



Research Article

# A Study on Gender Differences on Perceived Social Support and Psychological Distress among Males and Females


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Abstract	Manuscript Information
<p>Even with more widespread international awareness of mental health, nonetheless, there has remained a continuing gender gap in reporting and experiencing emotional well-being. Men still report less subjective social support and more psychological distress than women. This research seeks to investigate these two most important variables—perceived social support and psychological distress—through the use of the Kessler Psychological Distress Scale (K10) and the Multidimensional Scale of Perceived Social Support (MSPSS). This research seeks to determine to which lower perceived social support in men contributes to higher psychological distress while, concurrently, controlling for such social and cultural barriers to emotion expression in males. Based on research that finds social support has a buffering function against ill-health and stress, this study focuses on how internalized gender norms will make men silently endure, avoiding seeking help and expressing feelings. The results of this study are expected to confirm gender-sensitive mental health models as necessary. By invoking men's emotional isolation and increased distress, the research emphasizes the need for specific mental health interventions and policies that offer men safe spaces to be vulnerable without stigma. In addition, the study adds to the broader discussion of mental health equity by calling for the development of awareness campaigns and institution-based programs that affirm men's psychological experiences as well as enhance access to culturally responsive support systems. Briefly, the investigation strives to develop an impetus toward a shift in paradigm on educational research and public health policy to acknowledge and act on the specific mental problems of men.</p>	<ul style="list-style-type: none"> <li>▪ <b>ISSN No:</b> 2583-7397</li> <li>▪ <b>Received:</b> 29-04-2025</li> <li>▪ <b>Accepted:</b> 22-05-2025</li> <li>▪ <b>Published:</b> 23-05-2025</li> <li>▪ <b>IJCRM:</b>4(3); 2025:152-156</li> <li>▪ <b>©2025, All Rights Reserved</b></li> <li>▪ <b>Plagiarism Checked:</b> Yes</li> <li>▪ <b>Peer Review Process:</b> Yes</li> </ul>
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**KEYWORDS:** Perceived social support, psychological distress, Mental health Interventions, Emotional Wellbeing

## 1. INTRODUCTION

Perceived social support refers to an individual's judgment of the availability and sufficiency of emotional, informational, and instrumental support given by the social network of family, friends, and significant others. It differed from perceived or enacted support in which more value was placed upon the perception that such support would have been there, and was a more predictive indicator of the reduction of psychological distress (Zimet *et al.*, 1988) <sup>[1]</sup>. Social support is a buffer resource, one that reduces the aversive impact of stressful life events, and thus enhances mental health and psychological resilience (Cohen and Wills, 1985) <sup>[2]</sup>. Being cared for and esteemed enhances self-capacity to cope with a negative experience, fosters developing self-esteem, and in the end, reduces vulnerability to psychiatric disorder, such as depression and anxiety (Lakey & Orehek, 2011) <sup>[8]</sup>. Perceived support has been linked to better emotional regulation, better life satisfaction, and less risk for psychiatric symptoms among clinical and non-clinical populations (Thoits, 2011) <sup>[13]</sup>. In times of global crises, e.g., the COVID-19 pandemic, perceived social support has been demonstrated to play a strong protective role in preventing emotional harm, psychological distress, and loneliness (Meng *et al.*, 2020) <sup>[11]</sup>. Such implications suggest the natural relevance of social support to psychological health preservation and its promise as a target intervention.

