

Research Thesis

**EFFECT OF SOCIAL SUPPORT, PSYCHOLOGICAL RESILIENCE
AND STRESS ON MENTAL HEALTH AMONG COMPETITIVE
ATHLETES**



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2025

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AND STRESS ON MENTAL HEALTH AMONG COMPETITIVE
ATHLETES**

Submitted to the Department of Psychology (Male Campus), International
Islamic University Islamabad in the partial fulfillment of the requirements

for the award of degree of

MS

IN

CLINICAL PSYCHOLOGY

By

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DECLARATION

I, Mr. Manzoor Ahmed, Registration No. 500-FSS/MSCP/F23 student of MS in Clinical Psychology, session 2023-2025, hereby declare that the matter printed in the thesis titled: ‘EFFECT OF SOCIAL SUPPORT, PSYCHOLOGICAL RESILIENCE AND STRESS ON MENTAL HEALTH AMONG COMPETITIVE ATHLETES` is my own work and has not been printed, published and submitted as research work, thesis or publication in any form in any University, Research Institution etc in Pakistan or abroad.

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RESEARCH COMPLETION CERTIFICATE

Certified that the research work contained in this thesis titled: 'EFFECT OF SOCIAL SUPPORT, PSYCHOLOGICAL RESILIENCE AND STRESS ON MENTAL HEALTH AMONG COMPETITIVE ATHLETES` has been carried out and completed by Mr. Manzoor Ahmed, Registration No: 500-FSS/MSCP/F23 under my supervision.

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DEDICATION

All praise and gratitude are due to Almighty Allah (SWT), the Most Beneficent and Merciful, whose divine will and blessings enabled me to reach this significant milestone in my academic journey. It is through His guidance, the heartfelt prayers of my parents, and the unwavering support and dedication of my teachers that I have been able to successfully complete my MS thesis. I would like to dedicate this work to my beloved parents and my supervisor, whose crucial roles and constant support have been instrumental throughout this endeavor. I am deeply thankful to my supervisor, Dr. Sabir Zaman, for his invaluable guidance, insightful feedback, and continuous encouragement throughout the course of this research. His mentorship has been a cornerstone in the completion of this thesis. My sincere appreciation also extends to my peer group for their encouragement, cooperation, and warm wishes, which have kept me motivated. I am especially grateful to my family for their endless support, love, and motivation that carried me through challenging times.

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ACKNOWLEDGEMENT

I solemnly declare that the current research entitled: ‘EFFECT OF SOCIAL SUPPORT, PSYCHOLOGICAL RESILIENCE AND STRESS ON MENTAL HEALTH AMONG COMPETITIVE ATHLETES` is my personal work. It is not plagiarized nor copied from any other sources, and that I have followed all the research and ethical protocols. I am submitting this research to Department of Psychology, Faculty of Social Sciences, International Islamic University Islamabad as a partial fulfillment for the award of the degree of MS in Clinical Psychology. I also declare that I will not use this research for my degree program in future.

Abstract

Mental health is a critical factor influencing both athletic performance and overall well-being among competitive athletes. This study investigated the effects of social support, psychological resilience, and stress on the mental health of competitive athletes. It examined how social support from coaches, teammates, family, and friends, enhances mental well-being while also understanding the mediating role of psychological resilience in this relationship. Additionally, the study assessed the moderating impact of stress on the relationship of social support and mental health. Using a quantitative cross-sectional research design, data was collected from 200 athletes competing at regional, provincial, federal, and university levels. Standardized psychological scales were used to assess social support, mental health, stress, and resilience. Statistical analyses, including correlation and regression models, were employed to determine relationships among variables. The results identified a positive association between social support and mental health ($r = .22, p < .01$) along with social support being a predictor of athletic mental health ($\beta = .08, p < .001$), explaining a variance of 5% ($R^2 = .05$). Psychological resilience was found to be a mediator for the relationship of social support and mental health ($\beta = .05, 95\%$ of CI [.02, .08]). No moderating role of stress was found. The study provided insights into enhancing mental health interventions for athletes, developing effective support structures, and addressing the unique challenges faced by Pakistani athletes. Findings contributed to the broader understanding of psychological resilience and stress management in competitive sports, with implications for sports psychology and athlete well-being.

Keywords: Social Support, Mental Health, Psychological Resilience, Stress

INTRODUCTION

Social Support

Social support is one of the most important asset in an individual's life specially in context of a retiring athlete involved in elite sports who has to navigate through different life changes. Moving away from competitive athletes can be a very challenging task as it can involve a loss of purpose, adjustment to different social roles, possibility of identity issues and alignment with a life devoid of any athletic activities. The outcome of these changes can lead to significant difficulties involving stress of social, psychological and emotional nature. Different studies have concluded that social support is something which can work as a barrier against these stresses specially during the post-retirement phase (Stambulova et al., 2007). Social support itself can have various complexities, different mechanisms to impact or influence mental health or wellbeing of athletes (Park et al., 2013).

Clement and Shannon (2011) has their own way of defining social support which involves the interchanging of resources between different individuals with the sole purpose of improving the mental wellbeing. The researchers described two different theoretical mechanism that lay the foundation of social support; direct effect hypothesis and the buffering hypothesis. As per buffering hypothesis, the negative impact of stresses are diminished by social support through the provision of informational, emotional and tangible resources among athletes whereas the direct effect hypothesis puts a spotlight on a more direct approach impacting an athlete's mental health through the enhancement of

psychological and physical health. It is said that these two hypothesis are a bedrock for a better understanding of the impact of social support on the mental health of athletes specially those going through a retirement phase.

A study conducted by DeFreese and Smith (2013) highlighted the importance of social support in controlling burnout among athletes and magnifying motivation. When explored, three components of social support was magnified. These include perceived support availability, received support and support satisfaction. The faith or belief among athletes that when the time comes and there is a need for social support, it will be readily available, this was classified as perceived support availability. The support from different sectors that is actually available or provided is the received support whereas the contentment of an athlete with the support he/she is receiving is deemed as support satisfaction. A previous study identified that perceived support availability has a much more impact in lessening burnout than actual support received. It calls attention to the fact that having faith in the possible availability of social support can lead to positive outcomes of an individual`s psychological condition (DeFreese & Smith, 2013).

One of the study by Defreese and Smith (2014) highlighted the vast significance of social support among athletes from acting as a buffering mechanism for stress to help in coping with psychological distress which may include different forms of familial or professional unsupportive behavior. In general it can be said that there exists some sort of connection between social support, stress, mental health and resilience. It was also highlighted that apart from social support, it`s the perception both positive and negative which can be an important factor in crafting an individual`s psychological functioning.

All in all previous studies have highlighted how social support is a significant predictor of athlete`s burnout and wellbeing (DeFreese & Smith, 2014).

Katagami and Tsuchiya (2017) were of the view that social support is brought up by four different dimensions which includes emotional, informational, self-esteem and tangible support and each dimensions has its own impact of athlete`s psychological wellbeing. Emotional dimension involves warmth, kindness and concern while esteem brings out feelings of capability, capacity and self-respect. Informational support on the other hand helps in providing direction whereas tangible support offers pragmatic or real solutions to the problems. In another study Mitchell et al. (2013) identified the difference between perceived available support and received support and how differently it influences an athlete`s responses to stress specially when they are dealing with an injury.

One hypothesis which is referred to as stress buffering hypothesis mentions how the use of social support mitigates the negative effect of stress for athletes specially in situations which are difficult to manage like having a serious career altering injury. During that difficult time it is important for an athlete that emotional and material support is always available to them as it enhances their motivation, makes them more resilient against life difficulties and fastens up the recovery process during rehabilitation (Cohen & Wills, 1985).

Rhind, Jowett, and Lorimer (2011) also emphasized the positive influence of social support in decreasing burnout among competitive athletes. Another study relates to social support to the web of individuals who you can always back on during a challenging time to provide support of tangible, emotional nature (Albrecht & Adelman,

1984). The main effect model of social support highlights that social support has a comprehensive and a universally beneficial or a healing impact on the mental wellbeing of individuals regardless of whether they are injured or not (Cohen & Syme, 1985).

Rosenfeld, Richman, and Hardy (1989) further elaborated social support as a process of interchanging of different resources among individuals which is recognized as a way of improving mental wellbeing by both the giver and the recipient. It is the process of how different individuals meet and recognize the need to provide emotional comfort during stressful events thereby enhancing physical as well as mental recovery (Shumaker & Brownell, 1984).

One particular research by Udry (1997) highlighted the importance of social support in injury recovery because it provides the required informational, psychic, spiritual and practical resources for an athlete to rehabilitate from the negative psychological consequences. An injury suffered by an athlete can have severe negative consequences which may include frustration, feeling of isolation and anxiety. Emotional aspect of social support helps an athlete in coping with these issues in a much better and efficient way (Bianco & Eklund, 2001).

