

PERCEIVED SOCIAL SUPPORT, DEFENSE STYLES, AND PSYCHOLOGICAL WELL-BEING IN VISUALLY IMPAIRED STUDENTS

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Abstract

The aim of the study was to examine the relationship between perceived social support, defense style and psychological well-being in visually impaired students. It was hypothesized that perceived social support and psychological well-being will be positively correlated with mature defenses and negatively correlated with neurotic and immature defense style in visually impaired students. Correlational research design and purposive sampling technique were used in the current research. A sample (N = 100), (boys = 66, girls = 34) was obtained from 7 public sector institutions of special education. The scales used were Multidimensional Scale of Perceived Social Support, Defense Styles Questionnaire-40 and Psychological Well-being Scale. Descriptive statistics, correlation analysis, and independent samples t-test were used for data analysis purpose. It was found that perceived social support is positively correlated with psychological well-being. Perceived social support and psychological well-being are significantly and positively correlated with mature defense style and negatively correlated with neurotic and immature defense style in visually impaired students. Many significant gender differences also appeared in the current research.

Keywords: social support, defense styles, psychological well-being, visually impaired students.

Introduction

The present study was conducted to examine the relationship between perceived social support, defense style and psychological well-being in visually impaired students. The study was also designed to explore the gender differences on perceived social support, defense style and psychological well-being in visually impaired students.

According to 5th population census conducted by the Government of Pakistan, nearly 2.54 % of the country is recognized as having a disability and the prevalence of blindness is over 9 million in Pakistan. This includes approximately 485,000 who are completely blind, while the remainder suffer from varying levels of weak eyesight that require corrective interventions or vision glasses (Asim et al., 2012; Judoon et al., 2006). This means that there are almost 1.3 million blind people and there are 4 million people with visual impairment. It is generally considered that both the visual loss itself, as well as its subsequent effects, cause unique problems in the emergence of a better self-image, and confront impaired children and adolescents with considerable challenges especially related to social relationship (Ahmad et al., 2023). Illness or disability related to many stressors, like unpredictability and social stigma. The impaired or sick person could consider that she has nothing to offer to other individuals, other persons may be afraid of the disability or become burnt out, or a social stigma could create negative reactions towards impaired persons. Stressors like these place severe difficulties on the ability to balance and to restructure relationships in the lives of visually impaired persons. (Judoon et al., 2006).

Perceived Social Support

Social support is defined as the social resources that people perceive to be given or that are actually given to them by non-professionals in the context of both formal support groups and informal helping groups (Arslan, 2021). Perceptual measures of social support are subjective judgment of one's support network, satisfaction of the available support, and perception of being cared for and respected (Zhao et al., 2022).

Visually impaired people need more social support, and in the presence of more social support, the rate of well-being will increase (Railovskaia et al., 2022; Kassa, 2025). In a qualitative study of adult individuals with developmental disabilities, it was reported that social support played an important role in reducing life strains facing individuals with disabilities (Kassa, 2025; Zhao et al., 2022). It is reported that perceived social support predicts well-being, negative life stress and positive health outcomes in visually impaired persons (Alvaristo et al., 2022). Social support has been associated with increased physical and psychological well-being of people with vision problems (Alvaristo et al., 2022; Zhao et al., 2022). Support received from social agents can protect visually impaired individuals from stress and increase mature coping skills in all phases of life, (Matobako & Jita, 2022; Kassa, 2025). Social support to children and adolescents buffer them from the negative effects on their mental health when they faced stress, and support increase well-being, self-worth and self-assurance of adolescents (Ahmad et al., 2023; Chung et al., 2022). Literature reports that social support plays a significant role in reducing life strains in individuals with disabilities. Literature also support that social support is an element worth reviewing since it is seen as both a buffer against life stressors as well as an element in increasing health and well-being (Ahmad et al., 2023; Matobako & Jita, 2022; Kassa, 2025). More specifically, regarding the provision of support to adults with visual impairment, both the clinical and empirical literatures have examined that family members and friends of adults with visual impairment face difficulties regarding number of issues.

Cohen and Wills (1985) present two theories of social support. The first is main effect model and second is stress buffering theory. These theories are based on the concept that social support, along with other variables (i.e., socioeconomic status, mental health, stress, and personality), has a significant impact on health and well-being (Cohen & Wills, 1985). Their main effect model is based on the concept that social supports play an important role in improving health regardless of whether or not a person is experiencing stress.

Another stress buffering theory explains social support acts as a buffer, assist people to cope better with stressful situations, thereby enhancing or maintaining well-being of an individual (Cohen et al., 2000). The stress buffering theory demonstrates social support in relation to well-being of those under stress, social support act as a buffer from possibly threatening impacts of stress on health. People with high social support either consider the different conditions as stressful or not even if they perceive the situation as stressful, they fetch changes in their symptoms and act to solve their difficulties (Cohen & Wiills, 1985). Cohen's theory is supported by a number of research findings that perception of social support was more effective than actual social support in improving health and well-being (Orth & Robins, 2022; Rudnicki et al., 2001; Smith et al., 2022).