Psychological distress is a condition of emotional confusion, usually with symptoms of anxiety and depression, following any life-threatening stressful experience or chronic tension. They encompass a general array of non-specific symptoms such as feeling worthless, restless, nervous, hopeless, or as if everything was an effort (Kessler *et al.*, 2002) <sup>[7]</sup>. While they are not diagnosable as a clinical syndrome if they do come on by themselves, they can be capable of completely undermine an individual's functioning and well-being. Psychological distress is usually screened in population surveys to quantify the degree of mental illness, the Kessler Psychological Distress Scale (K10) being a well-validated and validated instrument (Kessler *et al.*, 2003) <sup>[8]</sup>. Evidence suggests that psychological distress is mediated by a variety of factors, including socioeconomic status, sex, perceived social support, and coping capacity (Mirowsky & Ross, 2002) <sup>[12]</sup>. Consistently, men have also been found to demonstrate greater psychological distress due to internalization of emotional suffering and disapproval toward help-seeking (Mahalik *et al.*, 2003) <sup>[10]</sup>. Silence and suffering in this manner can mount up over time and lead to ill health and decreased quality of life.

## 2. LITERATURE REVIEW

Gender differences in psychological distress have been of wide research, particularly among populations that are experiencing traumatic or stressful circumstances. Soomro and Khan (2015) <sup>[6]</sup> looked at resilience and psychological distress in Pakistani burn patients and discovered there were wide gender-based differences. Women reported higher on psychological distress and lower on resilience than men, according to their study. These differences were noted to be associated with socio-cultural issues

and differential access to social and emotional resources, and they point to the necessity for addressing the gendered nature of psychological well-being. The research points out that there is a necessity to keep in mind contextual variables such as societal and cultural roles that can exacerbate or buffer psychological loads differentially for men and women. Perceived social support is the strongest mediating variable of psychological well-being, with differential gender effects in both perception and usage. Rani (2016) <sup>[5]</sup> examined young working adults and discovered that women perceived more social support than men did. Against expectation, although the women seemed to benefit more from having larger social networks, the research discovered that social support was a better predictor of psychological well-being in men. This means that while men back less but not necessarily less frequently, being there matters a great deal in their outcomes concerning mental health. This fits with the gender roles theory of emotional experience and support-seeking, especially among young adults who are having problems professionally.

Examining social support and coping processes a bit more, Barnett *et al.* (2021) <sup>[4]</sup> employed a mixed-methods study to establish how emerging adults coped with depression. The findings were gender-noncongruent coping measures; women would engage in release of emotion and talk about their issues, while men employed distraction and suppression. Trend points towards gender-divergence in handling emotion and what was effective in the realm of social support. Open women's speech style towards affective problems can strengthen social bonds and result in more perceived support, while men's closed styles can limit their affect channels, perhaps increasing distress when they lack supportive social networks. These studies, combined, suggest a common message: psychological distress occurs to both men and women but with fundamentally different experiences, coping, and social support reactivity. Women will have greater social support and more activity in emotion expression, and this can be a protective factor. Men might, however, not be using available support resources and thereby at increased risk for internalized distress even in ostensibly supportive systems. It is necessary to clarify these gendered patterns so that interventions specific to both psychological distress and how men and women react to and are helped by social support can be developed.

## 3. METHODOLOGY

The research involved both snowball sampling and systematic sampling methods of recruiting respondents. The survey link was initially shared on social media platforms like WhatsApp and Instagram. Respondents were also asked to share the survey with their personal networks, consisting of friends, colleagues, and relatives. This participant referral was typical of snowball sampling, the ideal method when an official sampling frame is not present, and necessary for accessing a larger and diverse group of respondents. In addition to this, systematic sampling was used by taking every *n*th respondent at regular intervals from the responses to ensure that the final sample was structured to some extent and diverse. The use of these two methods enabled the researcher to obtain a balanced and representative sample of

100 participants (50 males and 50 females) within the two-month data collection period.

Prior to participation, all participants were given full information about the purposes and nature of the study. The study centered on assessing levels of perceived social support and psychological distress in a post-pandemic setting, so questions that addressed sensitive issues in the lives of participants were required. These were questions regarding the experience of the COVID-19 pandemic personally, whether the participant had contracted the virus, and if they had, the type and extent of their illness. The psychological scales applied in the study (Kessler Psychological Distress Scale and Multidimensional Scale of Perceived Social Support) also necessitated introspection of emotional, psychological, and social well-being, which was effectively conveyed beforehand.