The role of perception in social support is much more significant than the actual support received by an individual. A previous study pointed out that an athlete who has a very strong and positive perception regarding his social support tend to deal with stressors more efficiently even if the actual support is not to the level of their perception (Uchino, 2009)

Psychological Resilience

When it comes to dealing with life adversities or challenges, it is the psychological resilience which is considered the most distinguishing characteristic of an individual. Drawing the light towards athletes, resilience empowers them the ability to remain stable and have the necessary adaptive functioning to face the struggles both in their personal and professional sporting lives. Resilience is also considered to be more important for an athlete as they have to face much more diverse and severe forms of stressors which can include career threatening injuries and dealing with life post retirement. The nature of resilience is considered to be dynamic in nature. It does not flow in a single line rather it evolves for individuals and their interactions with environment. It is also brought into knowledge that resilience is molded not just from external elements (social and environmental influences) but also from internal elements (psychological and genetic). The output from an individual's resilience is seen through emotional regulation, better coping and recovery leading to a comprehensive performance and psychological wellbeing among competitive athletes (Davydov et al., 2010).

There are many ways to elaborate psychological resilience but it is universally accepted that biopsychosocial model is the most agreed upon explanation. It merges biological, social and psychological factors to describe the way an individual deals or copes with difficult times. According to this model, resilience is much like multi-level system where an individual's resilience is made up of both strategies which are inborn or natural and those which through life experiences that are acquired. Resilience is often related to an immune system having different factors (specific and non-specific) which

eventually assists in toning down the influence of stress. Evolution of resilience over time due to different social, societal or individual reasons makes it a dynamic mechanism (Davydov et al., 2010)

Many confuse resilience as a mechanism or survival but its not just that. It's the ability to expand and flourish in times of adversity or challenges. When it comes to competitive athletes, resilience is the ability to maintain a life style of optimism, commitment, and enjoyment of all the success in the career. What resilience does is to satisfy the basic athletic psychological needs of being related, competitive and total autonomy and helps in prevention of declination of this needs which may end up leading to serious burnout and detachment (González, Castillo, & Balaguer, 2019). Resilience is often described as an engine that keeps the athletic flowing even they are going through a bad patch of poor showing or different injuries (Özdemir, 2019).

Resilience is often said to be something inherent, which an individual is born with and described as an ability to show up or perform in a difficult or pressure situation. One study was conducted on Olympic athletes and it was found that they exhibited resilience from their capacity of using stress or pressure as a fountain of motivation and thriving in that difficult situation. That along with their traits of extreme focus and laser dedication were the foundation of resilience (Fletcher & Sarkar, 2012). When further studied, it was found that the athletes had an innate tendency of meta-cognition i-e thinking about their own thoughts, being aware of them, reflecting upon them and changing course when needed. This results in not only the enhancement of resilience but it also helps in increasing overall outcome or performance (Fletcher & Sarkar, 2012).

The positive impact of resilience can be seen in an individual through their overall growth, their change in self-identity, their enhanced mental toughness along with increased love and passion for the sport. There are many factors that can influence an individual's resilience which may include social support, personal coping mechanisms and the culture in which they are grown and developed as the age pass by. What resilience actually does is to equip an individual with an ability to treat setbacks as opportunities leading to further development and advancement. This evolution mentally prepares an athlete for possible future challenges (Galli & Vealey, 2008).

Resilience is basically a process or a capacity of positive adaptation. How an athlete manages to treat stressors as challenges and using positive coping techniques reframe those stressors into motivation for a better mental wellbeing is how resilience functions. In short, competitive resilient athletes are more focused on problem centered coping mechanisms or strategies which results in optimum performance and better recovery (Galli & Gonzalez, 2014).

Resilience cannot be just deemed as something you bring use to when you are surviving an adversity or a difficult situation but its about turning that negativity and positively, adjusting to it in the form of a better mental wellbeing, rising to the occasion and performing better. It is seen that those having a better tendency to be resilient possess much better ability to perform efficiently. Any athlete specially competitive must have resilience a part of their superior mental health because the advantages of its presence are everlasting (Nezhad & Besharat, 2010)

When it comes to the link of resilience with social support, previous studies affirms the relationship. Social support has been found to be significantly enhance resilience specially in situations where there is high stakes or pressure involved. Those athletes who are surrounded by their friends and family along with professional team members like coaching staff are said to have a better tendency to adjust to stress and perform through it. It is the words of motivation, some emotional support that leads to an individual being more resilient. What social support does is that it decreases the possible feelings of loneliness, abandonment and isolation specially when an athlete is going through an injury or a difficult phase thereby keeping them motivated to overcome challenges (Sarkar & Fletcher, 2013).

Stress

Stress is what can be called as a mixture of both psychological and emotional reaction and in athletes it arises when an athlete feels that they have failed to reach their true potential or they haven't been able to fulfill the goals they have set. The result arising from the psychological toll of stress can be devastating for an athlete because it leads to severe dismay and frustration and other possible negative emotions. In order to fully understand and ascertain the damage caused by stress, we have to identify the different cognitive and emotional difficulties an athlete can face in their career while trying to meet the standards they have set (Crocker & Graham, 1995).

When dealing with stress, we cannot just label it as something inherently negative. It is how you deal with stress that determine the nature of it. Previous studies have identified how stress can be a source of better or enhanced performance leading to

beneficial outcomes for athletes. On the other side, stress when not managed properly can result into severe episodes of anxiety, panic attacks and burnout leading to declination of performance (Eklund & Gould, 2007).

Stress when studied internally can be defined as a system where the individual constantly assess the available resources in order to meet the relative demands they are experience and their response can be dependent or particularly influenced by various factors which may include diverse personality traits, circumstantial factors and individual`s own coping strategies (Eklund & Gould, 2007).

One of the most leading model to understand the origin and functioning of stress among athletes is cognitive-transactional model. The model is set on a premise that whenever there is a difference or an imbalance between the perceptions relating to the external demands (performance) and the available internal means or resources (resilience, coping strategies), it will always lead to a rising stress. The imbalance between two opposing ends will eventually lead to psychological strain and the output of it will be in the form of decreased athlete`s performance. Like many previous studies, stress is considered to be a highly dynamic process where an individual is constantly assessing the demands they are facing and the resources or the capacity available to fulfill those demands (Lazarus & Folkman, 1984).

The consequences of stress in an individual specially athletes is far reaching. Stress when reached to a chronic level ends up into athlete burnout which is described as physical and emotional exhaustion. If not treated properly, athlete burnout could possibly

lead to cases of depersonalization, a withdrawal not only from sports but also in personal life and lack of accomplishments (Gustafsson & Skoog, 2012).

One particular study laid emphasis on the importance of athlete`s perception when dealing with stress. If an athlete has a very negative perception relating to their ability to cope or deal with stress then it is highly likely that burnout will end up developing (Lazarus & Folkman, 1984). Before dealing with stress, work must be done on the athlete`s will to be able to heal themselves when faced with travesty. A lack of positive perception leads to severe emotional exhaustion, lack of motivation. Stress when not managed would become a vessel of burnout impacting both psychological and physical wellbeing (Selye, 1936; Nicholls et al., 2009).

Another possible and important aspect of stress among athletes is role conflict or confusion. When an athlete is in a constant grapple to bring a balance between the aspirations relating to the sports they are in and their own personal commitments relating to family or academics, such stressors can accumulate into problems like severe anxiety and weakening physical health. A possible condition known as training stress syndrome is an example where role conflicts where multiple pressures leads to an athlete over training causing burnout and performance decline (Silva, 1990).

A study by (Kristiansen, Roberts, & Abrahamsen, 2007) also focused on the pressures faced by athletes in their daily lives and they are primarily related to the non-alignment between what their personal goals are and the expectations others have from them.

Issues like the presence of inherent performance anxiety, low level of self-esteem and high expectations of performance can increase the chances of severe stress specially when an athlete already feels that they are not capable enough to meet the demands of competition (Scanlan & Passer, 1979).

The concept of pregame and postgame stress is also important for athlete. Pregame stress is found to be in existence for athletes that have low self-esteem or high performance anxiety where postgame stress is present among those athletes who are on a losing streak or are underperforming due to multiple possible reasons (Scanlan & Passer, 1979).

Physiological reactions to stress may include rising heart rate, muscle tension and fatigue along with possible cognitive interferences, collectively called as stress related anxiety which results in hindrance of athletic output or performance (Selye, 1936). One of the major sources of increased or heightened anxiety among athletes is explained through cognitive-transactional model which emphasizes that disparity between demands and resources is a primary reason of severe stress and lack of performance (Lazarus & Folkman, 1984).

Stress not only is a source of hindrance for athlete's performance but its also a reason for the slowness or lack of recovery from an injury. Injuries itself puts a lot of pressure on the available psychological and physical resources, combined with the different social or personal stressors including fear or re-injury makes the whole process even more sedative. It is the social support during this occasion that provides the necessary buffer for an athlete to recover in a sublime way as social support helps in

lessening the feelings of isolation and anxiety making way for athletes to maintain a positive wellbeing (Cohen & Wills, 1985).

It is so important for athletes to make sure there is no hindrance in the form of stress during their recovery as it can delay the recovery process. This also highlights the importance of using different stress management techniques in the whole recovery phase. Usage of problem and emotions focused coping strategies or mechanisms can be very helpful in directing an athlete towards recovery (Kristiansen et al., 2007).