Defense Styles

In DSM-V TR defense mechanisms, are defined as automatic psychological processes that protect the individual from confronting excessive anxiety and from internal or external stressors (Railovskaia et al., 2022).

Vaillant (1993) defined defense style as regulatory procedures that allow individuals to minimize cognitive dissonance and to reduce sudden changes in internal and external context by changing how these situations are perceived by individual.

Research has demonstrated the process of adjustment to visual impairment and to the psychosocial impact of visual impairment has the following phases, acceptance, denial, anxiety and depression. Acceptance is undoubtedly the best reaction (Orth & Robins, 2022). Denial, which is an unconscious defense style, may in some situations assist progressive acceptance of the visually handicap.

Defense mechanisms are unconscious part of an individual life, which include both immature and mature mental processes (Chen, 2020; Smith et al., 2022). Defense mechanism work as to buffer the individuals from confronting excessive anxiety (Chen, 2020; Orth & Robins, 2022).

Psychological Well-being

Psychological well-being is a central construct in positive psychology, referring to an individual's capacity to experience life satisfaction, self-acceptance, personal growth, and positive relationships (Ryff & Keyes, 1995; Diener et al., 2018). For students, psychological well-being plays a crucial role in nurturing resilience, academic achievement, and social integration (Chung et al., 2022; Stewart-Brown, 2015). Among visually impaired students, however, psychological well-being is often shaped by unique developmental challenges, including functional limitations, restricted access to educational resources, and social barriers, which may intensify risks of negative mental states of anxiety, depression, and low self-esteem (Matobako & Jita, 2022; Kassa, 2025; Khademi et al., 2018). Therefore, examining the psychological mechanisms and social resources that contribute to their well-being is essential for promoting inclusion and mental health in this vulnerable group.

Social support has positive impacts on the psychosocial adjustment of visually impaired individuals. Social support promotes their psychological well-being, and the amount of satisfaction with support may affect students' mental health (Datu et al., 2022; Matobako & Jita, 2022; Kassa, 2025). Now, research is opening to address whether supportive relationships with parents, friends, teachers, grandparents, and other important persons affect visually impaired children's or adolescents' social and emotional development, particularly those with disabilities (Chung et al., 2022). Disabilities, such as visual impairments, that may result in moderate-to-severe constraints in the performance of social roles related to work, schooling, family life, leisure activities, and friendships threaten the quality and maintenance of relationships with family members and friends, at the same time that these relationships play an important role in coping with the disabilities (Datu et al., 2022). For visually impaired students, strong parental, peer, and teacher support networks foster self-confidence, social participation, and adaptive coping, thereby reducing the negative impact of disability-related challenges (Shah et al., 2018). Conversely, inadequate or inconsistent support may lead to heightened loneliness and poorer psychological outcomes (Zhao et al., 2022). As a consequence, visually impaired adolescents (i.e., those who are blind or have low vision) may experience difficulties relating to the outside world, which can impact their psychosocial development (Datu et al., 2022).

Visually impaired students face a constellation of academic and psychosocial challenges that may influence their coping strategies, including defense styles. While immature defenses, such as denial or projection, are associated with maladaptive functioning and poor well-being, mature defenses, including humor, sublimation, and anticipation, are linked to resilience, social adjustment, and improved psychological health (Cramer, 2015; Datu et al., 2022). Among visually impaired students, who may experience immense psychological stress due to academic barriers and social exclusion, defense styles serve as critical moderators of mental health outcomes, such as psychological well-being (Duan et al., 2023). Research on medical students suggests that high-achieving students tend to utilize a combination of neurotic and mature defenses (such as rationalization, idealization, and pseudo-altruism), whereas low achievers rely more on immature defenses (such as projection, passive aggression, and acting out).

Research has reported that mental health was related with mature defense style like prediction, sublimation, humor and suppression (Gao et al., 2023). More mature defenses are linked to better relationships, work satisfaction, mental health, and well-being, (Vaillant, 1976). It was examined that when defense styles are used effectively, they assist in the management of stress, of disappointment or sadness and any negative emotions that threaten our sense of well-being (Huang et al., 2021). Research has investigated that immature defense mechanisms were correlated with anxiety, depression, and eating disorder (Zhao et al., 2022). It is reported that the individuals with poor mental health used immature and neurotic defense mechanisms more than those ones with good mental health did (Smith et al., 2022).

Rationale of the Study

Present study will investigate how perceived social support is related with pattern of defense style and psychological well-being, and how pattern of defense style is related to psychological well-being in visually impaired students. Previous studies worked on different variables but not defense styles to explore well-being of the visually impaired children. Visually impaired students face constant challenges due to their disability. Social support acts as a stress buffer for them and it is extremely important to make general masses realize the importance of visually impaired students so that they can be given due their rights, respect, and social support.

