

**Salbia Abbas<sup>1</sup>, Maham Shamshad<sup>2</sup>, Mahrukh Najam<sup>2</sup>, Noor Qindil Hajra<sup>2</sup>**

1. Lecturer (Associate) Department of Psychology GC Women University Sialkot.

2. Day Scholar Department of Psychology GC Women University Sialkot.

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**Corresponding Author:****Salbia Abbas**Email: [salbia.abbas@gcwus.edu.pk](mailto:salbia.abbas@gcwus.edu.pk)**License:**

**Abstract:** Ostracism, or social exclusion, has emerged as a significant psychosocial concern among young adults, with profound implications for their mental health and psychological well-being. The present study explored the associations among ostracism, self-criticism, and psychological well-being in a sample of 300 young adults (150 males, 150 females) aged 18 to 26 years. It was hypothesized that ostracism would be positively associated with self-criticism and that both constructs would negatively predict psychological well-being. Moreover, self-criticism was expected to mediate the relationship between ostracism and well-being. Measures included the Ostracism Scale (Ferris, 2008), the Self-Critical Rumination Scale (Smart, 2016), and the Psychological Well-Being Scale (Ryff, 1994). Findings revealed a positive correlation between ostracism and self-criticism, while both were inversely related to psychological well-being. Mediation analysis further indicated that self-criticism partially mediated the association between ostracism and well-being, particularly influencing the domains of autonomy and environmental mastery. Gender differences were observed, with males reporting higher levels of ostracism and females exhibiting greater self-criticism. These results underscore the intertwined roles of social exclusion and self-critical tendencies in shaping the psychological well-being of young adults. The study highlights the need for targeted psychosocial interventions that address both ostracism and maladaptive self-criticism to promote healthier adjustment in emerging adulthood.

**Introduction**

The sense of being shunned, ignored, or excluded by others is referred to as ostracism. Harsh self-assessments and unfavourable internal dialogue characterize self-criticism. When individuals experience ostracism, it can impact psychological health by increasing stress and negative self-perceptions. Even though having social ties is crucial for wellbeing, not all social interactions are constructive; rejection or exclusion can negatively impact a person's ability to adjust psychologically. Young adults, in particular, face rapid changes, intense competition, and on-going crises, making it increasingly difficult to maintain

psychological health.

### **Ostracism**

Williams (2007), through the Cyberball paradigm, conceptualized ostracism as the deliberate exclusion of individuals from social groups, which triggers emotional and psychological responses to social rejection. Silent treatment, the most common form of ostracism, occurs when a person is intentionally ignored and excluded from communication, often producing severe psychological consequences (Wesselmann & Williams, 2014). Ostracism threatens four basic human needs: belonging, self-esteem, control, and meaningful existence (Gruter & Masters, 1986; Snoek, 1962). Exclusion can either motivate reintegration of the target into the group or push them further away, strengthening group unity at the expense of the ostracized individual.

The Pain Overlap Theory suggests that physical harm and the threat of social exclusion activated similar neural pain mechanisms during human evolution, highlighting the adaptive importance of responding quickly to threats (Williams, 2009). Ostracism has been linked to diminished control, reduced self-worth, and mood disturbances, while prolonged exclusion can increase aggression and reduce self-regulation (Richman & Leary, 2009; Williams, 2009).

### **Self-Criticism**

Self-criticism has been identified as a central personality trait associated with depression (Blatt, 2004). It involves negative self-appraisal, feelings of failure, and chronic shame, persisting even beyond depressive episodes. Self-critical individuals hold high internal standards and rigid social ideals, making them uncertain about their own ideas and emotions (Blatt & Zuroff, 2002). Such individuals are vulnerable to depression and often report emotions like guilt, resentment, and rage (Gilbert & Procter, 2005).

Mongrain (1998) found that self-critical individuals experience more negative emotions, perceive less social support, and are less likely to seek help. Self-criticism contributes to depression by reinforcing feelings of rejection, worthlessness, and low self-esteem. Neff (2003) emphasized that self-criticism negatively impacts psychological well-being, linking it to higher levels of stress, anxiety, and despair. Gilbert and Procter (2006) further argued that although self-criticism may have evolutionary roots, its persistent and widespread presence often contributes to psychological distress.