It has also been identified in previous studies that athletes perception of support is a much stronger predictor of possible recovery outcomes as compared to received support which calls attention to the significance of mental strength in dealing with personal and professional stressors (Uchino, 2009).

Difference must be kept between facilitative stress and detrimental stress. Facilitative stress is something when athletes perceive or deems stressors as a conquest or a challenge which motivates them to perform better in that situation whereas detrimental stress reflects to athletes taking different stressors as a burden which overwhelms them leading to anxiety, burnout and significant decline in performance. The output or performance by an athlete during a stressful situation solely depends on how they respond to these stressors (Gustafsson & Skoog, 2012).

Mental Health

Mental health of an individual is such an important part of their existence without which a normal life would cease to exist. The World Health Organization (WHO) has broadly and comprehensively defined the mental health in its true essence. Mental health

is reflected up as a way of living with optimum levels of wellbeing which will lead to an individual reach its true and full potential, having the ability to deal with travesties of life, input produces productive results and an individual having the capability or ability to give out or contribute to their community. It is important to observe that the definition has a positive outlook to it with the absence of any negative symptoms or mental disorders. In terms of athletes, the presence of positive mental health is even more significant as it directly impacts their performance and their capacity of recovery during injuries.

A study by Rice et al., 2016 described mental health for athletes as a kind of spectrum where it is not necessary to recognize a mental health issue only if it falls into or fits the criteria. It is something which is very broad and has may different and changing levels or states both positive and negative. Recognition of these multiple states is essential specially for an athlete and their ability to perform in an optimum way. In another study the similar point was highlighted and it was described that for an athlete, mental health has a highest point or optimal performance called as a flow state to the lowest point where they are suffering from mental health issues or disorders (Schinke et al., 2017).

It is not necessary or obligatory that an athlete has to only suffer from a clinically diagnosed mental health disorder to be considered a problem but there can be many instances where they may be dealing some sort of anxiety, depression or stress which is casing an impediment in their athletic performance as well as academic. All these issues are generated because of a continuous pressure of reaching perfectionism, or meeting high standards and covering ideally both personal and private lives. Point being that even

these issues cannot by book be called as clinical diagnosis but they can still negatively influence an athlete`s performance (Bird, Chow, & Cooper, 2018).

Historically when it comes to mental health the issues faced by athletes are very much similar as that of common individuals. For an athlete to recognize they are going through a mental health was considered as a sign of weakness and culturally a stigma. It is due to this stigma that puts an athlete in a shell and they don`t seek proper mental health care. This along with genuine fear of being called `weak` and possible financial consequences attached makes it even more difficult for athletes to recognize their issues. The impact of culture in downplaying and underreporting mental health issues where it is emphasized to be `strong and tough` cannot be ignored. Social pressures additionally adds burden on athletes leading to negative outcomes (Bauman, 2015).

With time, the awareness relating to mental health has shown a positive trajectory with emphasis being made on athletes to recognize and express any mental health related issues being faced by them as it have long term consequences. Still distance needs to be covered for the complete removal of that stigma which bars an athlete to seek help. This shift need to be made in the culture norms for mental health to be recognized as an essential part of daily life (Bauman, 2015)

A previous study was focused on a model which became a very supportive tool to understand as to what makes an athlete ready or willing to seek mental health treatment. The model is named as Health Belief Model (HBM). It identified several factors which could influence an athlete`s decision to seek mental health treatment. There may include their perception relating to the severity of their issue, their perception relating to the

susceptibility or vulnerability to the issue, the assessment relating to the possible uses or benefits and hurdles in seeking help and possible existence of signals or cues from surroundings (social support). It is the athlete's belief or assessment which plays a very significant role. If somehow an athlete feel that the issue in front of them is of minor nature or very manageable or seeking help could negatively impact their career then they make a decision to avoid any form of mental health treatment (Bird, Chow, & Cooper, 2018).

Mental health in competitive athletes is not just related to the beginners or those at college or university level but it covers all forms and all magnitude of competition. Those who are involved in high level competition are more susceptible to mental health issues which may include severe cases of depression, anxiety, panic attacks, different forms of addiction or eating disorders. This issues can gravely impact their mental health which in turn will affect their performance (Gucciardi et al., 2016). Previous studies also points out the entanglement of mental and physical health as changes in one can lead to an impact on the other (Reardon et al., 2019).

When discussing mental health, it must be pointed out that the coverage is not just related to negative aspects or symptoms or mental disorders but rather positive psychological wellbeing which may include self-esteem, self-regard, resilience, emotional stability and having an engaging behavior with others. In short, both aspects which are wellbeing and possible mental disorders are part of mental health in competitive athletes (Ryan et al., 2018).

Treating mental health as a spectrum opens up or broadens the way its treated. It gives athletes even more avenues to seek help. A more holistic approach can be used which helps in hampering mental health related issued not only in their athletic career but also their personal lives (Schinke et al., 2017).

Literature Review

A study by Park et al., 2013 investigated the role of social support among different athletes and the results described how social support is helpful in directing an athlete during their most difficult and vulnerable of times specially the post retirement phase. Social support helps in maintaining an overall positive wellbeing of an athlete by magnifying their capacity to deal with stressors. Similarly a study by Rice et al. (2016) put forward a result which provided a linkage on how low levels of social support either by immediate family, peers or professional staff can lead to issues like anxiety, burnout or depression.

A cohort study explains how an aid, help or support from athletic trainer can be so significant that it leads to a reduction of possible depression or anxiety after career threatening injury. An athletic trainer provides the necessary support by their presence which enhances resilience and wellbeing eventually leading to better recovery (Yang et al., 2014)

One study finds noteworthy evidence that coach relationship quality with an athlete significantly impacts how they function mentally. With better or positive coach relationship the athlete performance will expand over the period of time and the outcome will be efficient. Another finding of the study points out how the perceived social support of any athlete can influence their recovery when dealing with injury (Coussens, Stone, & Donachie, 2024).

Stevens, Cruwys, Olive, and Rice (2024) reflected upon the importance of athlete identification and how it affects their psychological health. Athlete identification is how

athletes find themselves associated or related with a particular team, club, group or even communities. It is these small groups which provide the necessary support during testing times which helps an athlete maintaining their positive wellbeing.

One study by Sinclair & Orlick, 1993 places a spotlight on different social networks and found a significant positive relation between strong social networks and mental health along with their adjusting abilities. Those athletes who maintain a healthy chain of social networks will receive a significant amount of social support which will help in positively adjusting during the time of transition or injury.

Smith et al. (2024) found the importance of intuitional support system on the athlete`s wellbeing. He determined that the psychosocial support system and its structure within the sporting institute will significantly impact or influence athlete`s wellbeing. The support system may include the core element of trust between athletes and their coaching staff. Reporting and reforming in a structured way becomes very helpful. The provision of mental health literacy training can firmly help in dealing with athletes having different or diverse emotional or psychological needs.

A study was conducted in US among the collegiate students athletes to find out the association between social support and depressive symptoms. The results indicated a strong negative correlation between social support (particularly coming from family, team mate, peers) and depressive symptoms. It was also found out that the team environment or surroundings acts as a coping mechanism against stressors (Sullivan et al., 2020).

One particular research study conducted in Japan focused on athlete identity and how social support influences a self-image of an athlete along with the depressive symptoms and sports helplessness (Mental Health). Results showed that a significant negative correlation was found to exist between social support provided to the athletes and depressive symptoms, sports helplessness indicating a positive impact of social support. There also existed a positive correlation between social support and athlete identity (Hagiwara et al., 2021).

Liu et al. (2023) established in a research study conducted on Chinese college football athletes that the perception of social support is much more important than the actual social support received. It was found that those athletes who have a higher perception of social support tends to have much better or positive mental health results specially during testing times like injury or covid-19.

Another research study in China was focused on weightlifters and how social support affected their mental health and outcomes. The results showed that social support acted as a buffer and played a defensive or a protective role against the possibility of burnout among weightlifters. A negative correlation existed between social support and burnout pointing out that higher the social support, the lower levels of burnout there will be Shang and Yang (2021).

Michigan state university conducted a research study on American collegiate athletes trying to assess the relationship between perceived social support, negative social interactions and wellbeing. It was found that a significant association exists between these variables. Social support was negatively correlated with burnout whereas negative

social interactions (which may include damaging, harmful, unsupportive interchanges) is positively associated with burnout (DeFreese & Smith, 2014).

Injuries to athletes are considered very detrimental for their career. Better care and treatment is required for a speedy recovery. A study conducted by Sullivan et al. (2022) was focused entirely on post-injury athletes of college level and the possibility of depressive or anxiety symptoms among them. The results concluded that social support which causes satisfaction among the athletes will have a strong negative correlation with depressive symptoms. It is not the quantity of social support that matters but the quality of it.

