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Sociotropy-Autonomy, Perceived Social Support, Self-esteem and Anxiety in Adults in Pakistan

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Abstract

The present study aimed at examining relationship between sociotropy and autonomy with self-esteem and anxiety in adults in Pakistan and to test the moderation effect of perceived social support in the relationships between sociotropy and autonomy with self-esteem and anxiety. Methods: A quantitative correlational design was used. The sample consisted of 500 healthy unmarried individuals aged 18-29 years who were selected from government and private universities across the country, using a purposive sampling technique. The Personal Style Inventory, Multidimensional Scale of Perceived Social Support, Rosenberg Self-Esteem Scale, and the anxiety subscale of the Depression Anxiety Stress Scales-21 were all filled out by the participants. Data were processed in SPSS version 26, descriptive statistics, Pearson product-moment correlation, Hayes' PROCESS Macro Model 1 and internal consistency analysis were used. Results: There was a significant correlation between sociotropy and anxiety ($r=.22$, $p<.01$) and with perceived social support ($r=.29$, $p<.01$), but not with self-esteem ($r=-.05$, $p=.267$). Self-esteem ($r=.15$, $p<.01$), anxiety ($r=.12$, $p<.01$) and perceived social support ($r=.20$, $p<.01$) were positively related to autonomy. Perceived social support was shown to be significantly positively related to self-esteem ($r=.14$, $p<.01$) and, surprisingly, not significantly related to anxiety ($r\approx0$, $p=.977$). Sociotropy × perceived social support interactions were significant for self-esteem ($B=.002$, $p=.026$) and anxiety ($B=.001$, $p=.010$), but the autonomy × perceived social support

interactions were not significant for self-esteem (B≈0, p=.750) or anxiety (B≈0, p=.569). Conclusion: The results suggest that the sociotropic orientation is related to higher anxiety and that perceived social support modifies the relationship between sociotropy and self-esteem and anxiety. A positive relationship was found between autonomy and self-esteem and autonomy and anxiety; and perceived social support did not significantly change these relationships. These findings underline the need for taking both vulnerability and inter-personal resources into account to comprehend anxiety in young adults in Pakistan.

Keywords: sociotropy, autonomy, self-esteem, perceived social support, anxiety, adults, Pakistan

Introduction

Anxiety is a significant psychological issue as it is a persistent feeling of apprehension, physical response, tension and fear caused by a real or imagined threat or stressful situation. There are not just a single factor to its experience. How people think about and react to stress may be shaped by various personality factors, self-evaluative processes, interpersonal relationships, and social resources. In the present study, therefore, sociotropy and autonomy were viewed as personality orientations, self-esteem as a process of self-evaluation, and perceived social support as a resource from interpersonal relationships and their relationship with anxiety in adult population in Pakistan. (Craske et al., 2017; Baxter et al., 2013)

Cognitive-personality vulnerabilities have been conceptualized as sociotropy and autonomy. Sociotropy is characterized by important needs for interpersonal acceptance, approval, closeness and reassurance, whereas autonomy involves a focus on independence, achievement, control, self-sufficiency and freedom from others. These orientations might affect what is perceived as particularly threatening situations from a cognitive vulnerability point of view. Sociotropic persons may be especially sensitive to rejection, criticism, interpersonal conflict, or the loss of approval. People with autonomy might be more interested in ability, accomplishment, control, and personal values. As a result, comparable situations could elicit different emotional responses in different people, depending on their cognitive-personality orientation. (Beck & Haigh, 2014; Martínez et al., 2020)

This can be explained using Beck's cognitive framework and the diathesis-stress model. Personality vulnerabilities might not be very active until triggered by appropriate stressors. From this perspective, sociotropy and autonomy can render people more vulnerable to emotional stress in different ways. Based on the reviewed research in the thesis, the two factors of interpersonal sensitivity and anxiety

(when interpersonal relationships are threatened) and interpersonal autonomy and distress (when interpersonal is a failure, a loss of control or when one's perceived level of competence is questioned) seem to be related to sociotropy and autonomy respectively. The results corroborate the general hypothesis that personality vulnerabilities can influence the interpretation of stress-inducing experiences. (Beck & Haigh, 2014; Zuroff et al., 2010)

