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Perceived Social Support and Loneliness as Influencing Factors of Mental Well-Being in Adults

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ABSTRACT

Mental health is a significant aspect of the general health, and social factors have a profound impact on it. Among them, the sense of loneliness and the perceived social support play a very significant role in the psychological outcomes. This paper has examined the relationship between the mental health of people, their loneliness and the perceived social support of the people. The data collection was carried out through a cross-sectional survey that involved 200 individuals aged above 18 years and below 65 years. They were standardized instruments such as the Multidimensional Scale of Perceived Social Support (MSPSS), the UCLA Loneliness Scale and the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS). The Pearson correlation analysis has shown that there is a significant positive correlation between mental well-being and perceived social support, but the relationship between loneliness and mental well-being is significant and negative. The findings reveal the detrimental effect of loneliness on the mental health of adults and the possibility of social support to prevent loneliness. Mental health may be enhanced through interventions that augment social support groups and reduce loneliness.

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Introduction

Well-being is an important aspect of mental health and it involves several spheres of human activity, such as emotional management, social interdependence, life purpose, and the capacity to deal with daily requirements (Sansakorn et al., 2024). Mental health is not just a lack of mental illness but an indicator of a good state of functioning whereby, people can achieve their capabilities, respond positively to everyday stressors of life, work effectively, and contribute effectively to their communities (World Health Organization [WHO], 2022). Modern approaches to mental health focus on the systematic approach, which involves the combination of psychological, social, and environmental variables that have a combined impact on the health of individuals (Keyes, 2007; Huppert, 2009). Mental well-being may be

described as the ability to adapt to daily stresses, have significant interpersonal interactions, and have a positive attitude towards themselves and the world around them (Sarfraz et al., 2022). It has been shown that positive mental well-being is associated with improved physical health outcomes, improved cognitive functioning, and greater life satisfaction, which is why it is important throughout the life span (Ryff and Singer, 2008; Diener et al., 2018). On the other hand, the undermined mental health is linked to an increased susceptibility to anxiety, depression, burnout, and other mental challenges. Among other psychosocial determinants of mental health, perceived social support and loneliness have always succeeded to prove to be two of the strongest and most powerful determinants. Social support is the capacity of an individual to think that he/she is cared about, valued, and can get emotional, informational, or instrumental help when required because of other people (Sawangchai et al., 2022; Hassan et al., 2024; Riaz et al., 2018). Notably, perceived social support is an expression of subjective appraisal and not objective network size and the perception of social support has been found to be a better predictor of mental health outcomes than objective received support (Lakey and Orehek, 2011).

Firm empirical research on the topic proves that increased perceived social support levels are linked to better levels of psychological health, less depressive and anxious states, and reduced psychological distress among diverse groups of people (Santini et al., 2020; Wang et al., 2021; Taylor, 2011). According to the stress-buffering model, social support can help people to overcome the negative consequences of stress by increasing their coping resources, developing emotional resiliency, and making more positive appraisals of the stressful events (Thoits, 2011; Cohen and Wills, 1985). Patients with a perceived high social support are more likely to have more emotional regulation and they recover more successfully after stressful or traumatic events. On the contrary, loneliness is a distressing subjective emotional condition, which is discontent with the number or quality of social interactions (Ahmed et al., 2023). In contrast to social isolation, a phenomenon that implies an objective deficiency of social interaction, loneliness is a perception of a mismatch of desired and real social interactions (Hawkley and Cacioppo, 2010). This difference is essential, because, on the one hand, people can feel lonely when there are other people around; on the other hand, people can feel well being lonely, and vice versa. Loneliness is one of the psychological risks that have been named in the growing number of studies as associated with depression, anxiety, lower life satisfaction, sleep disturbances, and overall worse mental health (Buecker and Horstmann, 2022; Cacioppo and Cacioppo, 2018). Maladaptive thinking increased social threat perception, negative self-assessment have also been linked to chronic loneliness and may contribute to future worsening of psychological distress (Qualter et al., 2015).

In addition, longitudinal research indicates that loneliness does not only co-exist with mental health issues, but it can also be used as a predictive of mental health issues and their continuance in the long run (Hawkley and Cacioppo, 2010). Even though the perceived social support and loneliness are the conceptually correlated constructs, they reflect the different psychological constructs that impact mental health in dissimilar ways. People could have poor social ties but still feel that they have high emotional support, or they could have many social contacts but feel very lonely (Lim et al., 2020). It has been shown that perceived social support mostly acts as a protective variable, but loneliness acts as a risk variable and has an independent and interactive effect on mental health outcomes (Holt-Lunstad, 2022). The role of loneliness and perceived social support is of particular significance in modern communities in which the rapid social change, growing workloads, urbanization, and digital communication has altered the character of social relationships. The adult population can be of particular interest to this study due to their vulnerability to social connectedness disruptions in the wake of heightened social, professional, and psychosocial stressors. In this

respect, the current paper will focus on analyzing the interdependence between mental health, perceived social support and loneliness as an addition to a further insight of the connection between social experiences that can influence psychological well-being.