So much work has been done on the post retirement life of athletes. Retiring athletes have to deal with so many issues. Post retirement depression, identity crisis, adjustment issues, these all related to retirement lives of athletes. On particular study emphasized the importance of social support in the form of coach athlete relationship in helping the emotional issues that might arrive post retirement. The results concluded that a strong or healthy coach-athlete relationship would be instrumental for retiring athletes to deal with identity and emotional related issues (Brown et al., 2018).

Stress is considered to be very injurious for an individual's physical as well as psychological health. The negative impact taken by stress can lead to a significant decline in work performance and potential output among athletes. A study conducted among university students highlighted the moderating role of stress between the relationship of negative affect (a general proneness to experience emotions which are displeasing or pleasant) and depression. In simple terms, an increased level of stress causes an

individual to suffer or feel those negative emotions much more severely (Bougea et al., 2013).

One research study conducted in USA among female university students which identified the moderating role of stress between the relationship of fat talk and body dissatisfaction. Fat talk is normally considered as negative comments which seems normal and causal relating to a person`s weight. It is found to have a strong positive correlation with body dissatisfaction. The role of stress in that study was indicated as a moderator i-e the individuals with high level of stress is not influenced by any sort of fat talk in relation to their body image or drive for thinness. In simpler terms, a stressful person has much other matters to put their sights upon (Engeln, Sladek, & Waldron, 2013).

In a research study conducted by Ma and Cheng (2021), the role of stress as a moderator was determined. Data was collected from the workers of a high tech industry and it was found that a positive stress or a stressor which is taken or perceived as a challenge moderates the relationship between workload and creativity. Any stress which can be deemed as a challenge motivates the individual to perform better and hence the moderation effects comes into motion

Role of resilience as a mediator has been discussed and worked upon in previous research studies. One particular research study was conducted on college students in USA. The results suggested that resilience played a mediating role between the relationship of negative life events (events or instances that can significantly damage a person`s wellbeing) and psychological wellbeing. In simple words negative life events

will lead to a decrease in resilience which will eventually decline psychological wellbeing (Faircloth, 2017).

Another study was conducted in Turkey among adults dealing with internet addiction. Strong positive correlation was found between high internet addiction and higher anxiety but when resilience was added between the model, it was found that those individuals with disturbing internet use didn't have the same severe level of anxiety as it was before meaning there was a significant reduction of anxiety due to resilience (Kutuk, 2023).

One very delicate research study was conducted on hematology cancer patients to determine the impact of some demographic factors, depressive symptoms on quality of life. It was also determined that resilience played a role of partial mediator when explaining the relationship between age, gender, depressive symptoms and quality of life. It can be described that old age, specific gender and depressive symptoms causes a decrease in resilience leading to lack of satisfaction with the life (Zizzi et al., 2025).

Sarrionandia et al. (2018) conducted a cross country study among the students of USA and Spain to find the mediating impact of resilience on the relationship of emotional intelligence and perceived stress. The findings of this study explained how enhancement of emotional intelligence will lead to an increase level of resilience and hence results in lower perceived stress among students.

García-León et al. (2020) in a clinically significant study conducted on individuals diagnosed with depression found out the mediating impact of resilience between the presence of interpersonal risk factors and hopelessness related to depression.

The presence of continuing stress or risk factors can strengthen an individual making them more tougher or prone to adversaries hence more resilient which will directly lower the hopelessness levels in depression among the participants.

Another study shed the light on the mediating role of resilience between childhood trauma and mood disorders. It was expressed in the study that those individuals who face and suffer difficulties and positively cope with them will have an additional strength to deal with negatives in the future i-e they will have an enhanced resilience. That resilience will become a protective agent against any possible mood issues (Vieira et al., 2020).

Rationale of the Study

Mental health among athletes especially in modern times is considered and taken very seriously. Latest models and techniques are being worked upon to promote positive mental health. While work has been done in the past to address how social support, stress and resilience interplay with mental health, there is limited understanding and work on how these variables influence performance of competitive athletes in Pakistan

While the impact of social support on mental health is widely studied among research circles, the role of psychological resilience as a mediator between the relationship of social support and mental health has not been explored especially much among competitive athletes. Along with that, the role of stress as a moderator in influencing the relationship of social support and mental health hasn't received much attention. It is due to this reason that it becomes highly necessary to understand how

stress can affect or hamper the safeguarding role of social support on the mental health of competitive athletes specially in pressure situations.

The major aspect of this study is its execution on the competitive athletes of Pakistan. The research specifically focusing that area is visibly insufficient. While focusing in Pakistan, we can also shed some light on the different impacts of social norms, cultural values, restrictions and different structures that is existent in our society on social support, psychological resilience and stress. The studies abundantly found discussing these variables are often grounded in western culture which gives an opening to deeply recognize and understand how distinct factors formulate the experiences of Pakistani competitive athletes. One study conducted among the different university students athletes of Pakistan found a significant positive association between social support and sport achievement highlighting the significance of parental, peer and coaching assistance for an athlete (Javed et al., 2021)

The study will be focused on working to fill these gaps contributing new and fresh information regarding the relationship between social support, stress, psychological resilience and mental health among competitive athletes in Pakistan.

Problem Statement

The impact of social support, psychological resilience, and stress on the mental health of competitive athletes, exploring how these factors interact to impact wellbeing and performance.

Significance of the Study

In order to create mental health interventions or strategies, it is necessary to truly and deeply understand how can different factors impact and influence their wellbeing. The specific interventions must focus not only the different pressures faced by athletes but also their individual differences along with the impact of different cultural differences especially in professional high production settings. By directing attention on the relationship of social support, stress and resilience, specific mental health strategies and programs can be drawn helping in reducing the possible negative results and improving general wellbeing.

The importance of creating infrastructure for supporting athletes and their mental health is immense. The presence of required supporting mechanisms including formal and informal which many include mental health professionals, trainers, coaching staff, sports technicians all adds to the access of an athlete to make sure they are able and ready to cope any challenges or stressors which can compromise their mental health. The research study also highlights the importance of resilience for athletes and hence the inclusion of training sessions specifically working on the enhancement of resilience can do wonders for athletes in managing burnout, stress, injury phases which in the end will improve their output and performance.

Keeping in context the importance of culture in which study is being conducted is very essential. The previous studies rooted in western culture structures may not fully understand the different societal norms, cultural values, religious impact and family influences that makes up, shapes and develops the mental health of athletes in Pakistan.

In order to establish and develop different supporting mechanisms, infrastructures, it is highly required to fully assess, understand and integrate different cultural attributes which impact mental health of athletes in our region. This approach will lead to more effective, culturally sensitive mental health interventions and support systems that resonate with athletes in non-Western contexts.

Objectives

1. To examine the relationship between Social Support and mental health in competitive athletes
2. To investigate the mediating role of psychological resilience in the relationship between social support and mental health.
3. To inspect the moderating effect of stress on the relationship between social support and mental health outcomes.

Hypotheses

1. Social support will be positively correlated with mental health outcomes, such that higher levels of social support will predict better mental health among competitive athletes
2. Psychological resilience will mediate the relationship between social support and mental health. Social support will enhance psychological resilience which will lead to improved mental health among competitive athletes
3. Stress will moderate the direct relationship between social support and mental health outcomes among competitive athletes