Ethical principles were strictly maintained during the entire research process. Informed consent was taken from all participants via the Google Forms platform before taking the survey. Participants were told that their participation was voluntary and that they could withdraw at any time without any adverse effect. Anonymity was maintained by not obtaining any personally identifiable information, and confidentiality was ensured by storing and handling the data securely. All participants were informed that the data collected would be used purely for academic and educational purposes only. The ethical practices used in this research were intended to protect the rights, dignity, and privacy of all participants, as per standard research ethics guidelines.

#### 4. DATA ANALYSIS AND RESULTS

**Table 1:** Descriptive statistics for perceived social support and psychological distress by gender (N=100)

Variables	Gender	N	Mean	SD	Std. Error Mean
Perceived Social Support	Male	50	14.72	1.750	0.248
	Females	50	66.88	7.264	1.027
Psychological Distress	Males	50	27.12	1.637	0.231
	Females	50	66.88	7.264	1.027

Table 1.1 Shows variables of perceived social support and psychological distress across gender. It includes the number of participants, mean, standard deviation, and standard error of the mean of each group.

**Table 2:** Independent sample t-test comparing males and females on perceived social support and psychological distress.

Variables	Gender	N	Mean	T-score	Sig. ( 2 - tailed )
Perceived Social Support	Male	50	14.72	-	.000
	Females	50	66.88	49.364	
Psychological Distress	Males	50	27.12	-	.000
	Females	50	66.88	37.759	

Table 1.2 Displays the results of an independent sample t-test, indicating a statistically significant difference between male and females in both perceived social support and psychological distress.

#### 5. DISCUSSION

The results of this study present very strong evidence for large gender differences in both psychological distress and perceived social support among the participants. As shown in Table 1.1, the descriptive statistics reveal that females reported significantly more perceived social support ( $M = 66.88$ ,  $SD = 7.264$ ) than males ( $M = 14.72$ ,  $SD = 1.750$ ). The same trend was noted for psychological distress scores, with the females once again reporting a higher score ( $M = 66.88$ ,  $SD = 7.264$ ) than males ( $M = 27.12$ ,  $SD = 1.637$ ). The differences were tested using an independent samples t-test, and the outcome is noted in Table 1.2. The t-value of perceived social support was  $-49.364$  ( $p = .000$ ), and for psychological distress, it was  $-37.759$  ( $p = .000$ ), which shows that the difference in both variables by gender is statistically significant at the 0.01 level.

When analyzed in light of the study's hypotheses, the statistical findings present unequivocal conclusions. Hypothesis 1 (H1), that males will have significantly lower scores on perceived social support than females, is supported, as males scored considerably lower ( $M = 14.72$ ) than females ( $M = 66.88$ ), with a very significant difference ( $p < .001$ ). Equally, Hypothesis 3 (H3), stating that females will have significantly higher scores on perceived social support than males, is also accepted, verifying the same result from a contrary viewpoint. Contrarily, Hypothesis 2 (H2), stating that males will have significantly higher scores on psychological distress than females, is not accepted, since females actually registered higher distress scores. Similarly, Hypothesis 4 (H4), that females will be rated significantly lower in psychological distress than males, is also rejected. These results indicate that although women feel more support, they also experience more psychological distress, perhaps because they are more emotionally sensitive or because of role strain. In contrast, men both felt less support and reported less distress, perhaps because cultural norms prevent emotional expression or discourage seeking help.

The findings concur with past studies indicating that gender has a multifaceted impact on mental health outcomes. Research like Rani (2016) <sup>[5]</sup> and Barnett *et al.* (2021) <sup>[4]</sup> has mentioned that even though women are socially connected and emotionally expressive to a greater extent, they might also be more susceptible to stress due to their higher emotional involvement. The results also pose significant questions regarding how men cope with distress, whether it is indeed lower, or possibly underreported because of gender roles that discourage vulnerability. These trends underscore the need to take both psychological constructs and social expectations into account when assessing emotional well-being across genders.