Another psychological factor that is relevant is self-esteem. It is the overall feeling of worth, acceptance, and value oneself has. Social feedback and perceptions of competence and success may impact one's self-esteem. Sociometric views suggest self-esteem is related closely to the sense of belongingness and acceptance in a social group. Self-esteem can suffer, and may contribute to feelings of rejection, exclusion or loss of interpersonal value. The process could be particularly significant for the sociotropic group since interpersonal acceptance is a key factor in their sense of security. The relevance of self-evaluation to emotional vulnerability has also been found in previous longitudinal research mentioned in the thesis, which has associated low self-esteem with emotional symptoms in later years. (Orth et al., 2014; Sowislo & Orth, 2013)

Perceived social support is the feeling that emotional, informational, and practical assistance is available from significant other(s) usually family, friends, and significant others. It is different to the objective size of the person's social network as it focuses on the person's perception that support is available when needed. Based on the Stress-Buffering Hypothesis, close relationships can help buffer the psychological impact of stressful life events by minimizing perceived stress and enhancing coping resources. Relational Regulation theory also emphasizes the role of positive, everyday interactions in emotional regulation and psychological adjustment. (Cohen & Wills, 1985; Lakey & Orehek, 2011)

The role of perceived social support is very much relevant in the present investigation in Pakistani context. The thesis is that in Pakistan, familial relationships, interpersonal connectedness, social cohesion and familial validation are integral to lived experience. This may be especially true for individuals who have a greater identity related to their social acceptance. Concurrently, the importance of achievement and independence may grow in importance with respect to education, occupation, and economic status. So there can be a mix of sociotropic and autonomous orientations, and significant interpersonal and achievement needs. (Jhangir & Jameel, 2023; Santini et al., 2015)

Even though some research has explored personality vulnerability, self-esteem, social support and anxiety, there is a lack of research on these variables in a Pakistani context, as they have been investigated individually. The present study filled this gap by incorporating variables in a single

empirical model. In particular, the study investigated the relationship between sociotropy and autonomy with self-esteem and anxiety, and the impact of perceived social support on such relationships. (Martínez et al., 2020; Santini et al., 2015)

The present study proposes eight hypotheses to examine the relationships between personality traits, psychological outcomes, and perceived social support among adults. It is hypothesized that sociotropy will have a negative relationship with self-esteem (H1) and a positive relationship with anxiety (H2). Conversely, autonomy is expected to have a positive relationship with self-esteem (H3) and a negative relationship with anxiety (H4). Furthermore, perceived social support is proposed to moderate these associations. Specifically, it is hypothesized that perceived social support will moderate the relationship between sociotropy and self-esteem (H5), as well as the relationship between sociotropy and anxiety (H6). Similarly, perceived social support is expected to moderate the relationship between autonomy and self-esteem (H7), and the relationship between autonomy and anxiety (H8).

Methods

The quantitative correlational research design was employed to explore the relationships between sociotropy, autonomy, perceived social support, self-esteem and anxiety. The number of adults was 500, which were recruited in purposive sampling from the government and private universities. There were 250 male and 250 female participants aged 18-29 years. The sample was made up of unmarried adults. Those who were working were excluded from the study as were those with a past history of psychological disorders or diagnosed medical or physical conditions that may have influenced the study variables.

Demographic characteristics

Characteristic	n	%
Age 18–23	250	50.0
Age 24–29	250	50.0
Male	250	50.0
Female	250	50.0
Graduation	370	74.0
Postgraduate	130	26.0
Nuclear family	338	67.6

Joint family	162	32.4
Living with family	278	55.6
Hostel	222	44.4
No siblings	61	12.2
1–4 siblings	261	52.2
5+ siblings	178	35.6
No close friends	72	14.4
1–4 close friends	332	66.4
5+ close friends	91	19.2
Primary emotional support: family	309	61.8
Primary emotional support: friend	191	38.2
Social interaction <5 times	146	29.2
Social interaction 6–10 times	236	47.2
Social interaction >10 times	118	23.6

Procedure

Personal Style Inventory (PSI). Robins et al. in 1994 created the Personal Style Inventory (PSI) for the purpose of evaluating the dimensions of sociotropy and autonomy. There are 60 items, 30 for each dimension, rated on a 6-point Likert scale that ranges from 1 (strongly disagree) to 6 (strongly agree). The higher the score, the greater the sociotropic orientation and/or autonomous orientation. The total scale, sociotropy and autonomy showed good reliability in the present study ($\alpha = .91$, $\alpha = .75$ and $\alpha = .79$, respectively). (Robins et al., 1994).

