender differences in personality among adolescents. *Psychology, Evolution & Gender, 4*(1), 31-41.
- Brausch, A. M., & Decker, K. M. (2014). Self-esteem and social support as moderators of depression, body image, and disordered eating for suicidal ideation in adolescents. *Journal of abnormal child psychology, 42*(5), 779-789.
- Burleson, B. R., & MacGeorge, E. L. (2002). Supportive communication. *Handbook of Interpersonal Communication, 3*, 374-424.
- Carson, R. C. (1996). Aristotle, Galileo, and the DSM taxonomy: The case of schizophrenia. *Journal of Consulting and Clinical Psychology, 64*(6), 11-33.

- Catie, C. W. L., & Cecilia, M. S. M. (2016). The mediating role of social support in the relationship between psychological well-being and health-risk behaviors among Chinese university students. *Journal of Health Psychology, 3*(2) doi: 10.1177/2055102916678106
- Civitci, A. (2015). Perceived stress and life satisfaction in college students: Belonging and extracurricular participation as moderators. *Procedia-Social and Behavioral Sciences, 205*, 271-281.
- Christopher, A., Edwards, C., & Eppler, C. (2012). *School based group counseling*. Belmont, CA: Brooks-Cole.
- Cohen, S., D. (2013). Social support interventions will improve the quality of life of ESRD patients. *Seminars in Dialysis, 26*(3), 262-265. <http://dx.doi.org/10.1111/sdi.12064>
- Cohen, S., & Syme, S., L. (1985). Issues in the study and application of social support. *Journal of Social Support and Health, (12)*3, 3-22.
- Delamater, R. J., & McNamara, J. R., (1986). The social impact of assertiveness: Research findings and clinical implications. *Journal of Behavior Modification, 10*(4), 139-158.
- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.). Washington, D.C:
- Dohrenwend, B. P., & B. S., Dohrenwend. (1982). Perspectives on the past and future of psychiatric epidemiology. *American Journal of Public Health 72*(3), 1271-1279.
- Dollete, C., Steese, H., Phillips, L., & Matthews, T. (2004). Understanding girls circle as an intervention on perceived social support, body image, self-efficacy, locus of control and self-esteem. *The Journal of Psychology, 90*(2), 204-215.
- Dyrbye, L. N., Thomas, M. R., & Shanafelt, T. D. (2005, December). Medical student distress: causes, consequences, and proposed solutions. *of Mayo Clinic Proceedings* (Vol. 80, pp. 1613-1622). Elsevier.
- Elliott, T. R., & Gramling, S. E. (2005). Personal assertiveness and the effects of social support among college students. *Journal of Counseling Psychology, 37*(4), 427-436.

- Eskin, M. (2003). Self - reported Assertiveness in swedish and turkish adolescents: a cross cultural comparison. *Scandinavian Journal of Psychology*, 44, 7-12. doi: 10.1111/1467-9450.T01-1-00315
- Eslami, A. A., Rabiei, L., Afzali, S. M., Hamidizadeh, S., & Masoudi, R. (2016). The Effectiveness of Assertiveness Training on the Levels of Stress, Anxiety, and Depression of High School Students. *Iranian Red Crescent Medical Journal*, 18(1) 77-89.
- Friedlander, L.J., Reid, G.J., Shupak, N., & Cribbie, R. (2007). Social Support, Self-Esteem, and Stress as Predictors of Adjustment to University among First-Year Undergraduates. *Journal of College Student Development*, 48(3), 259-275.
- Galassi, J. P., DeLo, J. S., Galassi, M. D., & Bastien, S. (1974). The college self-expression scale: A measure of assertiveness. *Journal of Behavior Therapy*, 5(2), 165-171. doi: org/10.1016/S0005-7894(74)80131-0
- Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2008). *Health behavior and health education: Theory, research, and practice*. John Wiley & Sons.
- Gall, T. L., Evans, D. R., & Bellerose, S. (2000). Transition to first-year University: Patterns of change in adjustment across life domains and time. *Journal of Social and Clinical Psychology*, 19(4), 544-567.
- Ghodrati, F., Tavakoli, P., Heydari, N., & Akbarzadeh, M. (2016). Investigating the relationship between self-esteem, and academic achievement in female high school students. *Health Science Journal*, 10(4), 1-5.
- Goodwin, R. D., Fergusson, D. M., & Horwood, L. J. (2004). Asthma and depressive and anxiety disorders among young persons in the community. *Psychological Medicine*, 34(8), 1465-1474.
- Gumusgul, O. (2014). Assertiveness level of students studying at school of physical education and sports. *The Online Journal of Recreation and Sport*, 3(2), 155-567.
- Gurung, R. A. R (2006). *Health psychology: A cultural approach*. Belmont, CA: Thomson Wadsworth.



- Gyllensten K, & Palmer S, (2005). The relationship between coaching and workplace stress: A correlational study. *Journal of Health Promote Education*. 43(3), 97-103.
- Hamdan-Mansour, A. M., & Dawani, H. A. (2008). Social support and stress among university students in Jordan. *International Journal of Mental Health and Addiction*, 6(3), 442-450.
- Harris, T. L., & Molock, S. D. (2000). Cultural orientation, family cohesion, and family support in suicide ideation and depression among American university students. *Suicide and Life-Threatening Behavior*, 30(4), 341-353.
- Hayflick, L. (1998). How and why we age. *Experimental Gerontology*, 33(7-8), 639-653.
- Hersen, M., Kabacoff, R. I., Van Hasselt, V. B., Null, J. A., Ryan, C. F., & Melton, M. A. (1995). Assertiveness, depression, and social support in older visually impaired adults. *Journal of Visual Impairment and Blindness*, 32(9), 524-530.
- Hersi, L., Tesfay, K., Gesesew, H., Krahl, W., Ereg, D., & Tesfaye, M. (2017). Mental distress and associated factors among undergraduate students at the University of Hargeisa, Somaliland, a cross-sectional study. *International Journal of Mental*
- Health Canada Report (2002). A report on mental illnesses in Canada. Ottawa, Canada. *Health Systems*, 11(1), 39. Retrieved from [http://www.phac-aspc.gc.ca/publicat/miic-mmacc/pdf/men\\_ill\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/miic-mmacc/pdf/men_ill_e.pdf)
- Holahan, C. J., Valentiner, D. P., & Moos, R. H. (1995). Parental support, coping strategies, and psychological adjustment, an integrative model with late adolescents. *Journal of Youth and Adolescence*, 24(6), 633-648.
- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: a meta-analytic review. *PLoS medicine*, 7(7), 1000316.
- Horwitz, A.V, (2007). Distinguishing distress from disorder as psychological outcomes of stressful social arrangements. *Journal of Health* 11, 273-289.