Present study develops insight in understanding the role of social support in promoting psychological well-being and provide understanding of the negative outcomes of immature and neurotic defense style which are threats to psychological well-being of visually impaired students. Present study also contributes in the making of students with visual impairment as fully functioning member of the society while using their full potential and to develop insight how to resolve their problems related to well-being which arises from immature and neurotic defense style. In context of Pakistan, social support can be used as a powerful tool to boost towards academic excellence, mature defense style and mental health primarily because of the joint family structure that existed in most Pakistani families.

Hypotheses

H1: Perceived social support will be positively correlated with mature defense style, and psychological well-being in visually impaired students.

H2: Mature defense style will be positively correlated with psychological well-being in visually impaired students.

H4: There will be gender difference on the scores of perceived social support, pattern of defense style (mature, neurotic, immature) and psychological well-being.

Methodology

Correlation research design was used in the present study. Purposive sampling technique was used to select sample.

Sample

Sample of the current study was (N = 100) visually impaired students (boys = 66, girls = 34). The sample was collected from seven public sector special education institutions of Lahore.

Inclusion Criteria

1. Visually impaired students who were studying in public sector special education Institutes.
2. The visually impaired students who were falling within the age of (11-19) years.
3. Visually impaired students who were willing to participate in the study.

Exclusion Criteria

1. Visually impaired students who had any other disability e.g. physical disability and hearing impairment etc.

2. Visually impaired students enrolled in institutions other than public sector institutions.

Instruments for Data Collection

1. Demographic Information Sheet

A demographic information sheet was prepared by the researchers that provides necessary information about the participants. The demographic information of visually impaired students such as age, gender, education, and father's education, father's occupation, mother's occupation, mother's education, family monthly income, number of siblings, any sibling with visual impairment, birth order, residence of visually impaired students (hostel residence or day scholar), level of visual impairment (low vision or blind) and type of visual impairment (congenital or acquired) were included.

1. Multidimensional Scale of Perceived Social Support

Multidimensional Scale of Perceived Social Support was developed by Zimet, Dahlem, and Farley (1988). MSPSS include 12 items that assess respondents' perception of social support from his/her family, friends, and significant others. The items categorized into factor groups relating to the source of the social support, namely family (Fam), friends (Fri) and significant other (SO). Each statement is checked on a seven-point scale with 1 indicating "very strongly disagree," 2 "strongly disagree", 3 "mildly disagree", 4 "neutral", 5 "mildly agree", 6 "strongly agree" and 7 indicating "very strongly agree". The range of possible score varies from a minimum score of 4 to a maximum score of 28 for each subscale, higher scores reflecting more support from each support. The reliability of the scale is 0.90.

2. Defensive Style Questionnaire-40

The Defensive Style Questionnaire-40 developed by Andrews, Singh, and Bond, (1993) is a 40-item, self-report measure which measures 20 different defense style. Participants rate statements such as "I am able to laugh at myself pretty easily" on a 9 point scale (1 = strongly disagree, 2 = disagree, 3 = moderately disagree, 4 = slightly disagree, 5 = neutral, 6 = slightly agree, 7 = moderately agree, 8 = agree, and 9 = strongly agree). Defense styles categorized into three hierarchies: 1) Mature, 2) Neurotic, and 3) Immature Defense Style. Andrews et al. (1993) report test-retest reliability with an average of $r = .86$ for the twenty scales over a four-week time period. Reliability Coefficients for internal consistency of Mature, Neurotic, and Immature scales were .85, .78, and .74, respectively.

3. Psychological Well-being Questionnaire

Ryff's scales of psychological well-being (Ryff, 1995) design to measure six theoretically motivated constructs of psychological well-being, which are: Autonomy (coefficient Alpha = .83), Environmental Mastery (coefficient Alpha = .81), Personal Growth (coefficient Alpha = .81), Positive Relations with Others (coefficient Alpha = .88), Purpose in Life (coefficient Alpha = .88), Self-acceptance (coefficient Alpha = .81). Psychological well-being scale includes 154 items. There are three forms of PWB; long form, medium form and short form. Participants answered 54 items form on a 1 to 6 scale (1 = "strongly disagree", 2 = "mildly disagree", 3 = "slightly disagree", 4 = "slightly agree", 5 = "mildly agree" and 6 = "strongly agree"). Ryff's scales of psychological well-being developed to be consistent with the Ryff's theory of psychological well-being (1989) the 28 items are reverse-scored to inhibit response bias. Reliability Coefficients for internal consistency of PWB scale is .85.