The purpose of study

This research purpose was to establish the relationship between perceived social support and loneliness and their effect on adults' mental wellbeing (figure 1). The main focus of this research is whether higher levels of perceived social support are related to increased mental wellbeing and whether the level of loneliness is negatively related to the level of adult mental wellbeing. This research also attempts to determine whether perceived social support and loneliness are associated with one another to understand how these two social factors interact with each other and to determine how they jointly influence psychological outcomes. By identifying how perceived social support and loneliness relate to one another and how both of these social factors relate to adult mental wellbeing, this study will better define the joint contributions of perceived social support and loneliness as primary indicators of adult mental wellbeing.

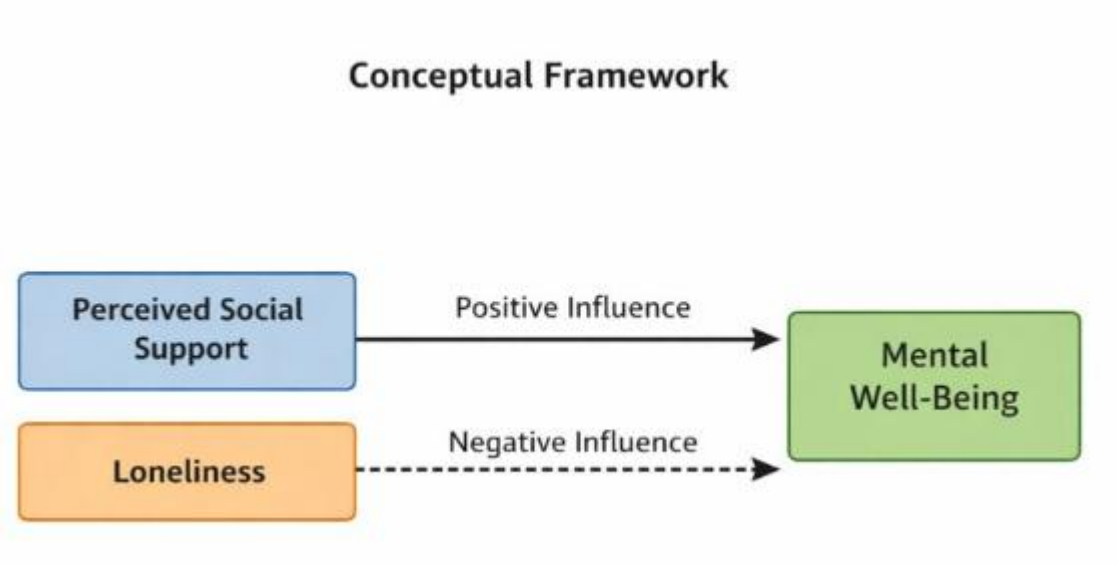

Figure 1: Conceptual Framework of Study

Literature Review

Perceived Social support and mental health.

Most of the population concurs that having the sense that you have someone to count on is among the best support you can ever give to your mind. It is the subjective evaluation of a person concerning the extent and the quality of emotional, practical and informational support that the social network can offer to him or her. In comparison with objective social support, perceived social support focuses on personal assessment, which has been found to have a better association with mental health outcomes (Thoits, 2011; Wang et al., 2021). It has been demonstrated by a large amount of research that the more perceived social support one has, the happier and more emotionally stable one becomes, with lower levels of psychological distress, anxiety, and depression as well (Santini et al., 2020; Holt-Lunstad et al., 2021). According to the stress-buffering theory, social support enhances the coping mechanism of people and mitigates the adverse psychological effects of stressors, thus safeguarding mental health (Thoits, 2011). Recent studies have noted the importance of

perceived social support among adults. Indicatively, Wang et al. (2021) reached a conclusion that individuals who perceived themselves to be relatively supported by others had less mental health issues despite being highly stressed. Similar conclusions were made by Holt-Lunstad (2022), who emphasized that perceived social connection has a strong influence on the psychological resilience and global well-being throughout the lifespan. The positive impacts of the perceived social support are independent of the size of the social network of a person. People in large networks and who feel that they are less supported tend to have more successful mental health outcomes in comparison to their counterparts (Lim et al., 2020). These findings demonstrate the significance of perception on the relationship between social support and mental health.

Loneliness and Mental Well-Being.