### **Ostracism and Self-Criticism**

Research shows that ostracism and self-criticism are closely interconnected. Individuals who experience social exclusion often internalize rejection, heightening their awareness of personal flaws and increasing self-critical thoughts (Smith & Williams, 2004). This creates a cycle in which exclusion worsens self-criticism, which in turn intensifies the psychological effects of isolation. Gerber and Wheeler (2009) found that excluded individuals may become more self-critical as an adaptive attempt to re-join social groups.

### **Psychological Well-Being**

An individual's ability to control their emotions, uphold wholesome relationships, and discover their purpose is referred to as psychological well-being. Huppert (2009) defined it as "feeling well and functioning well," emphasizing both affective balance and effective coping with negative emotions. Ryff's multidimensional model (Ryff, 1994; Ryff & Keyes, 1995) determined that self-acceptance, healthy relationships, environmental mastery, autonomy, life purpose, and personal development are the six elements of psychological well-being.

Subjective well-being, also termed hedonic well-being, incorporates positive affect, reduced negative affect, and life satisfaction (Diener et al., 1985, 2010). High levels of psychological well-being are

associated with greater life satisfaction, improved health, and higher resilience (Keyes, Shmotkin, & Ryff, 2002). Conversely, exclusion and self-criticism threaten psychological well-being by eroding self-worth and belonging (Loon, 2019).

### **Interconnection of Ostracism, Self-Criticism, and Well-Being**

The relationship between ostracism and self-criticism demonstrates the interplay between social and intrapersonal psychological processes. Self-critical individuals are especially vulnerable to the harmful effects of exclusion, as rejection confirms their negative self-evaluations. This interaction reduces well-being by diminishing autonomy, control, and meaningful existence (Williams, 2007). Together, ostracism and self-criticism create a feedback loop of psychological distress that undermines overall well-being.

### **Literature Review**

The purpose of this study is to investigate the connection between young adults' psychological health, self-criticism, and ostracism. To contextualize this inquiry, it is essential to review existing literature that highlights how experiences of exclusion and maladaptive self-evaluations impact mental health outcomes across different populations. Ostracism, or social exclusion, has been consistently linked to negative psychological outcomes. Waldeck (2023) demonstrated that individuals who experienced ostracism were more prone to paranoid thoughts, with psychological rigidity amplifying the link between exclusion and paranoia. Interestingly, psychological flexibility did not buffer these effects, suggesting that rigidity plays a more central role in shaping maladaptive cognitions following exclusion. Similarly, Gokmen et al. (2022) found that psychological maltreatment heightened feelings of loneliness among Turkish adolescents. Although emotional experiences and social isolation moderated these effects, the findings emphasized that maltreatment creates vulnerabilities to social disconnection. In another study, Wang and Tu (2021) showed that childhood psychological abuse predicted adolescent depression through two mechanisms: negative self-evaluation and experiences of ostracism. These findings underscore the enduring role of exclusion in shaping psychopathology. Earlier, Williams (1997/2001) developed a foundational model of ostracism, illustrating how rejection threatens four basic psychological needs—belonging, control, self-esteem, and meaningful existence. Using the “train ride” paradigm, Williams showed that ostracism affects not only targets but also sources of rejection, with exclusion exerting stronger effects than arguments or conflicts. Alongside ostracism, self-criticism has emerged as another risk factor for compromised mental health and well-being. Tariq and Yousuf (2020) found that adolescents who engaged in heightened self-criticism and self-silencing exhibited elevated symptoms of depression, reinforcing the view that self-critical tendencies create vulnerability to emotional distress. Similarly, Ghorbani (2018) reported that high levels of self-criticism were associated with a range of mental and physical health problems, including anxiety, depression, and somatization. Earlier studies by Dunkley et al. (2003) and Shahar et al. (2003) also confirmed a robust relationship between self-criticism and depression, noting that self-critical individuals react more strongly to stress and are more susceptible to mood disturbances. The broader construct of psychological well-being provides a framework for understanding how ostracism and self-criticism undermine healthy functioning. According to Seligman and Csikszentmihalyi (2000), well-being encompasses both hedonic (feeling good) and eudemonic (engaging in meaningful activities) dimensions. When individuals experience persistent exclusion or internalize harsh self-judgments, these essential components of well-being are disrupted. For instance, Wang et al. (2023) found that workplace racism negatively influenced employees' psychological well-being, while studies by Babyak et al. (2000) and Lancaster and Strath (2013) demonstrated that physical activity enhanced mood, reduced stress, and improved self-esteem—factors that directly support well-being. Furthermore, research by Ökmen