- Hunsaker, P. L., & Robbins, S. P. (2011). *Training in interpersonal skills: Tips for managing people at work*. Pearson Higher Ed.
- Hysenbegasi, A., Hass, S. L., & Rowland, C. R. (2005). The impact of depression on the academic productivity of university students. *Journal of Mental Health Policy and Economics*, 8(3), 145.
- Jakubowski, P., & Lange, A. (1976). *Responsible assertive behavior: Cognitive. Behavioral procedures for trainers*. Champaign, Illinois: Research Press.
- Jorm, A. F., & P. Duncan-Jones, (1990). Neurotic symptoms and subjective well-being in a community sample: different sides of the same coin. *Psychological Medicine*, 20(5), 647-654.
- Kantrowitz, B., & Wingert, P. (2008). How well do you know your kid? Newsweek. Retrieved from April 114, 2008, from: [www.newsweek.com/id/88250/output/print](http://www.newsweek.com/id/88250/output/print)
- Karagozoglu, S., Kahve, E., Koç, O., & Adamisoglu, D. (2008). Self Esteem and assertiveness of final year Turkish University Students. *Nurse Education Today*, 28(5), 641-649. doi: [org/10.1016/j.nedt.2007.09.010](https://doi.org/10.1016/j.nedt.2007.09.010)
- Kirmayer, L. J. (1989). Cultural variations in the response to psychiatric disorders and psychological distress. *Social Science and Medicine*, 29, 327-339.
- Kleinman, A. (1991). *Rethinking Psychiatry. From Cultural Category to Personal Experience*. New York, United States: The Free Press.
- Koball, P., Heather, L., Moiduddin, T., Emily, A., Henderson, G., & Jamila, P. (2010). What do we know about the link between marriage and health? *Journal of Family Issues*, 31(8) 10-19.
- Kogan, M. D., Alexander, G. R., Teitelbaum, M. A., Jack, B. W., Kotelchuck, M., & Pappas, G. (1995). The effect of gaps in health insurance on continuity of a regular source of care among preschool-aged children in the United States. *JAMA*, 274(18), 1429-1435.
- Korem, A., Horenczyk, G., & Tatar, M. (2012). Inter-group and intra-group assertiveness: Adolescents social skills following cultural transition. *Journal of Adolescence*, 35(4), 855-862.

- Lakey, B., & Cohen, S. (2000). Social support and theory: Social support measurement and intervention. *Journal of A Guide for Health and Social Scientists, 25*(5) 29-52.
- Lakey, B., Lutz, C. J., & Scoboria, A. (2005). The information used to judge supportiveness depends on whether the judgment reflects the personality of perceivers, the objective characteristics of targets, or their unique relationships. *Journal of Social and Clinical Psychology, 23*(5), 796–814.
- Larijani, T. T., Aghajani, M., Baheiraei, A., & Neiestanak, N. S. (2010). Relation of assertiveness and anxiety among Iranian University students. *Journal of Psychiatric and Mental Health Nursing, 17*(10), 893-899.
- Lazarus, A. A. (1991). *Behavior therapy and beyond*. New York, USA: McGraw-Hill.
- Leary, M. R., & Allen, A. B. (2011). Personality and persona: Personality processes in self-presentation. *Journal of Personality, 79*, 889-916. doi: 10.1111/j.1467-6494.2010.00704.x
- Leta, S. (2001). Depression Rates among College Students on the Rise. *The Daily California, 3*(2), 189-192.
- Lightsey J, O. R., & Barnes, P. W. (2007). Discrimination, attributional tendencies, generalized self-efficacy, and assertiveness as predictors of psychological distress among African Americans. *Journal of Black Psychology, 33*(1), 27-50.
- Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour research and therapy, 33*(3), 335-343.
- Martinez-Hernaez, A., Carceller-Maicas, N., DiGiacomo, S. M., & Ariste, S. (2016). Social support and gender differences in coping with depression among emerging adults: A mixed-methods study. *Journal Child and Adolescent Psychiatry and Mental Health, 10*(1), 1-11.
- Mattson, M., & Hall, J. G. (2011). Linking Health Communication with social support. *Junker Shutter Stock, 23*(4), 22-45.