Conceptual Framework

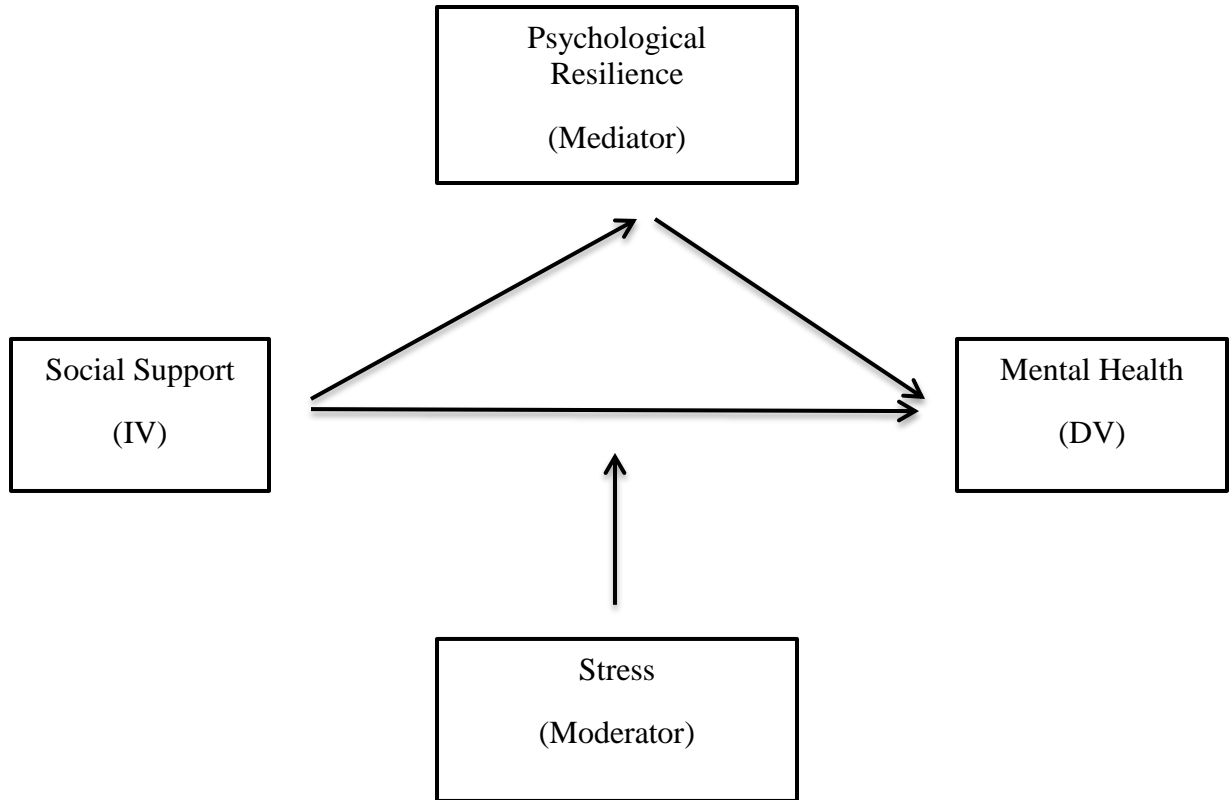


Figure: Conceptual framework depicting relationship among variables

METHOD

Research Design

The research study was a quantitative cross-sectional survey design for the examination of the relationship between social support and mental health among competitive athletes with mediating role of psychological resilience and moderating role of stress

Population

The target population of this research consists of competitive athletes. Competitive athletes can be defined as individuals who are participating in an organized and systematic competition for the sake of enhancing their abilities for highest level of achievements. For our study we included competitive athletes from regional, provincial, Federal and University levels

Sample

The sample was selected using a purposive technique that enables participants to be included based on their accessibility, willingness and specific attributes to participate in the study. It is essential to recognize that the findings may not be generalizable to the entire population. Sample size consists of 200 competitive athletes involved in sporting activities of cricket, football, polo and boxing.

Inclusion Criteria

1. Participants with an age bracket of 18 – 35 years
2. Participants taking part in sporting activities of cricket, football, boxing, kickboxing and mix martial arts

Exclusion Criteria

1. Participants taking any psychiatric medication will be excluded from the study
2. Participants taking performance enhancement drugs will be excluded

Operational Definition

Social Support

The current study defines social support as the provision of physical (e.g., practical support like financial aid), emotional (e.g., caring), informational (e.g., informing someone of essential information), instrumental (e.g., assisting with housework), and/or psychological assistance provided to an individual by their social circle of friends, family, or neighbors (Bedsao et al, 2021)

Mental Health

A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" is how the World Health Organization defines mental health (WHO, 2004)

Psychological Resilience

Resilience is described as the ability to fight or bounce back when faced with different life challenges and to adopt in circumstances with the available resources (Herrman et al., 2011).

Stress

Stress is defined as a specific interaction between an individual and their surroundings that they see as exhausting or beyond their resources and posing a risk to their well-being (Lazarus & Folkman, 1984). The World Health Organization (WHO, 2021) defines stress as the body's response to a demand or challenge. It can be either positive (eustress) or bad (distress), and when the latter persists over time, it may cause health problems

Instruments

Multidimensional Scale of Perceived Social support (MSPSS)

The MSPSS was originally developed on university students (Zimet, Dahlem, Zimet, & Farley, 1988) to measure the level of social support an individual is having in their lives. The scale was translated by Tahira Jabeen in Urdu language. It is a seven point likert scale with 12 items have an internal reliability of cronbach`s alpha 0.85 – 0.91

General Health Questionnaire-12

The GHQ-12 is originally developed by (Goldberg and Williams, 1988) and later it was translated into Urdu by Ali, H. et al. (2010), who conducted a study to validate the

Urdu version of the GHQ-12 for use in Pakistan. It is a 4 point likert scale with 12 items having an internal reliability of 0.8 – 0.9 cronbach alpha

Perceived Stress Scale

The PSS-10 is originally developed by Cohen et al. (1983) widely used to assess stress levels in young people and adults aged 12 and above. It was translated in Urdu by Mariam et al. (2011) at International Islamic University, Islamabad. The scale has 10 items with 4 options each. The internal consistency of PSS-10 is 0.79 for total score

Brief Resilience Scale

Smith et al. (2008) devised the Brief Resilience Scale with an aim to assess or measure the individual's ability to fight back when faced with adversity. The suitable age for the application of the Brief Resilience Scale is 18 years or above with the scale having a total of six items consisting of three positively worded and three negatively worded items. The Brief Resilience Scale has a good internal reliability of Cronbach alpha ranging from 0.80-0.9.

Demographic sheet

Demographic information form was used for incorporating additional demographic variables such as age, gender, educational background, marital status, academic performance, working experience, socio-economic status and cultural backgrounds of the study participants.

Procedure

Participants competing at different regional, provincial, University, federal and international level along with those engaged in sporting activities for recreational purposes were approached by the researchers after obtaining the permission from the relevant authorities. A brief introduction was given about the research and its significance, after which an informed consent was acquired from the participants. Following informed consent, data was gathered from the participants and any uncertainty regarding items will be clarified. The participants were specifically asked to answer with utmost honesty and sincerity. After the completion of the process, they were acknowledged for their assistance and participation.

Data Analysis

The data was analyzed using the Statistical Package for the Social Sciences (SPSS). Researchers computed the psychometric properties of the study scales. Subsequently, the data was analyzed using descriptive and inferential statistical methods. In current study, the distributions and characteristics of the variables in the sample was analyzed by using descriptive statistics. The relationships of social support and mental health was assessed by using correlation analysis. Further, to determine the strength and direction of the associations, it was assessed by computing correlation coefficients (e.g. Pearson's correlation). Further, simple linear regression analysis was performed to determine the role of social support as a predictor of mental health.. Using the PROCESS analysis in SPSS we can assess whether stress moderates the relationship between social

support and mental health. Process Macro model was used to identify the role of psychological resilience as a mediator between social support and mental health

Ethical Consideration

Ethical approval was obtained from Ethical Review Board, Department of Psychology and Ethics Committee of International Islamic University, Islamabad. In addition, all necessary information were provided to the participants and written declaration regarding consent was taken with a total affirmation and assurance regarding privacy and confidentially to the process and gathered data. To ensure confidentiality, the data collected was not shared with anyone and the names of the participants will be not mentioned in the report of data file.

RESULTS

Table 1*Sociodemographic characteristics of participants (N=200)*

Variables	Categories	<i>f</i>	%
Gender	Male	191	95.5%
	Female	9	4.5%
Age	18 – 23	115	57.5 %
	24 – 29	60	30 %
	30 – 35	25	12.5%
Marital Status	Single	151	75.5 %
	Married	49	24.5 %
Academic background	Matriculation	44	22 %
	Intermediate	62	31 %
	Bachelors	70	35 %
	Masters	24	12 %
Socioeconomic Status	Upper Class	21	10.5 %
	Middle Class	169	84.5 %

	Lower Class	10	5 %
Cultural Background			
	Punjab	65	32.5 %
	Sindh	4	2 %
	Pushtoon	81	40.5 %
	Baloch	8	4 %
	Chitral	39	19.5 %
	Gilgit Baltistan	3	1.5 %
Family Structure			
	Joint	72	36 %
	Nuclear	128	64 %
Type of Competitive Sport			
	Cricket	66	33 %
	Football	77	38.5 %
	Polo	5	2.5 %
	Basketball	6	3 %
	Boxing	46	46 %
Competitive Experience			
	1 – 3	52	25.6 %
	4 – 6	140	70.4 %
	7 – 15	8	4 %

Table 1 represents the demographic information of the participants who were predominantly male (95.5%), aged between 18 and 23 years (57.5%), and single (75.5%). Most had a bachelor's degree (35%) and belonged to the middle socioeconomic class

(84.5%). The majority came from Pushtoon cultural background (40.5%) or Punjab (32.5%), lived in nuclear families (64%), and participated primarily in football (38.5%) or cricket (33%). Most reported 4–6 years of competitive experience (70.4%)

Table 2*Psychometric Properties of Study Major Variables (N=200)*

Measures	No. of items	α	Range		M	SD	Skew.	Kurt.
			Min	Max				
MSPSS	12	.92	14	84	54.33	16.51	-.45	-.71
GHQ	12	.74	12	48	27.65	5.86	.72	1.39
BRS	6	.62	24	6	18.67	4.04	-.34	.05
PSS	10	.78	10	49	28.21	7.03	-.15	.25

Note: MSPSS = Multidimensional Scale of Perceived Social Support; GHQ = General Health Questionnaire; BRS = Brief Resilience Scale; PSS = Perceived Stress Scale

Table 2 presents the psychometric properties of the major study variables, including reliability (Cronbach's alpha), descriptive statistics, and distribution indices (skewness and kurtosis). MSPSS demonstrated excellent internal consistency ($\alpha = .92$). Scores ranged from 14 to 84, with a mean of 54.33 (SD = 16.51). The distribution was approximately normal, with skewness = $-.45$ and kurtosis = $-.71$. GHQ-12 showed acceptable internal consistency ($\alpha = .74$). Scores ranged from 12 to 48, with a mean of 27.65 (SD = 5.86). The distribution was slightly positively skewed (skewness = $.72$) and leptokurtic (kurtosis = 1.39).