Loneliness refers to a state of emotion that arises as a result of the perceived distance between the desired and real social relations. It is clear-cut to social isolation, which is characterized by non-social interactions. Loneliness is closely associated with adverse morbidity rates, which is why it has become a severe social issue (Cacioppo and Cacioppo, 2018; Holt-Lunstad, 2022). Most of the studies have indicated that solitude may result in emotional issues, anxiety, hopelessness, and poorer mental health. The new meta-analysis by Buecker and Horstmann (2022) demonstrates that loneliness is a powerful predictor of depressive symptoms and poor mental health in a long-term perspective. According to Loades et al. (2020), loneliness is associated with the inability to control your feelings and experience a more distressing state of mind. The cognitive and emotional processes that fail when you are alone include negative self-assessment, which is more vulnerable to social rejection, weak emotional control, and bad emotional regulation. According to Hawkowley and Cacioppe (2010), these processes can be self-reinforcing where social withdrawn people feel more lonely and psychologically unwell. Recent research indicates that individuals who are persistently lonely are perhaps susceptible to develop chronic mental illnesses. Lim et al. (2020) have discovered that continuous loneliness was associated with worse mental health and lesser life satisfaction despite the demographic and psychological control variables. These findings indicate that isolation is a considerable and distinct risk factor of mental illnesses.

How Perceived Social Support and Loneliness jointly affect Mental Well-Being.

Loneliness refers to a state of emotion that arises as a result of the perceived distance between the desired and real social relations. It is clear-cut to social isolation, which is characterized by non-social interactions. Loneliness is closely associated with adverse morbidity rates, which is why it has become a severe social issue (Cacioppo and Cacioppo, 2018; Holt-Lunstad, 2022). Most of the studies have indicated that solitude may result in emotional issues, anxiety, hopelessness, and poorer mental health. The new meta-analysis by Buecker and Horstmann (2022) demonstrates that loneliness is a powerful predictor of depressive symptoms and poor mental health in a long-term perspective. According to Loades et al. (2020), loneliness is associated with the inability to control your feelings and experience a more distressing state of mind. The cognitive and emotional processes that fail when you are alone include negative self-assessment, which is more vulnerable to social rejection, weak emotional control, and bad emotional regulation. According to Hawkowley and Cacioppe (2010), these processes can be self-reinforcing where social withdrawn people feel more lonely and psychologically unwell. Recent research indicates that individuals who are persistently lonely are perhaps susceptible to develop chronic mental illnesses. Lim et al. (2020) have discovered that continuous loneliness was associated with worse mental health and lesser life satisfaction despite the demographic and psychological control variables.

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Method

Research Design

The correlational methodology that was used is a cross-sectional study, which was used to investigate the relationships between the perceptions of social support, loneliness, and mental health in the minds of adults.

Participants

The sample was composed of 200 individuals aged between 18 and 65 years and was majorly the young adulthood category. Random sampling was done to select the participants. The descriptive characteristics of the sample are demonstrated in Table1.

Measures

Perceived Social Support

The Multidimensional Scale of felt Social Support (MSPSS) was utilised to assess felt social support. In this study, the scale's acceptable internal consistency (α =.79) exceeded the minimum reliability criteria required by APA standards.

Loneliness

The UCLA Loneliness Scale (Version 3) was utilised to assess loneliness. The measurement of experienced loneliness was considered reliable due to its strong internal consistency (α = .86).

Mental Well-Being

The Warwick–Edinburgh The Mental Well-Being Scale (WEMWBS) was utilised to assess mental health. The scale's excellent internal consistency (α =.93) showed that it was quite reliable.

Data Analysis

Analysis of the data was done on IBM SPSS. Each variable was computed to give the descriptive statistics (M, SD, minimum, maximum). In a bid to verify the degree of internal consistency, we used Cronbach alpha coefficients. To test the relationships between perceived social support, loneliness, and mental health, we employed Pearson product-moment correlation coefficients to find out how the variables related to one another. At =.01, statistical significance was estimated with a two tailed test.

Results

Demographic Characteristics

Demographically, the study sample comprised 200 subjects, of which a higher percentage of male subjects (57.5%) than female (42.5%) was included in the sample (table 1). The study population represented a predominance of both young adult (96.0%) and middle-aged participants (2.5%), while most participants fell within the old age category at 0.15%. Of the family structures reported by study participants, slightly more than half (53.0%) were classified as nuclear family units, and the remaining study populations comprised of members belonging to the larger family unit comprised of interrelated persons from different

households (composite obligatory). The demographics of the marital status of study participants included 84.5% single and 14.5% married, with only 1.0% divorced participants.