- Masters, J. C., Burish, T. G., Hollon, S. D., & Rimm, D. C. (2007). *Behavior therapy: Techniques and empirical findings* (3rd ed.). San Diego, CA: Harcourt Brace Jovanovich.
- Md Yasin, M. A. S., & Dzulkipli, M. A. (2009). Differences in psychological problems between low and high achieving students. *International Journal of Behavioral Science (IJBS)*, 4(1).
- Mirowsky, J., & Ross, C. E. (2002). Selecting outcomes for the sociology of mental health, Issues of measurement and dimensionality. *Journal of Health and Social Behavior*, 4(3), 152-170.
- Mortenson, S. T., Burlison, B. R., Feng, B., & Liu, M. (2009). Cultural similarities and differences in seeking social support as a means of coping: A comparison of European Americans and Chinese and an evaluation of the mediating effects of self-construal. *Journal of International and Intercultural Communication*, 2(3), 208-239.
- Mueen B, Khurshid M, Hassan I., (2006). Relationship of depression and assertiveness in normal population and depressed individuals. *Internet Journal of Medical Update*, 1, 10-7.
- Nahid, O.W., and Sarkis, E. (1994) Types of Social Support, Relation to Stress and Academic Achievement among Prospective Teacher, *Canadian Journal of Behavioral Science*, 26(1), 1.
- Osorio, A. E., Settles, A., & Shen, T. (2017). The Influence of Support Factors on Entrepreneurial Attitudes and Intentions of College Students. *A Journal Academy of Management*, 5(1), 10-90.
- Paterson, M., Green, J. M., Basson, C. J., & Ross, F. (2002). Probability of assertive behaviour, interpersonal anxiety and self-efficacy of South African registered dietitians. *Journal of Human Nutrition and Dietetics*, 15(1), 9-17.
- Patterson, C. H., & Watkins Jr, C. E. (1996). *Theories of psychotherapy*. HarperCollins College Publishers.
- Phillips, M. R. (2009). Is distress a symptom of mental disorders, a marker of impairment, both or neither? *Journal of World Psychiatry*, 8, 91-92.

- Pinette, G. (2003). *The goods on herbal depression treatment*. WI, Month: Wind speaker.
- Ridner, S. H. (2004). Psychological distress, concept analysis. *Journal of Advanced Nursing* 45(2), 536-545.
- Rossetto, K. R., Lannutti, P. J., & Smith, R. A. (2014). Investigating self-efficacy and emotional challenge as contributors to willingness to provide emotional support. *Southern Communication Journal*, 79(1), 41-58.
- Salter, A. (2002). *Conditioned reflex therapy: The classic book on assertiveness that began behavior therapy*. Gretna, LA: Wellness Institute.
- Sarason, B. R., & Gurung, R. A. R. (2001). Close personal relationships and health outcomes: A key to the role of social support. In S. W. Duck (Ed.), *Handbook of personal relationships: Theory, research and interventions* (2nd ed., pp. 547-573). Chichester, UK: Wiley.
- Sarkova, M., Bacikova-Sleskova, M., Orosova, O., Geckova, A. M., Katreniakova, Z., Klein, D., & Van Dijk, J. P. (2013). Associations between assertiveness, psychological well-being, and self-esteem in adolescents. *Journal of Applied Social Psychology*, 43, 147-154.
- Schlenker, B. R., & Leary, M. R. (1982). Social anxiety and self-presentation: A conceptualization and model. *Journal of Psychological Bulletin*, 92(3), 641-669. doi: 10.1037/0033-2909.92.3.641
- Schwartz, D. (2000). Subtypes of victims and aggressors in children's peer groups. *Journal of Abnormal Child Psychology*, 28, 181-192. doi: 10.1023/A:1005174831561
- Segal, D. L. (2005). Relationships of assertiveness, depression, and social support among older nursing home residents. *Behavior Modification*, 29(4), 689-695.
- Sert, A. G. (2003). *The Effect of an Assertiveness Training on the assertiveness and self esteem level of 5th Grade Children* (Unpublished Doctoral dissertation, METU). Retrieved from <https://etd.lib.metu.edu.tr/upload/1217686/index.pdf>

- Seyed Fatemi, N., Khoshnavay, F. F., Behbahani, N., & Hosseyni, F. (2008). Assertiveness and ecstasy usage in adolescents. *Journal of Medical Health, 10* (1), 265-272.
- Sung, H. C., Chang, A. M., & Lee, W. L. (2010). A preferred music listening intervention to reduce anxiety in older adults with dementia in nursing homes. *Journal of Clinical Nursing, 19*(7-8), 1056-1064.
- Steinberg, L., & Darling, N. (1994). The broader context of social influence in adolescence. In Silbereisen, R.K. & Todt, E. (Eds.), *Adolescence in context: The interplay of family, school, peers, and work in adjustment*. New York: Springer-Verlag Inc.
- Shah A , M. R., & Nosrati, F. (2014). Domestication and Foreignization Strategies in Translation of Culture-Specific Items.
- Shuchman, M. (2007). Falling through the cracks—Virginia Tech and the restructuring of college mental health services. *New England Journal of Medicine, 357*(2), 105-110.
- Tajalli, P., & Ganbaripناه, A. (2010). The relationship between daily hassles and social support on mental health of university students. *Procedia-Social and Behavioral Sciences, 5*(2), 99-103.
- Tao, S., Dong, Q., Pratt, M. W., Hunsberger, B., & Pancer, S. M. (2000). Social support: Relations to coping and adjustment during the transition to university in the Peoples Republic of China. *Journal of Adolescent Research, 5*(1), 123-144.
- Taylor, C. A., Liang, B., Tracy, A. J., Williams, L. M., & Seigle, P. (2002). Gender differences in middle school adjustment, physical fighting, and social skills: evaluation of a social competency program. *The Journal of Primary Prevention, 23*, 259–272. doi: 10.1023/A:1019976617776
- Teoh, H. J., & Rose, P. (2001). Child Mental Health: Integrating Malaysian Needs with International Experiences. In H. Amber (Ed.), *Mental Health in Malaysia: Issues and Concerns*, Kuala Lumpur: University Malaya Press.