Arslan et al. (2021) highlighted that social isolation mediates the relationship between psychological trauma and emotional outcomes, further illustrating how social disconnection undermines positive psychological functioning. Taken together, these findings suggest that ostracism and self-criticism are interconnected psychosocial stressors that compromise well-being by threatening basic psychological needs, increasing vulnerability to depression, and reinforcing maladaptive self-concepts. While ostracism creates external experiences of exclusion, self-criticism internalizes these negative interactions into harsh self-judgments, thereby compounding their impact on mental health. Importantly, both factors appear to undermine autonomy, self-esteem, and social connectedness—key domains of psychological well-being. These insights highlight the need to examine their combined influence in the context of young adulthood, a developmental stage characterized by heightened sensitivity to peer relationships and identity formation.

### **Theoretical Background**

Psychological well-being has become an increasingly significant area of study, particularly in the context of young adults who are navigating identity formation, social integration, and autonomy. In collectivistic cultures such as Pakistan, social connectedness and familial approval are highly valued, making experiences of ostracism and self-criticism particularly impactful on individual well-being. Ostracism, defined as being ignored, excluded, or rejected by others, undermines the fundamental human need to belong (Williams, 2001). Similarly, self-criticism, which involves harsh self-judgment and repetitive negative self-talk, erodes resilience and is strongly associated with depression, anxiety, and impaired well-being (Shahar et al., 2003). Understanding these constructs through theoretical frameworks provides the foundation for examining how they interact to shape the psychological well-being of young adults in Pakistan. Psychological well-being is a multidimensional construct often conceptualized using Ryff's Model of Psychological Well-Being (1989/1995), which highlights six essential elements: self-acceptance, constructive relationships, environmental mastery, personal development, autonomy, and life's purpose. Ostracism undermines several of these domains by disrupting social relations, diminishing autonomy, and eroding self-acceptance. Similarly, self-criticism diminishes environmental mastery and personal growth, as individuals become trapped in cycles of self-doubt and rumination rather than proactive adaptation.

### **Ostracism and the Need-Threat Model**

One of the most influential frameworks for understanding ostracism is Williams's Need-Threat Model (1997/2001). According to this concept, four basic psychological needs—belongingness, self-worth, control, and meaningful existence—are threatened by ostracism. Being ignored or excluded communicates social devaluation, which not only diminishes self-worth but also disrupts one's sense of significance in the social world. For young adults in Pakistan, where social networks and community belonging are deeply tied to cultural expectations, ostracism may exert a stronger psychological toll than in more individualistic societies. For instance, rejection from peers, family, or workplace groups can jeopardize both personal identity and social standing, amplifying stress and vulnerability to poor mental health outcomes. Moreover, the model explains that ostracism leads to both immediate pain and long-term maladaptive coping strategies. In the short term, individuals experience social pain akin to physical pain (Eisenberger & Lieberman, 2004). In the long term, prolonged ostracism may result in social withdrawal, emotional dysregulation, and cognitive distortions such as paranoia or feelings of worthlessness (Waldeck, 2023). This theoretical perspective highlights why ostracism is not merely a social inconvenience but a profound psychological wound, particularly for young adults struggling to establish their social and professional identities.

Seligman and Csikszentmihalyi's (2000) Positive Psychology Framework complements Ryff's model by emphasizing the importance of positive emotions, engagement, and meaning in life. Ostracism removes opportunities for positive engagement and belonging, while self-criticism blocks the development of self-compassion and resilience. Thus, both factors converge to undermine flourishing, leaving individuals more susceptible to psychopathology.