Procedure for Data Collection

Scales are public domain but author permission from all authors of the scales used in the research was sought in the beginning. Then institutional permission (both host and guest) was sought. Selected public sector institutions of special education for visually impaired students of Lahore were approached and requested for the grant of permission of data collection from visually impaired students. Informed consent from the participant was obtained after describing

the nature and purpose of the study. All of the scales were prepared on brail education system to assess the visually impaired students on all research protocols. The participants were very comfortable with questionnaires inscribed on brail system and gave their consent to participate in the study. Rapport was established by ensuring them of the confidentiality of their personal information. The questionnaires were individually administered to research participants while they were in their classrooms. Visually impaired students used the braille version of all research questionnaires.

Data Analysis

For data analysis 27.0 version of SPSS was used. Descriptive statistics (mean, standard deviation) and inferential statistic (Pearson product moment correlation and independent sample t-test) were used to test the hypotheses.

Results

The research was designed to investigate the relationship between perceived social support, defense style and psychological well-being in visually impaired students. For statistical analysis, correlation, t-test, and reliability analysis were applied. Results are shown in the following tables.

Table 1

Frequency and Percentage Table of Demographic Variables of Visually Impaired Students (N = 100).

Demographics Variables	Boys (n = 66)		Girls (n = 34)	
	<i>f</i>	%	<i>f</i>	%
Class				
1 st	4	6	1	3
2 nd	26	39	6	17
3 rd	10	15	1	3
4 th	14	20	4	12
5 th	3	5	4	12
6 th	1	1	3	9
7 th	5	8	10	29
8 th	3	5	5	15
Level of vision				
Blind students	29	44	23	68
Low vision students	37	56	11	32
Type of vision				
Congenital	47	71	19	56
Acquired	19	29	15	44
Number of Siblings				
Three	5	8	4	12

Four	20	30	12	35
Five	17	26	10	30
Six	16	24	5	15
Seven	7	10	2	6
Eight	1	2	1	2
Birth Order				
1 st	9	14	14	41
2 nd	8	12	5	15
3 rd	29	44	12	35
4 th	14	20	3	9
5 th	5	8	-	-
6 th	1	2	-	-
Any sibling with V.I.				
No	46	70	25	73
One	15	22	5	15
Two	4	6	4	12
Three	1	2	-	-
Father education				
Uneducated	12	18	2	6
Primary	17	26	-	-
Metric	9	14	7	21
F.A	12	18	10	29
B.A	8	12	3	9
M.A	8	12	12	35
Mother Education				
Uneducated	43	63	14	41
Primary	14	22	11	32
Metric	7	11	3	9
F.A	1	2	4	12
B.A	1	2	2	6
Residence				
Hostel	50	76	23	68
Day scholar	16	24	11	32
Family System				
Nuclear	51	77	24	71
Joint	15	23	10	29

Note. f = Frequencies, % = percentages, VI = visual impairment.

As shown in Table 1 the frequencies and percentages of level of visual impairment was about (blind students, boys = 29 (44 %), girls = 23 (68 %) and low vision students, (boys = 37 (56 %), girls = 11 (32 %). Frequencies and percentages of participants type of visual impairment were (congenital students, boys = 47 (71 %), girls = 19 (56 %) and acquired students (boys = 19 (29 %), girls = 15 (44 %). Frequencies and percentages of participant's siblings with visual impairment were, one (boys = 15 (22 %), girls = 5 (15 %), two (boys = 4 (6 %), girls = 4 (7 %), three (boys = 1 (% = 2). Frequencies and percentages of participant's residence was (hostel residence (boys = 50 (76 %), girls = 23 (68 %), day scholar (boys = 16 (24 %), girls = 11 (32

%). Frequencies and percentages of participant family system was (nuclear (boys = 51 (77 %), girls = 24 (1 %) and joint (boys = 15 (23 %), girls = 10 (29 %).

Table 2

Mean, Standard Deviation and Coefficient Alphas of Perceived Social Support, Defense Style and Psychological Well-being in Visually Impaired Students (N =100).

Variables	M	SD	α
Perceived Social Support	54.51	16.83	.84
Mature Defense Style	40.25	21.12	.80
Immature Defense Style	37.72	16.54	.77
Neurotic Defense Style	37.72	16.54	.70
Total Defense Style	219.8	66.82	.75
Psychological Well-being	199.26	81.50	.81

Note. M = Mean, SD = Standard Deviation, α = Coefficient Alpha.

As shown in above Table 4.2 the mean score, standard deviation and coefficient alphas of the instruments perceived social support (M = 54.51, SD = 16.83, α = .84), mature defense style (M = 40.25, SD = 21.12, α = .80), neurotic defense style (M = 37.72, SD = 16.54, α = .70), immature defense style (M = 145.83, SD = 70.56, α = .77), total defense style (M = 219.8, SD = 66.82, α = .75) and psychological well-being (M = 199.26, SD = 81.50, α = .85).

Table 3

Correlation between Perceived Social Support, Defense Style (Mature, Neurotic and Immature) and Psychological Well-being in Visually Impaired Students (N =100).