BRS had an internal consistency ($\alpha = .62$),. Scores ranged from 6 to 24, with a mean of 18.67 (SD = 4.04). The distribution was approximately normal (skewness = $-.34$, kurtosis = $.05$). PSS-10 demonstrated acceptable reliability ($\alpha = .78$). Scores ranged from 10 to 49, with a mean of 28.21 (SD = 7.03). The distribution was relatively normal, with skewness = $-.15$ and kurtosis = $.25$.

Overall, the reliability estimates indicate that MSPSS, GHQ-12, and PSS-10 were internally consistent, whereas the BRS demonstrated relatively lower reliability. Skewness and kurtosis values for most measures were within acceptable ranges (± 2), suggesting that the data were approximately normally distributed.

Table 3*Correlation of Social Support with Mental Health, Resilience and Stress. (N=200)*

Variable	1	2	3	4	M	SD
1.Social Support	-				54.33	16.51
2.Mental Health	.22**	-			27.65	5.86
3.Resilience	.44**	.37**	-		18.67	4.04
4.Stress	.30**	.39**	.46**	-	28.21	7.03

Note: Correlations marked with an asterisk () were significant at $p < .05$ where as those marked with an asterisk (**) were significant at $p < .01$*

Table 3 presents the intercorrelations among social support, mental health, resilience, and stress. Social support was positively correlated with mental health ($r = .22$, $p < .01$), resilience ($r = .44$, $p < .01$), and stress ($r = .30$, $p < .01$). Mental health was significantly positively associated with resilience ($r = .37$, $p < .01$) and stress ($r = .39$, $p < .01$). Finally, resilience showed a significant positive correlation with stress ($r = .46$, $p < .01$).

Overall, these findings indicate that higher levels of social support are linked with better mental health, greater resilience, and higher stress. Similarly, individuals with better mental health reported higher resilience and stress. The strongest association was observed between resilience and stress, suggesting a close relationship between these two constructs in this sample of 200 participants.

Table 4

Simple linear regression analysis demonstrating effect of Social Support on the prediction of Mental Health among competitive athletes (N=200)

Predictors	Mental Health	
	Model 1 <i>B</i>	95% CI LL, UL
(constant)	23.40***	[20.65, 26.16]
Social Support	.08	[.03, .13]
R^2		.05
F		10.10***

*Note: *** $p < .001$; LL = Lower limit; UL = Upper Limit*

Table 4 shows the results of a simple linear regression analysis testing whether social support predicts mental health among competitive athletes ($n = 200$). The model was significant, $F(1, 198) = 10.10$, $p < .001$, and explained 5% of the variance in mental health ($R^2 = .05$). Social support emerged as a significant positive predictor of mental health ($B = 0.08$, 95% CI [0.03, 0.13]), indicating that higher levels of social support were associated with better mental health outcomes. The regression constant was also significant ($B = 23.40$, 95% CI [20.65, 26.16]).

Overall, these findings suggest that social support plays an important role in enhancing the mental health of competitive athletes, although the effect size was modest.

Table 5*Mediating effect of resilience on the relationship of social support and mental health (N=200)*

Path	B	SE	t	p	95% CI (LL, UL)	β
Direct Effects						
Social Support x Psychological Resilience	.11	.01	6.88	.00	[.01, .14]	.44
Psychological Resilience x Mental Health	.49	.11	4.62	.00	[.28, .70]	.34
Social Support x Mental health	.02	.02	.96	.33	[-.02, .07]	.07
Indirect Effect						
Social Support x Psychological Resilience x Mental Health	.05	.02	-	-	[.02, .08]	.16
Total Effect						
Social Support x Mental Health	.08	.02	3.18	.00	[.03, .12]	.22

Table 5 indicates Social support significantly predicted psychological resilience ($B = 0.107, p < .001$), and psychological resilience significantly predicted mental health ($B = 0.493, p < .001$). The total effect of social support on mental health was

significant ($B = 0.078, p = .002$); however, the direct effect became non-significant when psychological resilience was included ($B = 0.025, p = .334$), indicating full mediation. The indirect effect through psychological resilience was significant (bootstrapped 95% CI [0.023, 0.085]), confirming that psychological resilience mediates the relationship between social support and mental health

Table 6*Moderating effect of stress on social support and mental health (N=200)*

Predictor	<i>B</i>	<i>SEB</i>	<i>T</i>	<i>p</i>	95% CI
					<i>LL, UL</i>
Constant	27.45	.39	69.62	.00	[26.68, 28.23]
Stress	.32	.06	5.46	.00	[.20, .43]
Social Support	.05	.02	2.05	.04	[.00, .10]
Social Support*Stress	.01	.00	1.77	.08	[-.00, .01]
<i>R</i> ²	.18				
<i>F</i>	13.91***				

*Note; (***) $p < .001$; LL = Lower Limit; UL = Upper Limit*

The moderation analysis was conducted using Hayes' PROCESS macro (Model 1) with perceived social support (MSPSS) as the predictor, mental health (GHQ) as the outcome, and perceived stress (PSS) as the moderator. The overall model was statistically significant, $F(3, 196) = 13.91, p < .001$, explaining 18% of the variance in psychological distress ($R^2 = .18$).

The interaction term (MSPSS \times PSS) did not reach conventional levels of significance, $b = 0.006, t(196) = 1.77, p = .08$, and the change in explained variance was non-significant. Thus, perceived stress did not significantly moderate the relationship between perceived social support and mental health.

DISCUSSION

The present study is directed towards understanding the effect of social support, psychological resilience and stress on mental health among competitive athletes. The first hypothesis of research study is validated by the analysis of the data whose results have indicated the presence of positive correlation between social support and mental health. The result is also supported by multiple previous studies which explored the similar relationship between the two variables. A study by Luo, Du, Wang, and Luo (2025) was conducted among athletes recognized social support being positively correlated with wellbeing and negatively correlated with the symptoms of anxiety and depression which in return increased overall mental health of athletes. Similarly in another study among adults during the covid outbreak, social support was identified as a predictor of mental health where support from others led to a decrease in depressive symptoms and loneliness (Li et al., 2023).

Similarly pattern aligns closely with previous empirical work demonstrating that social support plays a central role in buffering the negative effects of stress and enhancing overall mental functioning. For example, Cohen and Wills (1985) proposed the well-known stress-buffering hypothesis, indicating that social support mitigates the psychological impact of stress by providing emotional, informational, and instrumental resources.

In the same way , Thoits (2011) highlighted that supportive relationships promote a sense of belonging and validation, which strengthens coping abilities and reduces

vulnerability to mental health problems. More recent perspectives also emphasize that perceived support—rather than merely the availability of support is a strong predictor of psychological outcomes, as individuals who believe they have reliable support tend to show higher resilience, greater emotional stability, and reduced psychological distress (Lakey & Orehek, 2011). Therefore, the current findings add to this established body of evidence by demonstrating that higher levels of social support are associated with better mental health outcomes within the studied population, underscoring the importance of strengthening interpersonal networks and support systems as a potential avenue for enhancing mental well-being.

The second hypothesis of the study is assisted by the analysis of the data that psychological resilience plays a mediating role between the relationship of social support and mental health such that social support increases resilience which in return enhances mental health. The result was also supported by a study conducted in China among HIV positive individuals to identify the role of resilience as a mediator. The results shows who psychological resilience played a fully mediating role between social support and anxiety/depression symptoms. Higher social support leads the way to resilience which acts as a coping mechanism and it directly impacts to a decrease of anxiety and depressive symptoms (Sun et al., 2023).

Similarly this pattern aligns with existing theoretical and empirical literature suggesting that social support serves as a developmental context in which resilience is strengthened. For example, Southwick et al. (2014) note that supportive relationships provide emotional security, constructive feedback, and opportunities for meaning-making, all of which contribute to resilient functioning. Similarly, Kim and Seo (2020) found that social

support enhances resilience by encouraging adaptive coping strategies and fostering a sense of competency and self-efficacy during stressful situations.

Prior studies have also emphasized that resilience acts as a psychological buffer, reducing the negative impact of stress and promoting sustained well-being over time (Luthar et al., 2000). The present findings therefore extend this literature by empirically demonstrating that social support contributes to mental health not only directly but also indirectly through the development of resilience. This highlights the importance of integrating resilience-building components into interventions aimed at improving mental health, particularly in populations where strengthening interpersonal support systems may serve as a practical and culturally relevant strategy for fostering psychological well-being.

Furthermore the data analysis results indicate that stress had no moderating effect on the relationship between social support and mental health which is inconsistent with our third hypothesis. No studies were found that directly examined the impact of stress on the relationship between social support and mental health; however, some previous research studies indicated that stress did not function as a moderator in different association. A research study conducted in Netherlands among school going adolescents during covid found absence of any moderating role of stress between friend support and internalizing symptoms (Bernasco et al., 2021).