### Self-Determination Theory and Cultural Context

The Self-Determination Theory (SDT; Deci & Ryan, 1985, 2000) adds an additional pertinent perspective by asserting that the fulfilment of three fundamental psychological needs—autonomy, competence, and relatedness—is a prerequisite for well-being. Ostracism directly threatens relatedness by excluding individuals from meaningful social bonds, while self-criticism undermines competence and autonomy by fostering feelings of inadequacy and dependence on external validation. In Pakistan, where collectivist cultural norms emphasize group harmony and social approval, the thwarting of relatedness may be particularly detrimental. Young adults may struggle to reconcile cultural expectations with personal aspirations, leading to heightened self-criticism when exclusion occurs. For instance, failure to secure employment or to conform to family expectations may result in both ostracism and self-critical rumination, compounding the impact on psychological well-being.

### Gender Considerations

Theoretical models also help explain gender differences in ostracism and self-criticism. Research indicates that men may experience higher levels of ostracism due to pressures of social dominance and public performance, while women may exhibit greater self-criticism due to internalized societal expectations regarding modesty, relational maintenance, and caregiving roles (Tariq & Yousuf, 2020). These gendered dynamics are shaped by cultural values in Pakistan, where traditional roles amplify the salience of both social inclusion and self-evaluation. Taken together, these theoretical frameworks demonstrate that ostracism and self-criticism function as interrelated psychosocial stressors that undermine psychological well-being. The Need-Threat Model explains how ostracism threatens basic psychological needs, while Cognitive-Behavioural and Self-Discrepancy theories highlight how self-criticism internalizes rejection into maladaptive cognitions. Ryff's Model and SDT provide comprehensive frameworks for understanding how these factors diminish well-being by thwarting autonomy, competence, and relatedness. In the Pakistani cultural context, where social approval and familial expectations are paramount, these dynamics may be magnified, leaving young adults especially vulnerable to psychological distress.

### Conceptual Model



**Figure 1.1** Conceptual Model of current research

The conceptual framework of the present study integrates Williams's Need-Threat Model of ostracism (2001), Ryff's Model of Psychological Well-Being (1989/1995), and Self-Determination Theory (Deci & Ryan, 1985, 2000) to explain how ostracism and self-criticism jointly affect the psychological well-being of young adults in Pakistan. Ostracism threatens fundamental needs of belongingness, control, and self-esteem, while self-criticism internalizes rejection through maladaptive cognitions, undermining autonomy, competence, and self-acceptance. Within the Pakistani collectivist cultural context, where social approval and familial expectations are central, these dynamics are intensified, making young adults more vulnerable to distress. Accordingly, the framework positions ostracism as the independent variable, psychological well-being as the dependent variable, and self-criticism as a mediating mechanism that explains the indirect pathway between social exclusion and diminished well-being.

## Methodology

### Research Design

Current study uses both quantitative research methods and a cross-sectional research design.

### Sample

A purposive sampling strategy was used to select 300 participants, whose ages ranged from 18 to 26. Sample was collected from diverse population of Sialkot. Sample comprises both male and female participants belonging both rural and urban areas. Size of the sample was drawn on the basis of available literature.

### Measures

**Self- developed demographic sheet:** The demographic questionnaire was comprised of questions related to the participant's age, Gender, Any psychological disorder, any physical disorder, Marital Status, Residence, Family Structure, Number of close friends, Number of siblings, current status of employment and Socioeconomic status.

**The Ostracism Scale:** The Ostracism Scale, which is developed by Ferris et al. (2008). It consists of 10 items, and each item is rated on a five-point Likert scale (one=never to five=always). Higher scores indicate a stronger sense of Ostracism. The Cronbach's alpha for this scale was 0.94.

**Self -Critical Rumination Scale:** The final 10-item Self-Critical Rumination Scale demonstrated incremental validity above earlier self-criticism measures, a clear single-factor structure, convergent correlations with related constructs, and strong internal consistency. The Likert-type scale ranged from 1 to 4 (1 = not at all, 2 = a little, 3 = moderately, 4 = very much). Therefore, the total score is in the range (10-40), with higher score represent greater self-criticism. The Cronbach's alpha for this scale was 0.80.