Multidimensional Scale of Perceived Social Support (MSPSS). The MSPSS was created to assess the level of perceived social support from family, friends and significant others by Zimet et al. in 1988. It is comprised of 12 items with a Likert scale from 1 to 7. A higher score reflects higher perceived social support. The present study provided good internal consistency ($\alpha = .83$). (Zimet et al., 1988).

Rosenberg Self-Esteem Scale (RSES). Rosenberg in 1965 created the RSES to measure general self-esteem throughout the world. This is composed of 10 items, all of which are rated on a 4-point likert

scale, both positively and negatively worded. There are higher scores the greater the self-esteem. In the present study, the scale had good reliability (α = .85). (Rosenberg, 1965).

Depression Anxiety Stress Scales– 21 (DASS-21), Anxiety Subscale. The seven-item anxiety subscale of the DASS-21 by Lovibond & Lovibond, in 1995 was used to measure anxiety. Items are scored from 0 (did not apply at all) to 3 (applied very much/most of the time). The higher the score the more anxiety symptoms the person has. In the present study the subscale had acceptable reliability (α = .77). (Lovibond & Lovibond, 1995)

Before data collection, the permission to use the research instruments was obtained from the original scale developers. Permission to approach the government universities and private universities was then sought at the institutions. Those eligible were approached and given information about the purpose and objectives of the study and were invited to participate voluntarily. Written informed consent was obtained. Participants were told their answers would be kept confidential, it was voluntary and they could opt out at any time without facing any consequences. The questionnaires were completed following the instructions given by the researcher and the completed questionnaires were checked to minimize missing responses. No personal data was used and research data were kept securely, using numerical codes. The study was carried out ethically in accordance with the ethical guidelines of the institution and the American Psychological Association.

SPSS software version 26 was used for data analysis. Demographic and study variables were described and internal consistency was evaluated using the Cronbach's alpha. Pearson product-moment correlation coefficients were used to explore the direction and degree of relationships between sociotropy, autonomy, self-esteem, perceived social support, and anxiety. Hayes' PROCESS Macro Model 1 was used to perform moderation analyses. Perceived social support was used as a moderator of the relationships between each personality orientation and the two outcomes—self-esteem and anxiety. Unstandardized regression coefficients (B), standard errors, 95% confidence intervals (95% CI), and p values were analyzed.

Results

The mean value of the descriptive statistics reported in the thesis were as follows: Self-esteem 22.29 (SD=6.59), Sociotropy 105.79 (SD=23.10), Autonomy 104.93 (SD=23.50), Anxiety 9.06 (SD=4.89), Perceived Social Support 48.85 (SD=14.11). The total PSI, sociotropy, autonomy, MSPSS, RSES, and

DASS-21 anxiety subscale had satisfactory internal consistency (α=.91, α=.75, α=.79, α=.83, α=.85, and α=.77, respectively).

Table 1: Descriptive Statistics and Reliability Coefficients of Study Measures

Scale	*M*	*SD*	*Range*	*Cronbach's α*
Personal Style Inventory (PSI)	218.30	31.38	60–360	.91
Sociotropy	109.70	16.22	30–180	.75
Autonomy	108.60	17.75	30–180	.79
Perceived Social Support (MSPSS)	23.11	6.44	12–84	.83
Self-Esteem (RSES)	23.11	6.44	10–40	.85
Anxiety (DASS-21)	9.58	4.89	7–21	.77

Note. M = Mean; SD = Standard Deviation; PSI = Personal Style Inventory; MSPSS = Multidimensional Scale of Perceived Social Support; RSES = Rosenberg Self-Esteem Scale; DASS-21 = Depression Anxiety Stress Scales–21.