This outcome diverges somewhat from the classic stress-buffering hypothesis proposed by Cohen and Wills (1985), which suggests that social support should be especially protective in situations of high stress. However, it aligns with other empirical

evidence showing that social support may exert strong direct effects on psychological well-being, independent of situational stress levels (Lakey & Orehek, 2011). One possible explanation for this non-significant moderation is that the influence of stress may operate through more complex psychological pathways—such as coping strategies, resilience, or appraisal processes rather than through a simple interaction with social support. It is also possible that perceived stress levels in the current sample did not vary sufficiently to reveal an interactive effect, or that certain forms of support (e.g., emotional vs. instrumental) may moderate stress differently. Overall, the present findings suggest that perceived social support acts as a robust predictor of mental health regardless of one's stress level, underscoring its importance as a general protective factor. Future studies might benefit from exploring alternative moderators, employing multi-dimensional stress measures, or conducting longitudinal analyses to further clarify the conditions under which social support is most

Limitations and Suggestions

Following are the limitations of this study:

1. A quantitative cross-sectional survey, which gathers data at a single point in time, was employed in the study. This makes it more difficult to determine causality or monitor changes over time.
2. The 200 participants in the sample might not be sufficient to represent all competitive athletes, particularly those in different sports.

3. The fact that the participants were limited to boxers, polo players, football players, and cricket players may restrict the generalizability to athletes in other sports or at other competitive levels.
4. There is a possibility of selection bias considering participants are recruited through purposive technique
5. Inaccurate reporting and social desirability bias may be introduced by the study's reliance on self-reported surveys.
6. Although not investigated, cultural or regional variations (such as perspectives on mental health in sports in Pakistan or comparable contexts) could have an impact on the results.
7. The availability of the athletes may have affected data collecting, resulting in hurried or time-sensitive-responses.
8. Responses may have been impacted by environmental factors during data collection, such as competition scheduling and performance pressure.

Following are the suggestions for this study:

1. Investigate the causal links over time between social support, resilience, stress, and mental health using experimental or longitudinal approaches. Incorporate mixed-methods techniques (qualitative and quantitative) to learn more about athletes' experiences.
2. A wider range of athletes from various sports (team and individual), competitive levels (amateur, professional), genders, and age groups should be recruited.
3. To increase generalizability, substitute stratified or random selection for convenience or purposive sample.

4. Examine additional possible moderators and mediators, like team cohesion, motivation, emotional intelligence, and coping mechanisms for even better understanding of their relationships.
5. Examine how support networks and resilience techniques are impacted by cultural perceptions about mental health in sports. To evaluate cross-cultural validity, compare results from other nations or areas.

Implications

Following are the possible implications from this study:

1. The results are consistent with current ideas that highlight the protective function of psychological resilience and social support in athletes' mental health.
2. Sports psychologists, trainers, and coaches should create environment that is encouraging for athletes, such as peer support groups and mentoring.
3. Programs for resilience training can be used to assist athletes better handle obstacles, pressure, and setbacks.
4. Counseling, workshops, and wellness programs are examples of mental health options that sports organizations might incorporate into their programming.
5. Sports governing organizations have the power to create regulations that raise awareness of mental health issues and provide resources for athletes of all skill levels.
6. The study establishes the foundation for more complex models that incorporate resilience, social support, and other psychological aspects of athlete well-being.

Conclusion

The present study examined the effects of social support, psychological resilience, and stress on the mental health of competitive athletes. Findings revealed that social support is positively associated with athletes' mental health, and psychological resilience serves as a mediating factor that strengthens this relationship. Although stress did not moderate these associations, the results highlight the critical value of supportive social networks and resilience-building strategies for safeguarding athletes' psychological well-being. These findings suggest that coaches, trainers, and sports organizations should actively foster environments that promote emotional support, resilience training, and open discussions about mental health. While the cross-sectional design and potential selection bias limit causal interpretations and generalizability, this research provides an important foundation for future longitudinal studies and interventions aimed at enhancing mental health in athletic populations.

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APPENDICES

Annexure A: Informed Consent

آپ کو مدعو کیا جا رہا ہے کہ آپ اس تحقیقی مطالعے میں شرکت کریں جس کا عنوان ہے

"مقابلہ حباتی کھلاڑیوں کی ذہنی صحت پر سماجی تعاون، نفسیاتی چکاس اور ذہنی دباؤ کے اثرات کا مطالعہ"

یہ تحقیق منظور احمد، ایم ایس اسکالر، شعبہ نفسیات، بین الاقوامی اسلامی یونیورسٹی اسلام آباد، کی جانب سے کی جا رہی ہے۔ اس تحقیق کا مقصد یہ جانچنا ہے کہ مقابلہ حباتی کھلاڑیوں کی ذہنی صحت پر سماجی تعاون، نفسیاتی چکاس (ریزیلیئنس)، اور ذہنی دباؤ کس طرح اثر انداز ہوتے ہیں۔ آپ کی شرکت رضا کارانہ ہے۔ آپ کسی بھی وقت، بغیر کسی وضاحت کے، اس سروے کو چھوڑ سکتے ہیں۔ آپ کی فراہم کردہ تمام معلومات کو مکمل رازداری سے رکھا جائے گا اور صرف تعلیمی و تحقیقی مقاصد کے لیے استعمال کیا جائے گا۔ اس تحقیق کے بارے میں آپ کو درج ذیل معلومات فراہم کی جا رہی ہیں اس سروے کو مکمل کرنے میں تقریباً 7 تا 10 منٹ لگیں گے۔ تحقیق میں شرکت سے آپ کو کوئی جسمانی یا ذہنی نقصان نہیں ہوگا۔ آپ کی شناخت ظاہر نہیں کی جائے گی؛ تمام جوابات کو گمنام رکھا جائے گا۔ یہ تحقیق صرف تعلیمی مقاصد کے لیے ہے اور اس کے نتائج کو تحقیقی رپورٹ میں شامل کیا جائے گا

Annexure B: Demographics

						عمر
عورت			مرد			جنس
غیر شادی شدہ			شادی شدہ			ازدواجی حیثیت
ماسٹرز	بیچلر		ایف اے سی		میٹرک	تعلیمی پس منظر
لوور کلاس		مڈل کلاس		اپر کلاس		سماجی و اقتصادی حیثیت
گلگت بلتستان	چترال	بلوچ	پشتون	سندھ	پنجاب	ثقافتی پس منظر
مشترکہ			علیحدہ			خانہ دانی ساخت
باسکٹ بال	باکسنگ	پولو	فٹ بال	کرکٹ		آپ کس قسم کی مسابقتی کھیل کھیلتے ہیں؟
						آپ کا کوئی مسابقتی

	تجربہ؟
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Annexure C: Multidimensional Scale of Perceived Social Support

سماجی تعاون

ہدایات

ہم یہ جاننا چاہتے ہیں کہ مندرجہ ذیل بیانات کے متعلق آپ کس طرح محسوس کرتے ہیں۔ ہر بیان کو غور سے پڑھیے اور مناسب جواب کی نشان دہی کیجئے؟

بہت زیادہ ہم آہنگی	بہت کم آہنگی	کچھ حد تک ہم آہنگی	غیر جانبدار	کچھ حد تک غیر متفق	غیر متفق	شدید غیر متفق		
7	6	5	4	3	2	1	ایک خاص شخص ہے جو ہر ضرورت کے وقت میرے پاس ہوتا ہے۔	1
7	6	5	4	3	2	1	ایک خاص شخص ہے، جسکے ساتھ میں اپنے غم اور خوشیاں بانٹ سکتا / سکتی ہوں۔	2
7	6	5	4	3	2	1	میرے گھروالے میری مدد کرنے کی پوری کوشش کرتے ہیں۔	3
7	6	5	4	3	2	1	مجھے میرے گھروالوں سے جس جذباتی مدد اور سہارے کی ضرورت ہوتی ہے وہ مجھے ملتی ہے۔	4
7	6	5	4	3	2	1	میرے پاس ایک خاص شخص ہے جو واقعی میرے لئے رابطہ کا ذریعہ ہے۔	5
7	6	5	4	3	2	1	میرے دوست میری مدد کرنے کی واقعی کوشش کرتے ہیں۔	6
7	6	5	4	3	2	1	جب مشکل پڑے تو میں اپنے دوستوں پر بھروسہ کر سکتا / سکتی ہوں۔	7
7	6	5	4	3	2	1	میں اپنے گھروالوں کے ساتھ اپنے مسائل کے متعلق بات کر سکتا / سکتی ہوں۔	8
7	6	5	4	3	2	1	میرے ایسے دوست ہیں جن کے ساتھ میں اپنی خوشیاں اور غم بانٹ سکتا / سکتی ہوں۔	9
7	6	5	4	3	2	1	میری زندگی میں ایک خاص شخص ہے جو میرے احساسات کی پروا رکھتا / کرتی ہے۔	10
7	6	5	4	3	2	1	میرے گھروالے فیصلے کرنے میں میری مدد کرتے ہیں۔	11
7	6	5	4	3	2	1	میں اپنے مسائل کے متعلق اپنے دوستوں سے بات کر سکتا / سکتی ہوں۔	12