- Traş, Z., & Arslan, E. (2013). An investigation of perceived social support and social self- efficacy in adolescents. *Journal of Elementary Education Online*, *12*(4), 1133-1140.
- Vagos, P., & Pereira, A. (2010). A proposal for evaluating cognition in assertiveness. *Psychological Assessment*, *22*(3), 657–665. doi: 10.1037/a0019782.
- Viner, R. (1999). Transition from paediatric to adult care. Bridging the gaps or passing the buck?. *Archives of disease in childhood*, *81*(3), 271-275.
- Watson, D. (2009). Differentiating the mood and anxiety disorders: A quadripartite model. *Annual Review of Clinical Psychology* *24*(8), 221-247.
- Weinrach, S. G. (1988). Cognitive therapist: A dialogue with Aaron Beck. *Journal of Counseling & Development*, *67*(3), 159-164.
- Wheaton, B. (2007). The twain meets distress, disorder and the continuing conundrum of categories. *Journal of Health*, *11*(4), 303-319.
- Wolpe, J. (1990). Behavior therapy versus psychoanalysis: Therapeutic and social implications. *American Psychologist*, *36*(2), 159.
- Wolpe, J. (1980). Behavior therapy for psychosomatic disorders. *Psychosomatics*, *21*(5), 379-385.
- World Health Organization. (2008). The global burden of disease; 2004 update. Geneva: WHO Press.
- Yoshioka, M. (2000). Substantive differences in the assertiveness of low-income African American, Hispanic, and Caucasian women. *The Journal of psychology*, *134*(3), 243-259.
- Yasin, A. S., & Dzulkifli, M. A. (2010). The relationship between social support and psychological problems among students. *International Journal of Business and Social Science*, *1*(3), 50-62.
- You, J., & Lu, Q. (2014). Sources of social support and adjustment among Chinese cancer survivors: gender and age differences. *Journal of Supportive Care in Cancer*, *22*(3), 697-704.

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52(1), 30-41.



## APPENDICES

02/2018

Permission for scale "The college self expression scale:measure of assertiveness" - nidahabib224@gmail.com - Gmail

in:sent

[Click here to enable desktop notifications for](#)

Gmail

Move to Inbox

COMPOSE

Permission for scale "The college self expression scale:measure of :

Inbox (8)


Starred

Sent Mail


Drafts


Unwanted

More

 **nida habib** <nidahabib224@gmail.com>  
to Jgalassi

With due respect it is stated that i am student of msc psychology quaid e Azam Univer  
Kindly give me permission to use this scale.  
Thankyou.  
Regards nida habib

 **Galassi, John P**  
Please feel free to use the scale. I hope that your research goes well. John ...

 **nida habib** <nidahabib224@gmail.com>  
to John  
Thank you soo much.

Sign in

 **nida habib** <nidahabib224@gmail.com>  
to John  
sir is this scale available in urdu version if yes can i use this. if not, then please tell me  
Thankyou.  
regards nida habib

 **Galassi, John P** jgalassi@email.unc.edu [via](#) adminliveunc.onmicrosoft.com

Signing in will sign you into  
Hangouts across Google  
[Learn more](#)

**PERMISSION FORM: TESTS DEVELOPED IN NIP  
(For Research Only)**

Applicant's Name Nida Habib Supervisor's Name Dr. Humaida Jami  
 Applicant's Email Nidahabib224@gmail.com  
 Institution/ Department National Institute of Psychology AIIP  
 Topic of Research Assertiveness skills, Social Support, Depression  
 M.Sc. / M.Phil / M.S / Ph.D / Diploma MSc  
 Test Required: (scale title, year, author) The college Expression scale  
(Measure of Assertiveness) Urdu version

**Undertaking**

- This is hereby specified that the above mentioned information is correct.
- I applied for the above mentioned scale after consultation with my supervisor.
- I also understand that I have to follow the copy rights requirements of the National Institute of Psychology.
- This test / scale is the intellectual property of the National Institute of Psychology. No part of this test / scale may be reproduced or photocopied or disseminate or to republish without written permission from the National Institute of Psychology.
- I am also under obligation to share my data and research findings with the TRC of National Institute of Psychology.

Humaida  
Research Supervisor

Nida Habib  
Student

**Permission granted for the above mentioned research only.**

**You are not allowed to share this scale /test with other students.**

Humaida  
Incharge TRC (Signature)  
Test Resource Centre,

National Institute of Psychology, Quaid-i-Azam University

## The College Self-expression Scale: Measure of Assertiveness

ہدایات:

اگر آپ کو لگے کہ نیچے دیئے گئے بیانات آپ سے مطابقت نہیں رکھتے تو یہ سوچتے ہوئے کہ اگر آپ ایسی صورت حال میں ہوتے تو کیا کرتے۔

نمبر شمار	بیانات	ہمیشہ	عام طور پر	کبھی کبھار	بعض اوقات	کم/کبھی نہ
1-	کیا آپ اس کو نظر انداز کرتے ہیں جب کوئی زبردستی آپ کے آگے لائن میں گھستا ہے۔					
2-	جب آپ اس کا فیصلہ کر لیتے ہیں کہ آپ کسی لڑکی/لڑکے سے مزید رومانوی تعلق/ملنا نہیں چاہتے تو کیا آپ اپنے فیصلے کے متعلق اس شخص کو بتانے میں نمایاں مشکل ہوتی ہے۔					
3-	کیا آپ ایسی خریدی ہوئی چیز کو تبدیل کروائیں گے جس میں آپ کو کسی خرابی کا پتا چلے۔					
4-	اگر آپ مضمون تبدیل کر کے کوئی ایسا مضمون رکھنے کا فیصلہ کرتے ہیں جو آپ کے والدین قبول نہیں کریں گے تو کیا آپ کو انہیں یہ بتانے میں مشکل پیش آئے گی۔					
5-	کیا آپ حد سے زیادہ معذرت خواندہ انداز کی طرف جھکاؤ رکھتے ہیں۔					
6-	اگر آپ کی پڑھائی کے دوران آپ کا روم میٹ بہت زیادہ شور کر رہا ہوتا تو کیا آپ اسے ایسا کرنے سے روکیں گے۔					
7-	کیا آپ کو دوسروں کو سراہنا اور تعریف کرنا مشکل لگتا ہے۔					
8-	اگر آپ اپنے والدین سے ناراض ہوں تو کیا آپ انہیں بتا سکتے ہیں۔					
9-	کیا آپ اس بات پر اصرار کرتے ہیں کہ آپ کا روم میٹ اپنے حصے کی صفائی کرے۔					
10-	اگر اس شخص سے آپ کو محبت ہو جائے جس سے آپ کا تعلق چل رہا ہو تو کیا آپ کو اپنے احساسات کا اظہار کرنے میں مشکل ہوگی۔					
11-	اگر ایک دوست جس سے آپ نے دوسروں پر ادھار لیے ہوں اور بظاہر لگے کہ وہ بھول گیا ہے تو کیا آپ اسے یاد دلائیں گے۔					
12-	کیا آپ دوسروں کے جذبات کو ٹھیس نہ پہنچانے کے بارے میں کچھ زیادہ محتاط ہیں					
13-	اگر آپ کے والدین آپ کے کسی قریبی دوست کو ناپسند کرتے ہوں اور اس پر تنقید کرتے ہوں تو کیا آپ اپنے والدین کو بتائیں گے کہ آپ ان سے اتفاق نہیں رکھتے اور ان کو اپنے دوست کی خوبیاں بتائیں گے۔					