Variables	PSS	MDS	NDS	IDS	PWB	M (SD)
PSS	-	-	-	-	-	54.51(16.83)
MDS	.85**	-	-	-	-	40.25 (21.12)
NDS	-.83**	-.86**	-	-	-	33.72 (16.54)
IDS	-.83**	-.86**	.89**	-	-	145.83 (70.56)
PWB	.85**	.85**	-.82**	-.81**	-	199.26 (81.5)

Note. ** $p < .01$, M = Arithmetic mean of variables, SD = Standard Deviation, PSS = Perceived Social Support, MDS = Mature Defense style, NDS = Neurotic Defense style, IDS = Immature Defense style, PWB = Psychological Well-being.

As shown in table 4.3 finding revealed that there is significant positive correlation between perceived social support and mature defense style ($r = .85$, ** $p < .01$) in visually impaired students. Perceived social support is negatively correlated with neurotic defense style ($r = -.83$, $p < .01$) and immature defense style ($r = -.83$, ** $p < .01$) in visually impaired students. Whereas, psychological well-being is positively correlated with mature defense style ($r = .85$, ** $p < .01$). Psychological well-being is significantly negatively correlated with neurotic defense style ($r = -.82$, ** $p < .01$) and immature defense style ($r = -.81$, ** $p < .01$).

Table 4

Correlation between Sub Scales of Perceived Social Support and Sub Scales of Defense Style in Visually Impaired Students (N =100)

Variables	FRS	FAS	SGS	MDS	NDS	IDS	PWB	M (SD)
FRS	-	-	-	-	-	-	-	17.75 (7.46)

FAS	.77**	-	-	-	-	-	-	18.68 (5.41)
SGS	.75**	.87**	-	-	-	-	-	18.1 (5.22)
MDS	.89**	.89**	.88**	-	-	-	-	40.25 (21.12)
NDS	-.82**	-.84**	-.82**	-.86**	-	-	-	33.72 (16.54)
IDS	-.82**	-.82**	-.82**	-.81**	-.86**	-	-	145.83(70.56)

Note. ** $p < .01$, M = Arithmetic mean of variables, SD = Standard Deviation, FRS = Friend Support, FAS = Family Support, SGS = Significant Support, MDS = Mature Defense style, NDS = Neurotic Defense style, IDS = Immature Defense style.

Pearson product moment correlation is carried out to find relationship between perceived social support (sub scales: friends, family, and significant other support) and defense style (sub scales: mature, neurotic and immature defense style). Result Indicate that friend support is significantly positively correlated with mature defense style ($r = .89$, ** $p < .01$), negatively correlated with immature defense style ($r = -.82$, ** $p < .01$) and neurotic defense style ($r = -.82$, ** $p < .01$). Family support is positively correlated with mature defense style ($r = .88$, ** $p < .01$). Family support is negatively correlated with immature defense style ($r = -.82$, ** $p < .01$) and neurotic defense style ($r = -.84$, ** $p < .01$). Significant other was found to be positively correlated with mature defense style ($r = .87$, ** $p < .01$), negatively correlated with immature ($r = -.82$, ** $p < .01$) and neurotic defense style ($r = -.81$, ** $p < .01$).

Table 5

Gender Differences in Perceived Social Support, Defense Style (Mature, Neurotic and Immature) and Psychological Well-being in Visually Impaired Students (N =100)

Variables	Girls (n = 64)		Boys (n = 66)		t	Cohen's d	95%CI	
	M	SD	M	SD			LL	UL
PSS	49.04	14.51	65.96	15.57	-5.21***	0.84	-10.42	-10.42
MDS	33.31	17.17	54.69	21.35	-.50***	1.11	-12.80	-29.95
NDS	40.03	13.90	20.81	14.07	6.4***	1.37	25.18	13.23
IDS	173.83	57.87	88.63	59.69	6.8***	1.44	110.37	60.01
PWB	181.33	78.96	237.84	73.71	-3.51**	0.74	-.24.39	-88.63

Note. *** $p < .001$, ** $p < .01$ CL = Confidence Interval, LL = lower limit, UL = upper limit, t = t-value, M = Mean, SD = Standard Deviation, PWB = Psychological Well-being, PSS = Perceived Social Support, DS = Defense style, MDS = Mature Defense style, NDS = Neurotic Defense style, IDS = Immature Defense style.

As shown in table 5 there is statistically significant difference in perceived social support between boys (M = 49.04, SD = 14.51, *** $p < .001$) and girls (M = 65.96, SD = 15.57, *** $p < .001$). There were significant differences in psychological well-being between boys (M = 181.33, SD = 78.96, ** $p < .01$) and girls (M = 237.84, SD = 73.71, ** $p < .01$). Similarly, there is a significant difference in defense style between boys (M = 247.18, SD = 55.33, *** $p < .001$) and girls (M = 164.15, SD = 53.19, *** $p < .001$).