The internal consistency of the study measures was assessed using Cronbach's alpha coefficients. The Personal Style Inventory (PSI) demonstrated excellent reliability for the total scale (α = .91), while its Sociotropy (α = .75) and Autonomy (α = .79) subscales demonstrated acceptable internal consistency. The Multidimensional Scale of Perceived Social Support (MSPSS) demonstrated good reliability (α = .83). The Rosenberg Self-Esteem Scale (RSES) also showed good reliability (α = .85), while the DASS-21 Anxiety subscale demonstrated acceptable internal consistency (α = .77).

Table 2: Descriptive statistics, reliability, and correlations among study variables

Variable	*M*	*SD*	*1*	*2*	*3*	*4*	*5*
1. Self-Esteem	*22.29*	*6.59*	—				
2. Sociotropy	*105.79*	*23.10*	*-.05*	—			
3. Autonomy	*104.93*	*23.50*	*.15***	*.44***	—		
4. Anxiety	*9.06*	*4.89*	*-.00*	*.22***	*.12***	—	

5. Perceived Social Support	*48.85*	*14.11*	*.14***	*.29***	*.20***	*-.00*	—

*Note. M=mean; SD=standard deviation; α=Cronbach's alpha. **p<.01. Correlations are Pearson product-moment coefficients*.

Sociotropy was significantly related to autonomy (r=.44, p<.01), anxiety (r=.22, p<.01) and perceived social support (r=.29, p<.01) in a positive direction. The correlation with self-esteem was also negative (r=(-.05), p(=.267) but was not statistically significant. Autonomy was positively related to self-esteem (r=.15, p<.01), anxiety (r=.12, p<.01), and perceived social support (r=.20, p<.01). Self-esteem correlated positively (r=.14, p<.01) with perceived social support and very nearly with anxiety, which was non-significant (r≈-.00, p=.946). The relationship between the perceived social support and anxiety was not significantly related (r≈-.00, p=.977).

Table 3: Moderation of personality–outcome relationships by perceived social support

Effect	***Estimate***	***SE***	***95% CI***	***p***
Main Effects			***LLCI-ULCI***	
Sociotropy → Self-Esteem	-0.031	0.013	[-0.057, -0.005]	.019*
Sociotropy → Anxiety	0.054	0.010	[0.035, 0.073]	<.001*
Autonomy → Self-Esteem	0.035	0.013	[0.010, 0.060]	.006*
Autonomy → Anxiety	0.026	0.009	[0.007, 0.044]	.007*
Moderator Effects (MSPSS)				
MSPSS → Self-Esteem	0.056	0.021	[0.015, 0.097]	.008*
MSPSS → Anxiety	-0.009	0.016	[-0.040, 0.022]	.551
Interaction Effects				
Sociotropy × MSPSS → Self-Esteem	0.002	0.001	[-0.003, -0.000]	.026*
Sociotropy × MSPSS → Anxiety	0.001	0.001	[0.000, 0.003]	.0.10*
Autonomy × MSPSS → Self-Esteem	-0.000	0.001	[-0.002, 0.001]	.750
Autonomy × MSPSS → Anxiety	0.000	0.001	[-0.001, 0.001]	.569

Note. MSPSS=Multidimensional Scale of Perceived Social Support; B=unstandardized regression coefficient; SE=standard error; CI=confidence interval.

Hayes' PROCESS Model 1 results indicated that in Model 1, anxiety was predicted by sociotropy (B=.054, p<.001), and self-esteem was predicted by sociotropy (B=-.031, p=.019). Autonomy also greatly predicted self-esteem (B=.035, p=.006) and anxiety (B=.026, p=.007). Perceived social support was a significant predictor of self-esteem (B=.056, p=.008), but not anxiety (B=-.009, p=.551). Most importantly, the interaction between sociotropy and perceived social support was significant for self-esteem (B=.002, p=.026) and anxiety (B=.001, p=.010), suggesting that the relationship between sociotropy and each outcome differed as a function of perceived social support. However, the relationship between autonomy and perceived social support was not significant for self-esteem (B≈0, p=.750) or anxiety (B≈0, p=.569).