**Ryff's psychological wellbeing scale:** In order to measure six aspects of psychological wellbeing—autonomy, environmental mastery, self-acceptance, personal growth, positive relationships with others, and purpose in life—the Ryff's Psychological Well-being Scale (Ryff & Keyes, 1995) consists of eighteen items. Likert scales with a range of 1 (strongly disagree) to 6 (strongly agree) are used to rate the items. Therefore, the total score is in the range of 18–108, with higher scores representing greater wellbeing.

### Procedure

The current study was carried out in compliance with the American Psychological Association's ethical guidelines (APA, 2017), and formal approval was obtained from the DRC, Department of psychology, Government College Women University, Sialkot. Participants were recruited through purposive sampling from different universities and Colleges in Sialkot. The inclusion criteria required individuals to be young adults between the ages of 18 and 26 years who were fluent in Urdu or English and willing to provide informed consent. Those with a reported history of severe psychiatric disorders or on-going clinical treatment were excluded to avoid confounding effects on the study variables. Before beginning the



survey, participants were fully briefed about the objectives of the research, their right to withdraw at any time, and the confidentiality of their responses. Written informed consent was obtained, and anonymity was ensured by assigning numerical codes rather than using personal identifiers. Data collection involved the administration of a Self-developed demographic information sheet followed by three standardized instruments: the Ostracism Scale (Ferris et al., 2008) to measure experiences of social exclusion, the Self-Critical Rumination Scale (Smart et al., 2016) to assess repetitive self-critical thought patterns, and the Psychological Well-Being Scale (Ryff, 1994) to evaluate overall well-being. The questionnaires were administered either individually or in small groups, depending on availability, and took approximately 20 to 25 minutes to complete. Completed responses were screened for accuracy, and questionnaires with more than 20% missing data were excluded from analysis. The final dataset was entered into SPSS software and carefully checked to minimize entry errors. Descriptive statistics were calculated to summarize demographic characteristics and study measures. Pearson correlation analysis was applied to assess the relationships among ostracism, self-criticism, and psychological well-being, while multiple regression analysis was performed to determine the predictive role of ostracism and self-criticism in well-being.

### Ethical Considerations

All ethical considerations were strictly followed. Proper permissions were obtained prior to the study. Following ethical considerations were maintained during the study. Both verbal and written consent was obtained from the participants. Confidentiality and privacy of the participants was assured. Researcher was available throughout the conduction process of the current research to guide the participants.

### Result

**Table 1.1** Reliability coefficients and descriptive statistics of study variable (Scale).

	K	M	SD	$\alpha$	Minimum	Maximum
Ostracism	10	18.57	6.168	.84	10	50
Self-Criticism	10	23.30	6.214	.80	10	46
Psychological Well Being	18	84.25	9.652	.58	59	111

Note. M = Mean, SD = Standard Deviation, k= No. of Items

Table 1.1 presents the reliability coefficients and descriptive statistics for the study variables. The findings indicate that ostracism ( $\alpha = .84$ ) and self-criticism ( $\alpha = .80$ ) demonstrated good internal consistency, while psychological well-being ( $\alpha = .58$ ) showed comparatively lower but acceptable reliability for research purposes. The mean scores suggest that participants reported moderate levels of ostracism ( $M = 18.57$ ,  $SD = 6.17$ ) and self-criticism ( $M = 23.30$ ,  $SD = 6.21$ ), whereas their psychological well-being levels were relatively high ( $M = 84.25$ ,  $SD = 9.65$ ). The obtained minimum and maximum scores also reflect a broad response range across all measures, indicating adequate variability in participants' experiences.

