



# Social Support And Self Esteem: Impact On Quality Of Sleep Of An Individual

<sup>1</sup>Aditi Ghosh, <sup>2</sup>Dr. Mamata Mahapatra

<sup>1</sup>Student, <sup>2</sup> Professor

<sup>1</sup>Amity Institute of Psychology and Allied Sciences,

<sup>1</sup>Amity University, Noida, Uttar Pradesh

**Abstract:** This study investigates the existence of a relationship between social support, self-esteem and sleep quality. This study also explores if the nature of this relationship is positive or negative. This research uses random sampling technique via surveys distributed to the sample size in person. The sample size consists of 173 individuals. The age of the participants ranges from 18 – 28 years old (M=21.46, SD=2.24). The sample size consisted of 133 females and 40 males. In order to measure these variables that consist of social support, self-esteem and sleep quality the tools used were Multidimensional scale of perceived social support, Rosenberg self-esteem scale and Pittsburgh sleep quality index were used. The findings revealed that there is a negative correlation between quality of sleep and social support as well as a negative correlation between quality of sleep and self-esteem. However, there is a positive correlation between social support and self-esteem. This means that quality of sleep does not have a positive effect on social support and self-esteem.

**Index Terms – Social Support, Self Esteem, Quality of sleep.**

## I. INTRODUCTION

In the realm of psychology, the intricate connections between social support, self-esteem, and sleep quality have become a focal point of interest as a research area. These variables collectively have a significant influence over an individual's well-being, impacting the various facets of an individual's psychological and physical health.

Social support, denoting the resources furnished by interpersonal relationships and social networks, stands as a cornerstone of individuals' lives. Its encompassing nature spans emotional, instrumental, informational, and appraisal dimensions, all of which serve to mitigate the effects of stressors and foster adaptive coping mechanisms (Cohen & Wills, 1985). Empirical evidence consistently underscores the favourable impacts of social support on mental health outcomes, such as diminished levels of depression, anxiety, and perceived stress (Thoits, 2011).

Conversely, self-esteem emerges as a critical facet of individuals' self-concept, embodying their assessments of personal worth and competence. It epitomizes the extent to which individuals view themselves positively and harbour confidence in their capacity to confront life's adversities (Rosenberg, 1965). Elevated self-esteem correlates with myriad indicators of psychological well-being, including heightened resilience, life satisfaction, and subjective happiness (Orth et al., 2012).

Moreover, sleep quality emerges as an indispensable determinant of overall health and functioning. Adequate sleep facilitates cognitive performance, emotional regulation, and physiological rejuvenation (Walker, 2017). Conversely, suboptimal sleep quality, characterized by difficulties in sleep initiation, maintenance, or

experiencing restorative sleep, correlates with an array of adverse health outcomes, including heightened risks of chronic conditions like cardiovascular disease, obesity, and mood disorders (Grandner et al., 2010).

Self-esteem is often regarded as the bedrock of psychological well-being which encapsulates an individuals' evaluations of their own worth, capabilities, and inherent value. It serves as a fundamental aspect of the self-concept, shaping how individuals perceive and interact with themselves and the world around them.

In the intricate tapestry of human existence, social support stands as a vital thread that weaves together the fabric of our lives. Defined as the network of relationships and resources that individuals draw upon in times of need, social support plays a pivotal role in promoting psychological well-being, buffering against the adversities of life, and fostering resilience in the face of challenges.

Sleep, often considered the cornerstone of health and well-being, is a complex physiological process essential for restoring, rejuvenating, and regulating various bodily functions. Quality sleep is characterized by a combination of factors, including duration, continuity, depth, and subjective satisfaction. Despite its paramount importance, sleep quality has become increasingly elusive in modern society, with growing rates of sleep disturbances, disorders, and deprivation.

Social support serves as a fundamental determinant of individuals' psychological and emotional well-being, providing a buffer against stressors and adversities encountered throughout life. Rooted in social relationships, social support encompasses various forms, including emotional, instrumental, informational, and appraisal support (Cohen & Wills, 1985). Emotional support entails the provision of empathy, understanding, and companionship, fostering feelings of belongingness and connectedness. Instrumental support involves tangible assistance and resources, such as financial aid, practical help, or caregiving, aimed at addressing individuals' practical needs. Informational support entails the provision of advice, guidance, or information to help individuals navigate challenges or make informed decisions. Appraisal support involves feedback, affirmation, and validation of individuals' thoughts, feelings, and experiences, enhancing their sense of self-worth and competence.

Self-esteem, often regarded as the evaluative component of the self-concept, encompasses individuals' perceptions of their own worth, value, and capabilities (Rosenberg, 1965). Rooted in social comparisons, self-esteem reflects individuals' beliefs about their competence, adequacy, and likability relative to others. High self-esteem is associated with positive self-perceptions, confidence, and self-acceptance, fostering resilience in the face of challenges and setbacks (Orth et al., 2012). Conversely, low self-esteem is characterized by negative self-perceptions, self-doubt, and feelings of inadequacy, increasing vulnerability to psychological distress and maladaptive coping strategies. The development of self-esteem is influenced by various factors, including early experiences within the family environment, social interactions, cultural norms, and individual characteristics (Erikson, 1968).