Table 6

Differences of Scores in Perceived Social Support, Defense Style (Mature, Neurotic and Immature) and Psychological Well-being in Acquired and Congenital Visually Impaired Students (N = 100).

Variables	V.I Acquired (n = 29)		V.I Congenital (n = 71)		t	Cohen's d	95%CI	
	M	SD	M	SD			LL	UL
PSS	59	16.80	52.18	16.49	1.49*	0.510	-.192	13.88
MDS	45.61	20.55	37.48	21.48	1.85(ns)	0.391	-.595	16.86
NDS	29.23	16.76	35.98	16.09	-1.90*	0.511	-13.63	.313
IDS	126.5	70.17	155.74	69.21	-1.97*	0.511	-58.59	.286
PWB	22.04	83.94	188.34	78.65	1.85*	0.163	-2.57	66.76

Note. *p < .05, CI = Confidence Interval, LL = lower limit, UL = upper limit, t = t-value, M = Mean, SD = Standard Deviation, PWB = Psychological Well-being, PSS = Perceived Social Support, MDS = Mature Defense style, NDS = Neurotic Defense style, IDS = Immature Defense style, V.I = Visual Impairment.

As shown in the table 6, there is a statistically significant difference between acquired (M = 59, SD = 16.80, * p < .05) and congenital visual impairment (M = 52.18, SD = 16.49, * p < .05) in visually impaired students in the scores of perceived social support. There is a statistically difference between acquired (M = 45.61, SD = 20.55) and congenital visual impairment students (M = 37.48, SD = 21.03) in the scores of mature defense style. There is a statistically difference between acquired (M = 29.23, SD = 16.76, * p < .05) and congenital visual impairment students (M = 35.98, SD = 16.09, * p < .05) in the scores of neurotic defense style. There is a statistically difference between acquired (M = 126.58, SD = 70.17, * p < .05) and congenital visual impairment students (M = 155.74, SD = 69.21, * p < .05) in the scores of immature defense style. There is a significant difference between acquired (M = 192.33, SD = 80.92, * p < .05) and congenital visual impairment (M = 205.65, SD = 82.30, * p < .05) in the scores of psychological well-being.

Table 7

Differences of Scores in Perceived Social Support, Defense Style (Mature, Neurotic and Immature) and Psychological Well-being between Day Scholar and Hostel Residence Visually Impaired Students (N = 100).

Variables	Day students (n = 24)		Hostel Students (n = 76)		t	Cohen's d	95%CI	
	M	SD	M	SD			LL	UL
PSS	47.85	15.57	56.97	16.71	-2.54*	0.68	-16.31	-1.92
MDS	32.77	20.46	43.01	20.82	-2.21*	0.49	-19.55	-.91
NDS	39	14.84	31.7	16.8	2.10*	0.46	.32	14.24

IDS	170.22	61.19	136.80	72.03	2.308*	0.50	4.38	62.44
PWB	164.11	76.12	212.26	80.05	-2.76*	0.61	-83.10	-13.19

Note. * $p < .05$, CI = Confidence Interval, LL = lower limit, UL = upper limit, t = t -value, M = Mean, SD = Standard Deviation, PWB = Psychological Well-being, PSS = Perceived Social Support, MDS = Mature Defense style, NDS = Neurotic Defense style, IDS = Immature Defense style

As shown in Table 7 there is a statistically difference in perceived social support between day scholar ($M = 47.85$, $SD = 15.57$, * $p < .05$) and hostel residence ($M = 56.97$, $SD = 16.71$, * $p < .05$). There is a statistically difference in mature defense style between day scholar ($M = 32.77$, $SD = 20.46$, * $p < .05$) and hostel residence ($M = 43.01$, $SD = 20.82$, * $p < .05$). There is a statistically significant difference in neurotic defense style between day scholar ($M = 39$, $SD = 14.84$, * $p < .05$) and hostel residence ($M = 31.7$, $SD = 16.8$, * $p < .05$). There is a statistically significant difference in immature defense style between day scholar ($M = 170.22$, $SD = 61.19$, * $p < .05$) and hostel residence ($M = 136.80$, $SD = 72.03$, * $p < .05$). Similarly, a statistically significant difference was observed between day scholar ($M = 164.11$, $SD = 76.12$, * $p < .05$) and hostel residence ($M = 212.26$, $SD = 80.05$, * $p < .05$) in psychological well-being of visually impaired students.

Table: 8

Difference in Perceived Social Support, Defense Style (Mature, Neurotic and Immature) and Psychological Well-being in Joint Family System and Nuclear Family System among Visually Impaired Students (N = 100).