**Table 2.1** Descriptive statistics and Pearson product Moment of coefficient of correlation of Ostracism (WOS), self-criticism (SCS), and subscales of Psychological Well Being (n=300)

Variables	1	2	3	10	M	SD
Ostracism	1	.133*	.275**		18.57	6.168

Self-Criticism	-.343**	1	.489**	23.30	6.214
Psychological Well Being	.321**	-.145**	1	84.25	9.652

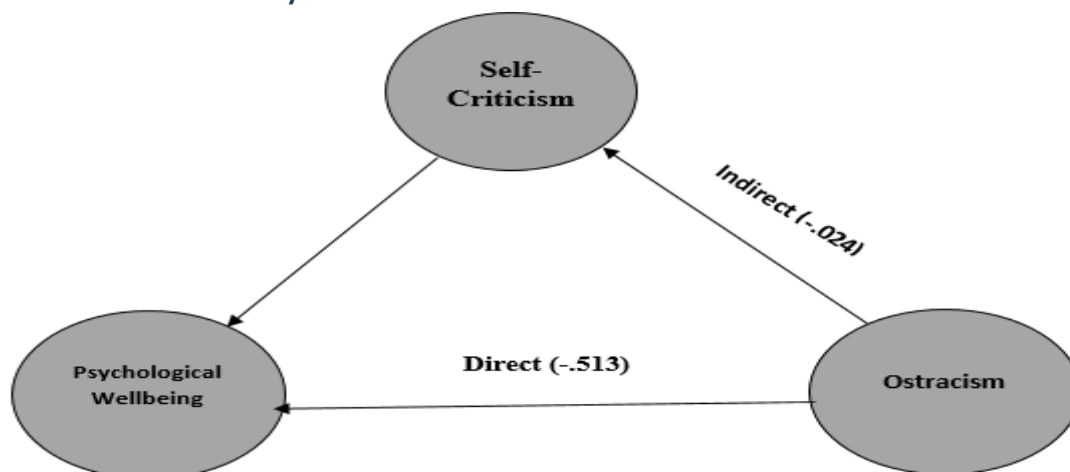
Table 2.1 presents the descriptive statistics and intercorrelations among Ostracism, self-criticism, and psychological well-being. The results indicate that Ostracism was positively correlated with self-criticism ( $r = .275$ ,  $p < .01$ ), suggesting that individuals who experienced higher levels of ostracism also tended to engage more frequently in self-critical thoughts. Conversely, Ostracism demonstrated a significant negative relationship with psychological well-being ( $r = -.343$ ,  $p < .01$ ), indicating that higher levels of ostracism were associated with lower levels of overall well-being. Similarly, self-criticism was found to be negatively correlated with psychological well-being ( $r = -.145$ ,  $p < .01$ ), highlighting that individuals with elevated self-critical tendencies reported reduced psychological well-being. Collectively, these findings suggest that ostracism and self-criticism function as risk factors that undermine psychological well-being, whereas minimizing these experiences may be critical for promoting positive mental health outcomes.

**Table 3.1** Self-Criticism as a mediator between Ostracism and Psychological well-being

Effect	Path	$\beta$	SE	p	95% CI	
					Lower	Upper
Total	Ostracism (X) → Psychological Wellbeing (Y)	-.537	.085	.000	-.705	-.370
Direct	Ostracism (X) → Psychological Wellbeing (Y)	-.513	.089	.000	-.087	-.339
Indirect	Ostracism(X) → Self-Criticism (M) → Psychological Wellbeing (Y)	-.024	.028		-.081	.029

Table 3.1 illustrates the mediation analysis which examined the role of self-criticism in the relationship between ostracism and psychological well-being. Results indicated that ostracism had a significant total effect on psychological well-being,  $\beta = -.54$ ,  $SE = .09$ ,  $p < .001$ , 95% CI  $(-.71, -.37)$ . The direct effect of ostracism on psychological well-being also remained significant,  $\beta = -.51$ ,  $SE = .09$ ,  $p < .001$ , 95% CI  $(-.34, -.09)$ , suggesting that higher levels of ostracism were associated with lower psychological well-being even after accounting for self-criticism. The indirect effect of ostracism on psychological well-being through self-criticism was not statistically significant,  $\beta = -.02$ ,  $SE = .03$ , 95% CI  $(-.08, .03)$ , as the confidence interval included zero. These findings suggest that self-criticism did not mediate the relationship between ostracism and psychological well-being; instead, ostracism exerted a direct negative effect on psychological well-being. The overall model shows self-criticism partially mediates the relationship between ostracism and psychological well-being ( $R^2 = .31$ ,  $F(2, 345) = 71.14$ ,  $p < .001$ ).