Annexure D: General Health Questionnaire (GHQ) 12

سوال نامہ برائے صحت عامہ

برائے مہربانی سوالنامہ امتیاز سے پڑھیے

ہم یہ جانتا چاہتے ہیں کہ آپ کو کوئی طبی شکایت، جسمانی تکلیف تو نہیں۔ کچھلے چند ہفتوں میں آپ کی صحت عموماً کیسی رہی۔ برائے مہربانی مندرجہ ذیل سوالات کے جواب دیجئے۔ صرف اس جواب کے لیے لائن لگائیں جو آپ کے خیال میں آپ کے بارے میں زیادہ درست ہے۔ یاد رکھیے کہ ہم آپ کی موجودہ اور حالیہ شکایات کے بارے میں جانتا چاہتے ہیں۔ نگران کے بارے میں بھی جو آپ کو ماضی میں رہی ہیں۔ آپ کو تمام سوالات کا جواب دینا ضروری ہے۔

آپ کے تعاون کا بے حد شکریہ

1.	کیا پریشانی کی وجہ سے آپ کی نیند کافی کم ہو گئی ہے؟	بالکل نہیں	معمول سے زیادہ نہیں	معمول سے کچھ زیادہ	معمول سے بہت زیادہ
2.	کیا آپ اپنے آپ کو مسلسل ہوا دھوس کر رہے ہیں؟	بالکل نہیں	معمول سے زیادہ نہیں	معمول سے کچھ زیادہ	معمول سے بہت زیادہ
3.	کیا آپ اپنے روزمرہ کے کام پوری توجہ سے انجام دے سکتے ہیں؟	معمول سے بہتر	معمول کے مطابق	معمول سے کچھ کم	معمول سے بہت کم
4.	کیا آپ دھوس کر رہے ہیں کہ آپ روزمرہ امور میں مفید کردار ادا کر رہے ہیں؟	معمول سے بہتر	معمول کے مطابق	معمول سے کچھ کم	معمول سے بہت کم
5.	کیا آپ اپنے مسائل کا سامنا کر سکتے ہیں؟	معمول سے کچھ زیادہ	معمول کے مطابق	معمول سے کچھ کم	معمول سے بہت کم
6.	کیا آپ اپنے آپ کو روزمرہ امور میں باآسانی فیصلہ کرنے کے قابل سمجھتے ہیں؟	معمول سے کچھ زیادہ	معمول کے مطابق	معمول سے کچھ کم	معمول سے بہت کم
7.	کیا آپ دھوس کر رہے ہیں کہ آپ اپنے مسائل پر قابو نہیں پاسکتے؟	بالکل نہیں	معمول کے مطابق	معمول سے کچھ زیادہ	معمول سے بہت زیادہ
8.	کیا ہمیشہ ہی آپ اپنے کو خوش و خرم محسوس کرتے ہیں؟	معمول سے کچھ زیادہ	معمول کے مطابق	معمول سے کچھ کم	معمول سے بہت کم
9.	کیا آپ اپنی روزمرہ مصروفیت میں لطف محسوس کرتے ہیں؟	بالکل نہیں	معمول کے مطابق	معمول سے کم	معمول سے بہت کم
10.	کیا آپ تنگنیں اور ادا اس رہتے ہیں؟	بالکل نہیں	معمول کے مطابق	معمول سے کچھ زیادہ	معمول سے بہت زیادہ
11.	کیا آپ کی خود اعتمادی میں کمی ہو رہی ہے	بالکل نہیں	معمول کے مطابق	معمول سے کچھ زیادہ	معمول سے بہت زیادہ
12.	کیا آپ کو خیال آیا کہ آپ ایک بے کار شخص ہیں؟	بالکل نہیں	معمول کے مطابق	معمول سے کچھ زیادہ	معمول سے بہت زیادہ

Annexure E: Perceived Stress Scale

(پرسیوڈ سٹریس سکیل-10 آئٹمز)

اس بیانے میں موجود سوالات آپ سے گزشتہ ماہ کے دوران آپ کی محسوسات اور خیالات کے بارے میں پوچھ رہے ہیں۔ برائے مہربانی ہر سوال پر نشان لگا کر ظاہر کیجئے کہ کتنی کثرت سے آپ نے ایک مخصوص انداز سے محسوس کیا یا سوچا۔

- 1- پچھلے ماہ میں کتنی بار آپ کسی چیز کے غیر متوقع طور پر ہونے پریشان ہوئے؟
0 = کبھی نہیں = 1 تقریباً کبھی نہیں = 2 کبھی کبھار = 3 کئی بار = 4 بہت بار
- 2- پچھلے ماہ میں کتنی بار آپ نے محسوس کیا کہ آپ اپنی زندگی کی اہم چیزوں پر قابو نہیں پاسکتے۔
0 = کبھی نہیں = 1 تقریباً کبھی نہیں = 2 کبھی کبھار = 3 کئی بار = 4 بہت بار
- 3- پچھلے ماہ میں آپ نے کتنی بار گھبرائٹ اور باؤ محسوس کیا؟
0 = کبھی نہیں = 1 تقریباً کبھی نہیں = 2 کبھی کبھار = 3 کئی بار = 4 بہت بار
- 4- پچھلے ماہ میں آپ نے خود کو کتنا زیادہ محسوس کیا اپنے فحشی مسائل کو سنبھالنے کی صلاحیت میں؟
0 = کبھی نہیں = 1 تقریباً کبھی نہیں = 2 کبھی کبھار = 3 کئی بار = 4 بہت بار
- 5- پچھلے ماہ میں آپ کو کتنی دفعہ یہ محسوس ہوا کہ حالات آپ کے مطابق چل رہے ہیں؟
0 = کبھی نہیں = 1 تقریباً کبھی نہیں = 2 کبھی کبھار = 3 کئی بار = 4 بہت بار
- 6- پچھلے ماہ میں آپ کو کتنی بار لگا کہ آپ ان چیزوں سے نہیں نمٹ سکتے جو آپ کو کرنی ہیں؟
0 = کبھی نہیں = 1 تقریباً کبھی نہیں = 2 کبھی کبھار = 3 کئی بار = 4 بہت بار
- 7- پچھلے ماہ میں کتنی بار آپ اپنی زندگی میں موجود چیزوں کو قابو کرنے کے اہل ہوئے؟
0 = کبھی نہیں = 1 تقریباً کبھی نہیں = 2 کبھی کبھار = 3 کئی بار = 4 بہت بار
- 8- پچھلے ماہ میں آپ کو کتنی مرتبہ یہ محسوس ہوا کہ امور آپکی گرفت میں ہیں؟
0 = کبھی نہیں = 1 تقریباً کبھی نہیں = 2 کبھی کبھار = 3 کئی بار = 4 بہت بار
- 9- پچھلے ماہ میں کتنی بار آپ ان باتوں کی وجہ سے غصہ ہوئے جو آپ کو اختیار سے باہر تھیں؟
0 = کبھی نہیں = 1 تقریباً کبھی نہیں = 2 کبھی کبھار = 3 کئی بار = 4 بہت بار
- 10- پچھلے ماہ میں کتنی بار آپ نے محسوس کیا کہ مشکلات اتنی بڑھ چکی ہیں کہ آپ انہیں قابو نہیں کر پائے؟
0 = کبھی نہیں = 1 تقریباً کبھی نہیں = 2 کبھی کبھار = 3 کئی بار = 4 بہت بار

Annexure F: Brief Resilience Scale

سوالنامہ

ہر ایک سوال پر 06 درجے کی نشان دہی کی جاتی ہے۔ ہر کے تکرار جواب کو اپنا جواب دینے یا اپنا جانے گا۔ ہر کو اس سوال سے بچنے اور اس کے آگے بڑھنے کے لیے اس سے
 لچکنا سنا سے احتیاطی مواقع اور یہ کہ شکبہ کریں اور کیا بیان کو تلاش چھوڑے۔ آپ کو اپنے جواب کی درستگی کی یقین دہانی

بہتر جواب صحیح نہیں صحیح نہیں صحیح نہیں صحیح نہیں
 5 4 3 2 1

بہتر جواب صحیح نہیں	صحیح نہیں	بہتر جواب صحیح نہیں	صحیح نہیں	بہتر جواب صحیح نہیں	بہتر جواب صحیح نہیں	سوال
						1. بسے وقت کے بعد میں علم نہیں ہو جاتی (بہتر جواب صحیح نہیں)
						2. مجھے زیادہ سارے واقعات سے گرنے میں مدد ملتی ہے
						3. مجھے زیادہ سارے واقعات سے جان بچانے میں زیادہ وقت نہیں لگتا
						4. جب کوئی برا واقعہ پیش آتا ہے تو مجھے انہیں جاننے میں مدد ملتی ہے
						5. میں عام طور پر مددگار واقعات سے توجہ دیتی ہوں۔ (بہتر جواب صحیح نہیں)
						6. مجھے زندگی کی باتوں کو جاننے میں مدد ملتی ہے