Sleep quality, defined by the duration, continuity, and satisfaction of sleep, is essential for maintaining physical health, cognitive functioning, and emotional well-being (Buysse et al., 1989). Adequate sleep supports immune function, metabolic regulation, cardiovascular health, and neurocognitive processes, promoting overall health and vitality (Walker, 2017). Conversely, poor sleep quality is associated with a myriad of adverse health outcomes, including increased risks of obesity, diabetes, hypertension, cognitive decline, mood disorders, and impaired immune function (Grandner et al., 2010). Factors influencing sleep quality include biological rhythms, environmental conditions, lifestyle habits, and psychological states, highlighting the multifaceted nature of sleep and its determinants.

The relationships between social support, self-esteem, and sleep quality are complex and bidirectional, with each construct influencing and being influenced by the others. Social support serves as a protective factor for both self-esteem and sleep quality, buffering against stressors and promoting adaptive coping strategies. Individuals with strong social support networks tend to have higher self-esteem, greater emotional well-being, and better sleep quality compared to those lacking social support (Thoits, 2011). Conversely, low self-esteem and poor sleep quality can compromise individuals' ability to seek and receive social support, perpetuating a cycle of vulnerability and distress. Moreover, self-esteem mediates the relationship between social support and

sleep quality, with individuals with higher self-esteem being more likely to perceive and utilize social support effectively to promote better sleep (Orth et al., 2012).

## II. RESEARCH METHODOLOGY

### **Objectives:**

The objective of this study is to explore whether or not there is a relationship between social support, self-esteem and sleep quality. This study also aims to find out whether or not this relationship is positive or negative.

### **Hypotheses:**

1. There will be significant correlation between social support and sleep quality.
2. There will be significant correlation between self-esteem, and sleep quality.

### **Participants and Sample:**

- The sample size consists of 173 individuals.
- The age of the participants ranges from 18 – 28 years old (M=21.46, SD=2.24).
- The sample size consisted of 133 females and 40 males.

### **Variables**

1. Independent variables- Social support and Self-esteem
2. Dependent variable- Quality of sleep

### **Description of tools employed:**

In order to measure these variables that consist of social support, self-esteem and sleep quality three separate tests which are Multidimensional scale of perceived social support, Rosenberg self esteem scale and Pittsburgh sleep quality index have been used.

- The Multidimensional Scale of Perceived Social Support (MSPSS) is a widely used instrument developed by Zimet, Dahlem, Zimet, & Farley (1988) to measure perceived social support from family, friends, and significant others.
- The Rosenberg Self-Esteem Scale (RSES) is a widely used self-report measure developed by Morris Rosenberg in 1965 to assess self-esteem.
- The Pittsburgh Sleep Quality Index (PSQI) is a self-report questionnaire developed by Buysse, Reynolds, Monk, Berman, & Kupfer (1989) to assess subjective sleep quality and disturbances over the past month

### **Data Collection Procedure:**

Consent forms were created and copies of the three standardized tests used in this study were printed out. These tests are Multidimensional scale of perceived social support, Rosenberg self-esteem scale and Pittsburgh sleep quality index.

The participants answered the questionnaires individually. They answered the in person using the questionnaires that were given to them. Data collection was also done in person.

The collected data was analyzed using Pearson's correlation in SPSS.

## III. RESULTS AND DISCUSSION

The correlation between self-esteem and social support is .354 which makes the correlation significant and positive. The correlation between quality of sleep and social support is -.195 which makes the correlation significant and negative. The correlation between quality of sleep and self-esteem is -.428 which makes the correlation significant and negative. This was found using Pearson's correlation in SPSS

### **Discussion**

The findings reveal that there is a negative correlation between quality of sleep and social support as well as a negative correlation between quality of sleep and self-esteem. However, there is a positive correlation between social support and self-esteem. This means that quality of sleep does not have a positive effect on social support and self-esteem. It also proves that self-esteem and social support have a positive effect on each other.

The researchers in one study found that higher levels of pain and stress were linked to more significant sleep disturbances. Interestingly, receiving assistance from friends was associated with increased sleep disturbances. The conclusion drawn from the study was that pain was also significantly related to sleep disturbances. Additionally, psychosocial factors, such as social support, played a significant role in sleep quality. However, the nature of support from friends was crucial, as it could either positively or negatively affect sleep problems. The study suggests that social support, depending on its form, might not always be beneficial for individuals. The researchers also stated that future research should explore additional factors

that may influence the relationship between psychosocial factors and healthy sleep patterns (Vosvick et al., 2004).