نمبر شمار	بیانات	ہمیشہ	عام طور پر	کبھی کبھار	بعض اوقات	کم/کبھی
14-	کیا آپ کو اپنے دوست سے مدد مانگنے میں مشکل پیش آتی ہے۔					
15	اگر ایک ریستورنٹ میں آپ کو غیر تسلی بخش کھانا پیش کیا جائے تو کیا ویٹر سے اس کی شکایت کریں گے۔					
16-	یہ جانتے ہوئے بھی کہ آپ نے کھانا سنبھال کے رکھا ہے، آپ کا روم میٹ آپ کی اجازت کے بغیر اسے کھالے تو کیا آپ اپنے روم میٹ سے اپنی ناخوشی کا اظہار کر سکتے ہیں۔					
17-	اگر کسی دوکاندار نے کچھ چیزیں جو آپ کے نزدیک بالکل مناسب نہ ہوں کو دکھانے میں ضرورت سے زیادہ محنت کی ہو تو کیا آپ کو نہیں کہنے میں مشکل پیش آتی ہے۔					
18-	کیا آپ اپنی رائے اپنے تک ہی محدود رکھتے ہیں۔					
19-	اگر آپ کے دوست اس وقت ملنے آئیں جب آپ پڑھنا چاہتے ہوں تو کیا آپ ان کو مناسب وقت میں دوبارہ آنے کا کہیں گے۔					
20-	جن لوگوں کی آپ پر واہ کرتے ہوں کیا آپ ان سے پیار و محبت کا اظہار کر سکتے ہیں۔					
21-	اگر آپ ایک سیمینار میں ہیں اور پروفیسر ایسا بیان دے جو آپ کے نزدیک غلط ہو تو کیا آپ اس پر سوال اٹھائیں گے۔					
22-	اگر مخالف جنس کا کوئی فرد جس سے آپ ملنے کی خواہش رکھتے ہیں کسی تقریب میں آپ کی طرف توجہ طلب انداز میں مسکرائے تو کیا آپ گفتگو کرنے میں پہل کریں گے۔					
23-	اگر کوئی ایسا شخص جس کی آپ عزت کرتے ہوں کسی ایسی رائے کا اظہار کرنے میں جس سے آپ کو شدید اختلاف ہو تو کیا آپ اپنا نقطہ نظر بتانے کی جرات کریں گے۔					
24-	کیا آپ دوسرے لوگوں سے الجھنے سے بچنے کے لیے غیر معمولی کوشش کرتے ہیں۔					
25-	اگر ایک دوست نے کوئی نیا لباس پہنا ہو جو آپ کو پسند ہو تو کیا آپ اسے یہ بتائیں گے۔					
26-	اگر کسی دکان سے باہر آ کر آپ کو اندازہ ہوتا ہے کہ آپ کو کم رقم دی گئی ہے تو کیا واپس جا کر آپ صحیح رقم کا مطالبہ کریں گے۔					
27-	اگر کوئی دوست آپ سے ایسی درخواست کرے جو آپ کے نزدیک غیر معمولی ہے تو کیا آپ انکار کر سکتے ہیں۔					

نمبر شمار	بیانات	ہمیشہ	عام طور پر	کبھی کبھار	بعض اوقات	کم/کبھی
28-	اگر کوئی قریبی اور ناقابل احترام رشتہ دار آپ کو تنگ کر رہا ہو تو اپنی ناگواری کا اظہار کرنے کے بجائے کیا آپ اپنے احساسات چھپائیں گے۔					
29-	(آپ گھر سے دور رہ رہے ہوں اور) اگر آپ کے والدین چاہیں کہ آپ ویک اینڈز پر گھر آئیں جب کہ آپ نے کچھ اور اہم پلان بنا رکھا ہو تو کیا آپ ان کو اپنی ترجیح بتائیں گے۔					
30-	کیا آپ جنس مخالف پر غصے اور ناراضگی کا اظہار کرتے ہیں جب کہ اس کا معقول جواز بھی ہو۔					
31-	آپ کا ایک دوست اگر آپ کے کام کے لیے ادھر ادھر بھرے تو کیا آپ اس کو بتاتے ہیں آپ اس کی کوشش کی کتنی قدر کرتے ہیں۔					
32-	جب کوئی شخص دیدہ دلیری سے نا انصافی کر رہا ہو تو کیا آپ اس شخص کو اس کے متعلق کچھ کہنے میں ناکام ہوتے ہیں۔					
33-	کیا آپ ملنے جلنے (سماجی روابط) سے اس لیے گریز کرتے ہیں کہ آپ کوئی غلط کام / بات نہ کریں۔					
34-	اگر آپ کا ایک دوست آپ کے اعتماد کو دھوکہ دے تو کیا آپ اس شخص سے ناراضگی کا اظہار کرنے میں ہچکچائیں گے۔					
35-	اگر کسی سنور میں ایک کلرک آپ سے بعد میں آنے والے شخص کی وجہ سے آپ کو انتظار کروائے تو کیا آپ اس کی توجہ اس طرف مبذول کروائیں گے۔					
36-	اگر آپ کسی کی خوش نصیبی پر خاص طور پر خوش ہو تو کیا آپ اس کا اظہار اس شخص کرتے ہیں۔					
37-	کیا آپ اپنے کسی اچھے دوست سے کچھ پیسے مانگتے ہوئے ہچکچائیں گے۔					
38-	اگر کوئی شخص آپ کو اس حد تک چڑائے کہ بات مذاق سے بڑھ جائے تو کیا آپ کو ناپسندیدگی اظہار کرنے میں مشکل پیش آتی ہے۔					
39-	اگر آپ ایک میننگ میں دیر سے پہنچتے ہیں تو کیا آپ کھڑے رہیں گے بجائے اس کے کہ آگے کی کرسی پر بیٹھیں جس کی وجہ سے آپ یقینی طور پر نمایاں ہو جائیں گے۔					
40-	اگر کوئی (جس سے آپ کا رومانوی تعلق ہو) ہفتے کی رات ملنے کے لیے مقررہ وقت سے 15 منٹ پہلے فون کر کے کہے کہ اس نے ایک ضروری امتحان کے لیے پڑھنا ہے اس لیے نہیں آسکتا/سکتی تو کیا آپ اپنی ناراضگی کا اظہار کریں گے۔					