#### Implication, limitations and suggestions for future research

The research is rich in insight regarding gender differences in perceived social support and psychological distress and is a significant contribution to the post-pandemic agenda of mental health discourse. The results have several practical implications for the design of gender-specific mental health interventions, educational support programs, and therapeutic work responsive to varying emotional needs. In addition, application of the tools

like K10 and MSPSS strengthens their application in academic and clinical measurement across both genders. Nevertheless, some limitations limit the study's generalizability and inclusiveness. The small sample size ( $n=100$ ), absence of age control, and limited geographical scope—primarily through online networks—threaten external validity. The non-binary group's exclusion and use of English-only scales lower both inclusiveness and cultural utility. In addition, employing internet self-report measures increases the risk of social desirability bias and places restrictions on response accuracy. Future work would benefit from larger, more demographically diverse samples involving different age groups, socioeconomic statuses, and geographic locations. The involvement of non-binary and gender-diverse participants would increase the gender range studied. Mixed-methods and longitudinal designs could help increase the depth and temporal scope of psychological distress and perceived support. Adding multilingual scales and comparisons between urban-rural and occupational groups would also enhance the findings and allow broader applicability across populations.

## 6. CONCLUSION

Overall, therefore, the study points out pronounced gender discrepancies regarding perceived social support and psychological distress, whereby higher scores for the two have been reported by women. As proven by statistical examination aided by results from the t-test, verification of hypothesis acceptance of H1 and H3 and hypothesis rejection of H2 and H4 was evident. These results not only confirm the existence of gendered differences in social and affective experience but also imply the necessity for critical assessment of effective support systems for diverse demographic groups.

These findings highlight the value of gender-sensitive mental health treatments. For women, measures to promote emotional resilience and coping with stress could be especially effective. For men, enhancing access to and uptake of social support systems could alleviate unrecognized or unexpressed emotional distress. Through the recognition and engagement with the complex ways gender shapes emotional experience and perception of support, practitioners and researchers can support more just and effective mental health care systems.

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## CONFLICT OF INTEREST

The author(s) declare no conflict of interest.

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## Appendix

### Multidimensional scale of perceived social stress

		Very Strong Disagree	Strong Disagree	Mildly Disagree	Natural	Mildly agree	Strong agree	Very Strong agree
1.	There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2.	There is a special person with whom I can share joys and sorrows	1	2	3	4	5	6	7
3.	My family really tries to help me.	1	2	3	4	5	6	7
4.	I get the emotional help & support I need from my family.	1	2	3	4	5	6	7
5.	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6.	My friends really try to help me.	1	2	3	4	5	6	7
7.	I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8.	I can talk about my problems with my family.	1	2	3	4	5	6	7
9.	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10.	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11.	My family is willing to help me make decisions.	1	2	3	4	5	6	7
12.	I can talk about my problems with my friends.	1	2	3	4	5	6	7

Kessler Psychological Distress Scale (K10)						
Please tick the answer that is correct for you:		All of the time (score 5)	Most of the time (score 4)	Some of the time (score 3)	A little of the time (score 2)	None of the time (score 1)
1. In the past 4 weeks, about how often did you feel tired out for no good reason?						
2. In the past 4 weeks, about how often did you feel nervous?						
3. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?						
4. In the past 4 weeks, about how often did you feel hopeless?						
5. In the past 4 weeks, about how often did you feel restless or fidgety?						
6. In the past 4 weeks, about how often did you feel so restless you could not sit still?						
7. In the past 4 weeks, about how often did you feel depressed?						
8. In the past 4 weeks, about how often did you feel that everything was an effort?						
9. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?						
10. In the past 4 weeks, about how often did you feel depressed?						

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