Variables	Nuclear system (n = 23)		Joint Family System (n = 77)		t	Cohen's d	95%CI	
	M	SD	M	SD			LL	UL
PSS	52.01	16.95	62	14.32	-2.87*	0.63	-16.96	-3.01
MDS	37.26	20.70	49.20	20.18	-2.54*	0.58	-21.40	-2.46
NDS	36.13	16.59	26.48	14.39	2.79(ns)	0.02	2.69	16.61
IDS	155.3	70.83	117.32	62.77	2.53(ns)	0.32	7.85	68.17
PWB	186.1	80.17	238.48	73.81	-3.0*	0.67	-87.40	-17.18

Note. * $p < .05$ CI = Confidence Interval, LL = lower limit, UL = upper limit, t = t -value, M = Mean, SD = Standard Deviation, PWB = Psychological Well-being, PSS = Perceived Social Support, MDS = Mature Defense style, NDS = Neurotic Defense style, IDS = Immature Defense style.

As shown in Table 8, there is a statistically significant difference in perceived social support between visually impaired students from nuclear family system ($M = 52.01$, $SD = 16.95$, * $p < .05$) and joint family system ($M = 62$, $SD = 14.32$, * $p < .05$). There is a statistically significant difference in mature defense style between students from nuclear family system ($M = 37.26$, $SD = 20.27$) and joint family system ($M = 49.20$, $SD = 20.18$). There is a statistically difference in neurotic defense style between students from nuclear family system ($M = 36.13$, $SD = 16.59$) and joint family system ($M = 26.48$, $SD = 14.39$). There is a statistically significant difference in immature defense style between students from nuclear family system ($M = 155.33$, $SD = 70.83$, * $p < .05$) and joint family system ($M = 117.32$, $SD = 62.77$, * $p < .05$). There is a

statistically significant difference between in visually impaired students from nuclear family system ($M = 186.18$, $SD = 80.177$, $*p < .05$) and joint family system ($M = 238.48$, $SD = 73.81$, $*p < .05$) on the scores of psychological well-being.

Discussion

The present study was conducted to explore the relationship between perceived social support, defense style and psychological well-being in visually impaired students. The findings of the present research showed that there is a significantly positive relationship between perceived social support, mature defense and psychological well-being in visually impaired students. Immature defense and neurotic defense were significantly and negatively correlated with perceived social support and psychological well-being in visually impaired students. Perceived social support, defense style and psychological well-being level were found to be significantly different between boys and girls with visual impairment.

The first hypothesis of the study was that perceived social support will be positively correlated with mature defense style in visually impaired students and it was found that there is a significantly positive relationship between perceived social support and mature defense style in visually impaired students. In the support of the findings of the current study, researchers that there was a significant positive correlation between social support and the use of mature coping patterns (Gao et al., 2023; George & Shari, 2015). Mature coping pattern are consistent with mature defenses, as well as immature coping pattern are consistent with immature defenses (Gao et al., 2023). Valliant (2000) examined that mature defense style in young is positively correlated with greater social support. Huang et al., (2021) posit that personality leads individuals to choose social contexts that are either health-promoting or health-reducing. Using this developmental lifespan approach, they indicated that mature defense style led to enhanced social supports, which ultimately lead to better physical health outcomes in older adulthood (Huang et al., (2021). It can be concluded that perceived social support is positively correlated with mature defense style in visually impaired students.

Next results of the study revealed that there is a significantly positive relationship between perceived social support and psychological well-being in visually impaired students. This finding is similar to number of studies that found perceived social support was more influential than actual social support in well-being (Huang et al., 2021; Gao et al., 2023; Kumar et al., 2023). Present finding is consistent with Kim et al. (2022) who reported that peer group and parental support were proved to be important for well-being of visually impaired and sighted adolescent. In the group of adolescents with visual impairment a positive linear relationship exists between peer support and well-being. It was found that perceived social support predicts negative life stress and health outcomes, in addition to well-being in visually impaired people (Smith et al., 2022). Previous studies indicated that health practices, psychological well-being, and maternal and fetal outcomes were influenced by perceived social support (Lee et al., 2021; Marques de Miranda et al., 2020). They reported that social support has been associated with increased physical and psychological well-being among older adults. This finding is consistent with that of Marques de Miranda et al., (2020) who reported perceived social support have a consistently positive impact on well-being, such that perceived social support will protect victims of traumatic events from depression, anxiety, and stress. Bano and Sitwat (2010) observed predictive relationship between psychological well-being with social support and self-efficacy in students from religious schools. Literature has also examined that perceived social support buffered the effects of academic stress on psychological well-being (Saleem et al., 2023). In another study it was reported that less-optimal well-being appeared to be linked with experiencing a lack of support and with receiving only negative support (Mojtabai et al., 2021). This finding illustrates the importance of social support in increasing psychological well-being in visually impaired students. It is also reported that social support significantly and

positively related with psychological well-being (Nguyen, 2022). There is a positive effect of social support on psychosocial well-being of visually impaired students (Nguyen et al., 2022). The current research finding also provide support findings from a previous study which reported that that social support acts as a buffer to allow people to cope better with stressful life events, thereby improving or maintaining well-being. On the basis of the above empirical evidence it can be concluded that there is a significant positive relationship between perceived social support and psychological well-being in visually impaired students (Arslan 2021; Saleem et al., 2023).