Another research postulates that overall self-reported sleep quality did not show a significant association with social support when controlling for factors such as daily BZD dose, anxiety, and depression. The study concluded that social support might not be a significant factor influencing sleep quality in older chronic BZD users, possibly due to changes in sleep quality associated with long-term BZD use (Proulx-Tremblay et al., 2020).

In yet another research the research findings indicated that no significant association was found between overall sleep quality and self-esteem, there was a moderate correlation between sleep duration and self-esteem ( $r(16) = -.56, p = .02$ ), suggesting that higher self-esteem is linked to longer sleep duration, consistent with prior research. However higher self-esteem is not linked to higher overall sleep quality. The study investigated the relationship between sleep duration, sleep quality, and self-esteem among 9th-grade students in an Icelandic elementary school ( $N = 22$ ) (Þorsteinsdóttir, 2021)

Another research found both short sleep duration (less than 6 hours) and long sleep duration (more than 9 hours) were associated with lower optimism and self-esteem, independent of age and gender. The study examined sleep parameters, optimism, and self-esteem among 1,805 adults aged 30 to 84 in the USA, using self-report assessments. It investigated how gender, age, and depressive disorder might influence the relationship between sleep and positive characteristics (Lemola et al., 2013).

Limitations of this present study includes the broad nature of the research aims and objectives. Another limitation of the study is the uneven distribution of females and males in the sample size. However, it was not possible to prevent this as this study used random sampling which prevented any control over distribution of females and males in the sample size. Furthermore, yet another limitation is that this research was time bound. Future researches in this area may focus on the role of social support and self esteem on the quality of sleep of older populations and younger populations. The role of social support and self-esteem on the quality of sleep of those suffering from chronic illness. Future researches in this area could also focus on how these factors are mediated by gender differences, age, wealth and life satisfaction.

### **Conclusion**

The results of this study indicate that there is a negative correlation between quality of sleep and social support as well as a negative correlation between quality of sleep and self-esteem. However, there is a positive correlation between social support and self-esteem. This leads us to the conclusion that high social support does not lead to improvement in quality of sleep. Furthermore, we can also conclude from this that high self esteem also does not lead to improvement in quality of sleep.

This study can be put in practical use to help individuals understand that having high self-esteem and high social support will not necessarily guarantee a good quality of sleep for any individual. Therefore, allowing the individual to focus on the actual issue of improving quality of sleep directly.

This study used a sample size of 173 individuals. The age of the participants ranges from 18 – 28 years old ( $M=21.46, SD=2.24$ ). The sample size consisted of 133 females and 40 males.

In order to measure these variables that consist of social support, self-esteem and sleep quality three separate tests which are Multidimensional scale of perceived social support, Rosenberg self-esteem scale and Pittsburgh sleep quality index were used.

The objective and aim of this present study have both been achieved in this study. Both of the hypothesis of the study has also been proven to be correct.

## References

- I. Buysse, D. J., Reynolds, C. F., Monk, T. H., Berman, S. R., & Kupfer, D. J. (1989). The Pittsburgh Sleep Quality Index: A new instrument for psychiatric practice and research. *Psychiatry Research*, 28(2), 193–213.
- II. Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357.
- III. Erikson, E. H. (1968). *Identity: Youth and crisis*. Norton.
- IV. Grandner, M. A., Patel, N. P., Gehrman, P. R., Xie, D., Sha, D., & Weaver, T. (2010). Who gets the best sleep? Ethnic and socioeconomic factors related to sleep complaints. *Sleep Medicine*, 11(5), 470–478.
- V. Lemola, S., Rääkkönen, K., Gomez, V., & Allemand, M. (2013). Optimism and self-esteem are related to sleep. Results from a large community-based sample. *International journal of behavioral medicine*, 20, 567-571.
- VI. Orth, U., Robins, R. W., & Roberts, B. W. (2012). Low self-esteem prospectively predicts depression in adolescence and young adulthood. *Journal of Personality and Social Psychology*, 102(4), 963–978.
- VII. Proulx-Tremblay, V., Allary, A., Payette, M. C., Benyebdri, F., Boudreau, M. M., Bernard, C., ... & Grenier, S. (2020). Social support and sleep quality in older benzodiazepine users. *Aging & Mental Health*, 24(9), 1437-1443.
- VIII. Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton University Press.
- IX. Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior*, 52(2), 145–161.
- X. Þorsteinsdóttir, H. V. Association between sleep duration, sleep quality and self-esteem in adolescents in Iceland (Doctoral dissertation). <http://hdl.handle.net/1946/39008>
- XI. Vosvick, M., Gore-Felton, C., Ashton, E., Koopman, C., Fluery, T., Israelski, D., & Spiegel, D. (2004). Sleep disturbances among HIV-positive adults: the role of pain, stress, and social support. *Journal of psychosomatic research*, 57(5), 459-463.
- XII. Walker, M. P. (2017). *Why we sleep: Unlocking the power of sleep and dreams*. Simon & Schuster.