Table 1. Demographic characteristics of participants (N = 200)

Variable	Category	Frequency (f)	Percentage (%)
Gender	Male	115	57.5
	Female	85	42.5
Age group	Young adulthood	192	96.0
	Middle adulthood	5	2.5
	Old age	3	1.5
Family structure	Nuclear	106	53.0
	Joint	94	47.0
Marital status	Single	169	84.5
	Married	29	14.5
	Divorced	2	1.0

Reliability and Descriptive Statistics

The reliability and descriptive statistics of the study variables are presented in Table 2. All scales demonstrated good to excellent reliability.

Table 2. Descriptive statistics and reliability coefficients of study variables (N = 200)

Variable	Cronbach's α	Mean (M)	SD	Minimum	Maximum
MSPSS	0.787	55.01	12.06	13.00	75.00
Loneliness (UCLA)	0.863	54.67	13.84	20.00	80.00
Mental Well-Being (WEMWBS)	0.927	45.42	10.74	14.00	70.00

Descriptive statistics and reliability estimates for all study variables are presented in Table 2. Cronbach's alpha coefficients ranged from .79 to .93, indicating acceptable to excellent internal consistency across measures.

Mean scores suggested moderate levels of perceived social support (M = 55.01, SD = 12.06), moderate to high loneliness (M = 54.67, SD = 13.84), and moderate mental well-being (M = 45.42, SD = 10.74).

Correlation Analysis

Pearson correlation analysis was conducted to examine relationships among perceived social support, loneliness, and mental well-being. As shown in Table 3, perceived social support was positively correlated with mental well-being, whereas loneliness showed a strong negative association with mental well-being.

Table 3. Pearson correlation matrix of study variables (N = 200)

Variable	1	2	3
1. Perceived Social Support	-	0.492**	0.475**
2. Loneliness	-	-	0.704**
3. Mental Well-Being			-

The analysis of Pearson product-moment correlation found that there were statistically significant correlations between perceived social support and loneliness and mental well-being (see Table 3). The relationship between perceived social support and mental well-being was found to be positive, $r(198) = .48$, $p < .01$ meaning that the higher the perceived social support, the better the mental well-being. This is a moderate positive correlation according to APA standards of effect size. Mental well-being was also slightly and negatively related to loneliness, $r(198) = -.70$, $p < .01$, which is characterized by high effect size. This implies that the more people felt lonely, the worse their mental health was. Also, the perceptions of social support had a moderate relationship with loneliness, $r(198) = -.49$, $p < .01$, which showed that people with higher perceptions of social support had less loneliness. This set of results, in general, confirm the relationships proposed in the hypothesis and highlights the key importance of social connectedness as an indicator of psychological well-being.

Discussion

The research results present empirical evidence of the proposed associations between the perceived social support, loneliness, and mental well-being. The medium positive relations between perceived social support and mental well-being are aligned with the previous studies that showed that positive social connections enhance emotional control, resilience, and psychological activity (Holt-Lunstad et al., 2021; Santini et al., 2020). Loneliness on the other hand had a considerable negative effect on mental health with lonelier individuals reporting considerably worse outcomes related to mental health. This result is consistent with the recent meta-analytic and longitudinal research, which determines loneliness as a significant threat to depression, anxiety, and reduced well-being (Buecker and Horstmann, 2022; Loades et al., 2020). The quality of this relationship implies that loneliness has a potentially greater deleterious impact on mental health than social support is thought to have. The correlation between the perceived social support and loneliness is inversed, which supports the theoretical models according to which social support can be discussed as a protective factor to reduce the experience of social isolation (Lim et al., 2020). These findings demonstrate the need to have both constructs, which can be discussed as essential in mental health interventions. Social support programs that minimize loneliness can be particularly useful in enhancing the mental health of adults (Holt-Lunstad, 2022; Wang et al., 2021, Fang and Iqra Mushtaque, 2024).

Practical and Policy Implications

The findings demonstrate the significance of mental health treatment that enhances the sense of social support and at the same time decreases the loneliness. Community-based programs, peer support, and family-based approaches can all prove of great service in terms of mental health. The social connections should be mentioned as the part of the prevention and intervention in mental health policies.

Limitations of the Study and Recommendations for Future Research

Even a valuable study, this work has significant flaws. The cross-sectional design does not allow making causal inferences and the sample used may not be representative of the population since it includes young adults. Future studies are needed to utilize longitudinal designs, a broader age population and examine possible mediating factors, including coping styles, psychological resilience, and emotion management.

Conclusion

This paper demonstrates that perceived social support and lonely are significant indicators of mental health in individuals. Enhancement of social support and reduction of loneliness are potentially significant to improve mental and general quality of life.

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