Discussion

The current study analyzed the relationship between sociotropy, autonomy, self-esteem, perceived social support and anxiety in adults in Pakistan. It also examined whether the relationship between sociotropy and autonomy with self-esteem and anxiety were modified by perceived social support. The results are ambivalent: sociotropy was positively associated with increased anxiety, but not to self-esteem at the bivariate level, while autonomy was positively associated with both self-esteem and anxiety. The results indicated that perceived social support had a positive relationship with self-esteem, and was not directly linked with anxiety. Only sociotropy, but not autonomy, showed moderate group differences. (Beck & Haigh, 2014; Cohen & Wills, 1985)

The first hypothesis was that there would be a negative correlation between sociotropy and self-esteem. At the correlational level, the bivariate association was very small and non-significant (r=-.05, p=.267) so that H1 was not supported at the correlational level. The moderation model indicated that a significant prediction of self-esteem was also for perceived social support (B=-.031, p=.019), and the interaction between sociotropy and perceived social support was also significant (p=.026). This indicates that the correlation was not independent, and failed to reflect the conditional nature of the correlation. For those with more sociotropic characteristics, self-evaluation might be more related to interpersonal experiences and support. The outcome is consistent with the thesis on which this perspective of interpersonal acceptance and belonging is grounded, namely the sociometric perspective in which interpersonal acceptance and belonging are highly correlated with self-worth. (Leary & Baumeister, 2000; Jhangir & Jameel, 2023; Kopala-Sibley et al., 2016)

A positive relationship between sociotropy and anxiety was predicted by H2 and supported. Sociotropy was also positively correlated with anxiety ($r=.22$, $p<.01$) and the regression effect was also significant ($B=.054$, $p<.001$). This is congruent with the 'cognitive vulnerability' approach and also with studies that have been investigated in the thesis which suggest that sociotropic individuals may be especially vulnerable to interpersonal rejection, criticism and loss of approval. If acceptance and relationship security are woven into one's sense of self, interpersonal uncertainty could be viewed as a threat, which can lead to worry and anxiety. (Beck & Haigh, 2014; Kopala-Sibley et al., 2016; Orth & Robins, 2014)

This was supported by H3 which hypothesized that there will be a positive relationship between autonomy and self-esteem. Self-esteem ($r=.15$, $p<.01$) and the regression effect ($B=.035$, $p=.006$) were significant, being positive. This result is not surprising in the light of the concept of autonomy that is considered as independence, competence, self-control, and achievement orientation. A sense of competence and personal agency can be provided by adaptive autonomy, which could be a factor in positive self-evaluation. The finding also indicates that autonomy is not necessarily a sign of maladaptive functioning; autonomy and achievement may be adaptive or rigid and overly demanding. (Beck & Haigh, 2014; Kopala-Sibley et al., 2016)

The hypothesized relationship of autonomy and anxiety was negative, but the actual result was positive ($r=.12$, $p<.01$; $B=.026$, $p=.007$) as suggested by H4. Therefore, the H4 in the proposed direction was not supported. Positive means that autonomy in this sample was related to slightly more anxiety, instead of less. A possible explanation, as mentioned in the thesis discussion, is that for highly autonomous people, the demands for achievement, self-set standards, and the concern about competence can be a source of anxiety. This finding is also unexpected because autonomy is not always a protector from anxiety, and demonstrates the importance of considering the demands and meanings of personality orientations. (Beck & Haigh, 2014; Martínez et al., 2020)

A significant interaction between sociotropy and self-esteem was found with perceived social support, which was taken into consideration in the support of H5. The results suggest that a link between interpersonal personality orientation and self-evaluation requires perceived support. This aligns with the Stress-Buffering Hypothesis which suggests supportive relationships can influence the psychological effects of vulnerability and stress. It is also consistent with the Sociometer Theory as sociotropic individuals might be very sensitive to interpersonal feedback when assessing their social value. (Cohen & Wills, 1985; Leary & Baumeister, 2000; Lakey & Orehek, 2011)

There was a significant interaction between sociotropy and perceived social support for predicting anxiety (B=.001, p=.010). So, sociotropy/anxiety was found to be different across perceived social support. Theoretically, this result is of interest because sociotropy is an indicator of the sensitivity to interpersonal acceptance and social support is an indicator of perceived availability of supportive relationships. Interpersonal resources are the idea that their interaction with emotional distress might be modified with a personality style that is dependent or approval-seeking. The outcome is consistent with the thesis's prediction of a Stress-Buffering Hypothesis and the general notion that supportive interpersonal relationships can lessen or alter the impact of interpersonal vulnerability. (Cohen & Wills, 1985; Leary & Baumeister, 2000; Lakey & Orehek, 2011)