نمبر شمار	بیانات	ہمیشہ	عام طور پر	کبھی کبھار	بعض اوقات	کم/کبھی
41-	اگر کبھی فلم دیکھنے کے دوران مسلسل آپ کی کرسی کو پیچھے سے پاؤں مار رہا ہو تو کیا آپ اس شخص کا رکنے کا کہیں گے۔					
42-	اگر کسی اہم گفتگو کے دوران کوئی شخص مداخلت کرے تو کیا آپ اس شخص سے اپنی بات ختم ہونے تک کا انتظار کرنے کی کوشش کرتے ہیں					
43-	کیا آپ کلاس میں مباحثے (ڈسکشن) کے دوران کھلے انداز میں معلومات اور رائے دیتے ہیں۔					
44-	کیا آپ جنس مخالف کے کسی پرکشش واقف کار سے بات کرنے میں ہچکچاہٹ محسوس کرتے ہیں۔					
45-	اگر آپ کرائے کے مکان میں رہتے ہوں اور مالک مکان وعدے کے باوجود ضروری مرمت کرانے میں ناکام رہے تو کیا آپ اس پر اصرار کریں گے۔					
46-	اگر آپ کے والدین یہ چاہتے ہوں کہ آپ ایک مقررہ وقت پر گھر آ جائیں جو آپ کے نزدیک بہت جلدی اور نامناسب ہے تو کیا ان سے اس کے متعلق بات چیت طے کرنے کی کوشش کرتے ہیں۔					
47-	کیا آپ کو اپنے حقوق کے لیے کھڑا ہونا مشکل لگتا ہے۔					
48-	اگر آپ کا کوئی دوست بلا جواز آپ پر تنقید کرے تو کیا آپ اپنی ناراضگی کا اسی وقت اظہار کرتے ہیں۔					
49-	کیا آپ اپنے احساسات کا اظہار دوسروں سے کرتے ہیں۔					
50-	کیا آپ کلاس میں کمتری کے دانستہ احساس کے خوف کی وجہ سے سوال پوچھنے سے گریز کرتے ہیں۔					

02/2018

Re: permission for perceived social support scale - nidahabib224@gmail.com - Gmail

[Click here to enable desktop notifications for](#)

More

Gmail

COMPOSE

Hi Nida, what scale are you referring to? Best, Golan

Inbox (8)

Starred

Sent Mail


Drafts

Unwanted

More

On Sat, Sep 9, 2017 at 12:13 PM, nida habib <nidahabib224@gmail.com> wrote:  
with due respect it is stated that i am doing a research and want to use your scale. i  
if i found it from somewhere else (urdu version).

Thankyou.  
nida habib  
msc Psychology  
National institute of Psychology  
Quaid E Azam University  
Islamabad


 **nida habib** <nidahabib224@gmail.com>  
to Golan

i want to use "abbreviated form of perceived social support scale" that you used in a s  
regards


Sign in

Signing in will sign you into  
Hangouts across Google  
[Learn more](#)

 **Golan Shaha**  
It is in the public domain, you don't need my permission....Good luck! G

 **nida habib** <nidahabib224@gmail.com>  
to Golan

Thank you!

 [Click here to Reply or Forward](#)



**PERMISSION FORM: TESTS DEVELOPED IN NIP  
(For Research Only)**

Applicant's Name Nida Habib Supervisor's Name Dr. Humaira Jami  
 Applicant's Email Nidahabib224@gmail.com  
 Institution/ Department National Institute of Psychology COAU  
 Topic of Research Assertiveness skills, Social support, Depression  
 M.Sc. / M.Phil / M.S / Ph.D / Diploma MSI  
 Test Required: (scale title, year, author) Perceived Social Support Scale.

**Undertaking**

- This is hereby specified that the above mentioned information is correct.
- I applied for the above mentioned scale after consultation with my supervisor.
- I also understand that I have to follow the copy rights requirements of the National Institute of Psychology.
- This test / scale is the intellectual property of the National Institute of Psychology. No part of this test / scale may be reproduced or photocopied or disseminate or to republish without written permission from the National Institute of Psychology.
- I am also under obligation to share my data and research findings with the TRC of National Institute of Psychology.