The second hypothesis of the study was that mature defense style will be positively correlated with psychological well-being in visually impaired students. This finding is similar with that of Lee (2022) who has reported that when defense style is used effectively; they assist in the management of stress, disappointment or sadness and any negative emotions that threaten our sense of well-being. Similarly, in the support of the findings of the current study researchers found that mental health was related with mature defense style like prediction, sublimation, humor and suppression (Lee et al., 2022). More mature defenses linked to better relationships, work satisfaction, mental health, and well-being, (Vaillant, 1976). In literature well-being was related with defense mechanism (Vaillant & Bond, 1986). On the other hand, Vallient (1992) found that defense maturity was correlated with adjustment and mental health. In one research mental health was considered to be as equal to positive psychological function and conceptualized it in form of the term psychological wellbeing. On the basis of the above empirical evidence, it can be concluded that there are a significant positive relationship mature defense style and psychological well-being in visually impaired students (Vaillant & Bond, 1986).

The last hypothesis of the study was that there will be significant gender differences in the scores of perceived social support, pattern of defense style (mature, neurotic, immature) and psychological well-being in visually impaired students. Present study found that there is a significant difference in perceived social support, defense style (mature, neurotic, immature) and psychological well-being in visually impaired students. The findings of the present research showed that girls have significantly higher levels of perceived social support than boys. The significant difference in perceived social support between males and females revealed in the present study was in congruence with the study (Tang et al., 2022). The researchers found that girls have significantly higher levels of perceived social support than boys. This finding is similar to Saleem et al. (2023) who has reported that girls reported higher scores on perceived social support than boys. Another study has reported that girls tend to perceive more social support from their peers than boys (Saleem et al., 2023; Tang et al., 2022). This is likely due to gender differences in the way that girls approach relationships; girls tend to form a few close, empathetic relationships high in mutual disclosure, whereas boys tend to have larger, more extended friendship groups focused on tasks, competition and conflict (Wang et al., 2023). Gender differences in social support, led to the conclusion that women may be better providers of such social support as they are more engaged in their social networks (Haqqani et al., 2013; Tang et al., 2022; Saleem et al., 2023).

There also appears to be a gender difference in the use of defense style, girls tending to use more mature defense style and boys use more immature and neurotic defense style. This finding is similar with research where it was reported that girls used more internalizing defense such as repression (mature defense) and boys using more externalizing defense such as denial (immature defense) (Yıldırım et al., 2022). Vallient (1976) examined that males score higher than females on immature defense style.

The findings of the present research showed that girls have significantly higher levels of psychological well-being than boys. A study reported that female participants received greater

scores on Ryff scale of psychological well-being than boys (Kumar et al, 2023). On the basis of the above empirical evidence, it can be concluded that perceived social support, mature defense style and psychological well-being are higher in girls than boys, and boys tending to use more immature defense style than girls.

Conclusion

Perceived social support and psychological well-being are significantly and positively correlated with mature defense style, and negatively correlated with neurotic and immature defense style in visually impaired students. The results of the present research showed that the score of girls on perceived social support are higher than boys. Girls tending to use more mature defense style and boys use more immature and neurotic defense style. The findings of the current research showed that the score of girls on psychological well-being are higher than boys.

Limitations

Small sample was taken for the current study with respect to the population. It may be a threat to the external validity. The sample was taken from only from public sector special education institution of the Lahore city. Inclusion of private sector special education could have more drastic impact on the quality of the current research.

Suggestions

There are some suggestions for future research

In future studies population should be extended to some more special education institutions. This will enable the researcher to have enough data and information. The sample size can be increased for getting more reliable results. Some other psychological variables e.g. emotional disturbances, stress, anxiety, depression self-efficacy can be added to conduct such a study on the visually impaired students. In the present study the main source of the data are the scales. A case study approach can also be adopted for conducting research on the visually impaired students.

Implications

The present research will increase an understanding of perception of social support, pattern of defense styles and level of psychological well-being in visually impaired students. Present study will helpful in designing and developing customized intervention programs by the educators, counsellors, and psychologists that may play pivotal role in the changing neurotic and immature defense style into mature defense style. Present study will help psychologists, parents, counselors and teachers in the making of visually impaired students as fully functioning member of the society while using their full potential and to develop insight how to resolve their problems related to well-being. Clinical psychologists will able to better conceptualize, diagnose and treat problematic defenses in visually impaired students. Behavior's modification techniques and cognitive therapy have been found to be especially valuable in helping children with visual impairment to develop mature coping pattern and perform at their maximum level.

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