The relationship between autonomy and perceived social support was not significant for self-esteem (B≈-.000, p≈.750). While there was a positive main effect for autonomy and social support on self-esteem, the main effect of social support was not significant in changing the strength of the autonomy–self-esteem association. This suggests that the impact on the self-esteem of more autonomous individuals is greater for perceived competence, independence and achievement than for interpersonal support. The finding also helps to highlight the difference between sociotropic and autonomous vulnerabilities: support might be particularly important in contexts where psychological security comes from relations with other people, while autonomous functioning might be more dependent on one's own standards of competence and control. (Beck & Haigh, 2014; Robins et al., 1994)

Autonomy × perceived social support was not significant for anxiety (B≈0, p=.569) and, for this reason, was not included in the model. There was a positive correlation between autonomy and anxiety, which was not further significantly modified by perceived support. The interpretation is that anxiety related to autonomous characteristics might be more related to achievement demands, perfectionistic expectations, competence issues, and perceived loss of control than perceived interpersonal support. The finding is consistent with the stress-congruency perspective outlined in the thesis, where it is proposed that personality orientations could be associated with different types of stress. (Zuroff et al., 2010; Martínez et al., 2020)

The other findings showed that perceived social support was significantly positively associated with self-esteem (r=.14, p<.01), but not with anxiety. This positive association with self-esteem is consistent with the notion that self-esteem may be positively fostered by feeling supported, belonging and feeling good about oneself. Lack of direct association with anxiety should not be taken as support is irrelevant to anxiety, since the moderation results indicated that there was a significant interaction between

support and sociotropy with anxiety. That is, perceived support might be important, but not necessarily common to all people. The difference is important for the present work because it illustrates the usefulness of the information interaction models can offer over simple correlations. (Zimet et al., 1988; Lakey & Orehek, 2011; Santini et al., 2015)

The results have implications for psychological assessment and prevention. Interpersonal and achievement-related personality vulnerabilities should be taken into account for assessment of anxiety in adults, in addition to symptoms severity. Interventions for those with high sociotropic traits can include excess reliance on external acceptance, sensitivity to rejection, interpersonal interpretations, and establishing a stable self-worth. It may be especially beneficial to enhance positive family and peer relationships. Highly autonomous people might be attended to with regard to strict achievement criteria, self-expectation, perfectionism and seeking help. The implications of the present study are clinically relevant considerations, not causal rules, due to the correlational design.

This study also has some limitation that is the cross-sectional design prevents conclusions about causality and/or direction of over time among the study variables. All key constructs were measured by means of self-report questionnaires, which can lead to social desirability bias and response bias. The sample consisted primarily of young adults and university students, and was not representative of older adults and other groups. The general population of the Pakistani adults might not be representative in the case of Purposive sampling. The sample was relatively homogeneous in terms of the educational composition, which could have limited the variation in the sample. Some variables that might be important, like coping, resilience, family functioning, personality dimensions beyond sociotropy/autonomy, and life stressors, were not assessed. The data may be limited to a few geographical and institutional settings, and may be culturally, socioeconomically and geographically generalizable.

Conclusion

The present study shows that the relationship of sociotropy and autonomy with psychological functioning of adults in Pakistan is different. Sociotropy was positively correlated with anxiety and autonomous with both self-esteem and anxiety. Perceived social support was positively related to SE but not directly to anxiety. Importantly, the relationship between sociotropy and self-esteem and the relationship between sociotropy and anxiety were moderated by perceived social support, but autonomy and self-esteem and autonomy and anxiety were not moderated by perceived social support.

Taken together, the results could justify an integrated cognitive-interpersonal model in which all three variables (personality orientation, self-evaluation and perceived interpersonal resources) are taken into account when understanding anxiety. Longitudinal studies and larger, more representative samples are needed and studies should include relevant social and emotional factors such as coping, resilience, and stress exposure.

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