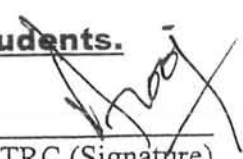
Research Supervisor



Student

**Permission granted for the above mentioned research only.**

**You are not allowed to share this scale /test with other students.**

  
 Incharge TRC (Signature)

Test Resource Centre,

National Institute of Psychology, Quaid-i-Azam University

## Perceived Social Support Scale

نیچے دیئے گئے بیانات نوجوان لڑکوں اور لڑکیوں کے اپنے دوستوں کے ساتھ تعلقات کے دوران احساسات اور تجربات کو واضح کرتے ہیں۔ ہر بیان کے ممکنہ جوابات (ہاں - نہیں - معلوم نہیں) میں سے کسی ایک جواب پر (جو آپ کے لئے مناسب ہے) ( ) کا نشان لگائیں۔ -

نمبر شمار	بیانات	نہیں	معلوم نہیں	ہاں
1	میرے دوست میری اخلاقی حمایت کرتے ہیں جسکی مجھے ضرورت ہے۔			
2	جب بھی میں افسردہ محسوس کرتا/کرتی ہوں تو میرا/میری ایک ایسا/ایسی دوست ہے جس کے پاس میں جا سکتی/سکتا ہوں جسکے بارے میں بعد میں مضحکہ محسوس نہیں کرتا۔			
3	میرے دوست میری ذاتی ضروریات کے بارے میں حساس ہیں۔			
4	کئی دوستوں کے ساتھ میرے دکھ سکھ بانٹنے والے گہرے تعلقات ہیں۔			
5	میرے لئے کوئی چیز کرنے یا بنانے کے لئے میرے دوستوں کے پاس اچھے خیالات (Ideas) ہوتے ہیں۔			
6	میرے دوست میری رفاقت/صحبت میں وقت گزارنا پسند کرتے ہیں۔			
7	میرا خاندان میری اخلاقی حمایت کرتا ہے۔ جس کی مجھے ضرورت ہوتی ہے۔			
8	میں جذباتی حمایت کے لئے اپنے خاندان پر انحصار کرتا/کرتی ہوں۔			
9	جب بھی میں افسردہ محسوس کرتا/کرتی ہوں تو میرے خاندان میں ایسا کوئی (فرد) ہے جس کی طرف میں جا سکتی/سکتا ہوں۔ جس کے بارے میں مضحکہ خیز محسوس نہیں کرتا/کرتی۔			
10	میرا خاندان میری ذاتی ضروریات کے بارے میں حساس ہے۔			
11	میرے خاندان کے افراد کے پاس میرے لئے کچھ کرنے یا بنانے کے لئے اچھے خیالات ہوتے ہیں۔			
12	یونیورسٹی کا عملہ میری اخلاقی حمایت (مدد) کرتا ہے جس کی مجھے ضرورت ہوتی ہے۔			
13	میں یونیورسٹی کے عملے میں دی جانے والی جذباتی حمایت پہ انحصار کرتا/کرتی ہوں۔			
14	یونیورسٹی کے عملے کے افراد میری ذاتی ضروریات کے بارے میں آگاہ ہیں۔			
15	یونیورسٹی کے عملے کے افراد مسائل کے حل کے لئے میری مدد کرنے میں اچھے ہیں۔			
16	میرے خاندان کے افراد مسائل کے حل کے لئے میری مدد کرنے میں اچھے ہیں۔			

02/2018

permission for depression anxiety stress scale 21 items. - nidahabib224@gmail.com - Gmail

in:sent

[Click here to enable desktop notifications for](#)

Move to Inbox

Gmail

COMPOSE

permission for depression anxiety stress scale 21 items. Inbox x

Inbox (8)


Starred

Sent Mail


Drafts

Unwanted

More

 **nida habib** <nidahabib224@gmail.com>  
to P.Lovibond

respected sir/madam i am student of Msc Psychology Quaid e Azam university Islama kindly give me permission for use this scale.  
thankyou.  
regards nida habib

 **Peter Lovibond** <p.lovibond@unsw.edu.au>  
to me

Dear Nida,

You are welcome to use the DASS in your research. Please see the DASS website y languages) and scoring key. Please also see the FAQ page on the website for furth

Best regards,  
Peter Lovibond

Sign in

Signing in will sign you into  
Hangouts across Google  
[Learn more](#)

**From:** nida habib [mailto:nidahabib224@gmail.com]  
**Sent:** Tuesday, 22 August 2017 6:21 PM  
**To:** Peter Lovibond <p.lovibond@unsw.edu.au>  
**Subject:** permission for depression anxiety stress scale 21 items.



 **nida habib** <nidahabib224@gmail.com>

## Student Copy

**PERMISSION FORM**  
(For Research Only)

Applicant's Name Nida Habib Supervisor's Name Dr. Humaira Jami

Applicant's Email Nidahabib224@gmail.com

Institution/ Department NIR

Topic of Research Assertiveness skills, Social support and Depression

M.Sc. / M.Phil / M.S / Ph.D / Diploma MSc

Test Required: (scale title, year, author) DASS-21

**Undertaking**

- This is hereby specified that the above mentioned information is correct.
- I applied for the above mentioned scale after consultation with my supervisor.
- I also understand that I have to follow the copy rights requirements of the National Institute of Psychology.
- This test / scale is the intellectual property of the National Institute of Psychology. No part of this test / scale may be reproduced or photocopied or disseminate or to republish without written permission from the National Institute of Psychology.
- I am also under obligation to share my data and research findings with the TRC of National Institute of Psychology.

Humaira Jami  
Research Supervisor

Nida Habib  
Student

**Permission granted for the above mentioned research only.**

**You are not allowed to share this scale /test with other students.**

[Signature]  
Incharge TRC (Signature)  
Test Resource Centre,

National Institute of Psychology, Quaid-i-Azam University

## Depression Anxiety Stress Scale

نوٹ: مندرجہ ذیل بیانات میں سے جو گزشتہ ایک ہفتے کے دوران آپ پر صبح تا شب ہوئے ہوں ان کے سامنے 0, 1, 2, 3 میں سے کسی ایک ہندسہ پر نشان لگائیں۔ کہ آپ کے جوابات کچھ صحیح یا غلط تصور نہیں کیا جائے گا۔

نمبر شمار	بیانات	کبھی نہیں	کبھی کبھار	زیادہ تر وقت
		0	1	2
-1	میرے لئے پرسکون ہونا مشکل ہوتا جا رہا ہے۔			
-2	مجھے یہ احساس ہوتا رہا ہے جیسے میرا منہ خشک ہو رہا ہے۔			
-3	مجھے کسی قسم کے مثبت جذبات محسوس نہیں ہوئے۔			
-4	مجھے سانس لینے میں دشواری محسوس ہوتی رہی ہے۔ (بغیر کسی جسمانی مشقت والے کام کے)			
5	مجھے کسی کام کے کرنے کے لئے آغاز کرنا مشکل محسوس ہوتا رہا ہے۔			
-6	میں نے بعض حالات میں غیر ضروری رد عمل کا اظہار کیا۔			
-7	مجھے کپکپاہٹ محسوس ہوتی رہی ہے۔ (مثلاً ہاتھوں میں)۔			
-8	میں نے محسوس کیا ہے کہ میں بہت زیادہ ذہنی توانائی استعمال کر رہی / رہا ہوں۔			
-9	میں ایسے حالات سے گھبرائی / گھبراتا رہا جن سے میرے احمق بننے اور میری بے چینی بڑھنے کا خدشہ تھا ہوتا ہے۔			
-10	میں اپنا مستقبل تاریک محسوس کرتی / کرتا رہا۔			
-11	مجھے اپنے آپ میں چڑچڑاپن محسوس ہوتا رہا۔			
-12	میں ذہنی طور پر بے سکونی محسوس کرتی / کرتا ہوں۔			
-13	میں اداسی محسوس کرتی / کرتا ہوں۔			
-14	میرے لئے اس چیز یا اس شخص کو برداشت کرنا مشکل رہا ہے جو میرے کام میں رکاوٹ پیدا کرے			
-15	مجھے محسوس ہوتا رہا ہے جیسے مجھے دورہ پڑنے لگا ہے۔			
-16	مجھے کسی بھی کام میں دلچسپی نہیں رہی۔			
-17	مجھے محسوس ہوتا رہا کہ میں کسی قابل نہیں ہوں۔			
-18	مجھے محسوس ہوتا رہا کہ میں بہت جذباتی ہو جاتی / جاتا ہوں۔			
-18	مجھے بلاوجہ بغیر کسی جسمانی مشقت کے دل کہ دھڑکن تیز محسوس ہوتی رہی۔			
-20	میں بغیر کسی وجہ کے خوفزدہ ہو جاتی / جاتا ہوں۔			
-21	مجھے یہ احساس ہوتا رہا کہ زندگی بے معنی ہے۔			

## ذاتی کوائف

- عمر: \_\_\_\_\_
- جنس: \_\_\_\_\_ مرد \_\_\_\_\_ عورت \_\_\_\_\_
- جماعت: \_\_\_\_\_
- ڈیپارٹمنٹ: \_\_\_\_\_
- کیا آپ کے والدین حیات ہیں؟ \_\_\_\_\_ ہاں \_\_\_\_\_ نہیں \_\_\_\_\_
- والد کی تعلیم: \_\_\_\_\_ والد کا پیشہ: \_\_\_\_\_
- والدہ کی تعلیم: \_\_\_\_\_ والدہ کا پیشہ: \_\_\_\_\_
- خاندانی نظام: \_\_\_\_\_ مشترکہ \_\_\_\_\_ انفرادی \_\_\_\_\_
- خاندان کی ماہانہ آمدنی: \_\_\_\_\_
- دوستوں کی تعداد جن سے آپ روز ملتے ہیں؟ \_\_\_\_\_

## Informed Consent

میں نذا حبیب قومی ادارہ نفسیات قائد اعظم یونیورسٹی اسلام آباد کی ایم ایس سی کی طالبہ ہوں اور اپنی ڈگری کے حصول کے لیے ایک ریسرچ کر رہی ہوں جس کا مقصد یہ جاننا ہے گفتگو میں اعتماد کا اظہار اور اس سلسلے میں حاصل کردہ سماجی حمایت طلبہ کے ذہنی صحت پر کس طرح سے انداز ہوتی ہے۔ یہ ایک ایسا ادارہ ہے جو تدریس و تعلیم کے ساتھ انسانی معاشرتی مسائل پر بھی ریسرچ کرتا ہے۔ موجودہ ریسرچ بھی اسی سلسلے کی ایک کڑی ہے۔ جس کے لیے ہمیں آپ کا تعاون درکار ہے۔

آپ کے خدمت میں کچھ سوال نامے پیش کیے جا رہے ہیں۔ آپ سے درخواست ہے کہ سوالنامے کے ساتھ دی گئی ہدایات کو غور سے پڑھیں اور ان کی روشنی میں جواب دیں۔ آپ سے درخواست ہے کہ آپ ممکنہ حد تک ایمانداری سے جواب دیں۔

آپ کو یقین دلایا جاتا ہے کہ آپ کی معلومات صیغہ راز میں رکھی جائے گی اور صرف تحقیقی مقاصد کے لیے استعمال کی جائیں گی۔ برائے مہربانی کوئی بھی بیان خالی نہ چھوڑیں۔ تمام بیانات کے متعلق اپنے جوابات کا اظہار ضرور کریں۔

آپ کے تعاون کا شکریہ۔

اگر آپ اس تحقیق کا حصہ بننا چاہتے ہیں تو نیچے دی گئی جگہ پر دستخط کریں۔

دستخط:

ذاتی دستخط:

نیشنل انسٹیٹیوٹ آف سائیکالوجی، قائد اعظم یونیورسٹی اسلام آباد