**Model of Mediation Analysis**

**Figure 3.1** Path model for direct and indirect effects of ostracism on psychological well-being through self-criticism.

Figure 3.1 presents the comparative frequency analysis of ostracism, self-criticism, and psychological well-being across demographic groups including gender (male, female), residence (urban, rural), and family structure (joint, nuclear). As shown, levels of ostracism were relatively low across all groups, with frequencies ranging between 17 and 19. Both male and female respondents, as well as urban and rural participants, reported nearly identical levels of ostracism, while individuals from nuclear families demonstrated slightly lower frequencies. In terms of self-criticism, frequencies were somewhat higher compared to ostracism, ranging from 21 to 24 across all categories. Female and joint family respondents reported marginally higher levels of self-criticism compared to other groups. Overall, the differences across categories were small, indicating that self-critical tendencies were consistent across demographic groups. Conversely, psychological well-being was markedly higher than both ostracism and self-criticism, with frequencies ranging between 83 and 86 across groups. Notably, respondents from joint families reported the highest levels of psychological well-being ( $\approx 86$ ), followed closely by males and females ( $\approx 84$ – $85$ ). The lowest psychological well-being scores were observed among individuals from nuclear families ( $\approx 83$ ). Taken together, these findings suggest that while ostracism and self-criticism are present at moderate levels across groups, overall psychological well-being remains high and relatively stable, with slight variations across gender, residence, and family type.

**Table 4.1** Independent sample t-test for Demographic variables (differences of male and female participants) on ostracism, Self- criticism and psychological well-being

Variables	Male participants		Female participants		r	p	Cohen's d
	M	SD	M	SD			
Ostracism	19.63	6.523	17.51	5.616	3.0	.003	0.3
Self-Criticism	22.37	5.605	24.22	6.659	2.5	.010	0.3
Psychological Well-being	84.17	9.666	84.33	9.669	.15	.881	0.01

M=mean, SD=standard deviation

Table 4.1 depicts that an independent samples t-test was conducted to examine gender differences in ostracism, self-criticism, and psychological well-being. Results showed that male participants ( $M = 19.63$ ,  $SD = 6.52$ ) reported significantly higher levels of ostracism compared to female participants ( $M = 17.51$ ,  $SD = 5.62$ ),  $t(198) = 3.00$ ,  $p = .003$ , Cohen's  $d = 0.30$ , indicating a small to medium effect size. Conversely, females ( $M = 24.22$ ,  $SD = 6.66$ ) reported significantly higher self-criticism than males ( $M = 22.37$ ,  $SD = 5.61$ ),  $t(198) = 2.50$ ,  $p = .010$ , Cohen's  $d = 0.30$ , also reflecting a small to medium effect size. No significant gender differences were found in psychological well-being, with males ( $M = 84.17$ ,  $SD = 9.67$ ) and females ( $M = 84.33$ ,  $SD = 9.67$ ) reporting comparable levels,  $t(198) = 0.15$ ,  $p = .881$ , Cohen's  $d = 0.01$ .

**Table 4.2**

Independent sample t-test for demographic variables (differences of residence of participants) on ostracism, Self- criticism and psychological well-being.

Variables	Rural		Urban		r (198)	p	Cohen's d
	M	SD	M	SD			
Ostracism	18.92	6.149	18.25	6.187	.94	.35	0.10
Self-Criticism	23.29	5.953	23.30	6.455	.06	.99	0.00
Psychological	83.40	9.478	85.01	9.771	1.4	.15	0.16

Well-being

M=mean, SD=standard deviation

Table 1.6 depicts that an independent samples t-test was conducted to examine differences in ostracism, self-criticism, and psychological well-being between participants residing in rural and urban areas. Results indicated that there was no significant difference in ostracism scores between rural ( $M = 18.92$ ,  $SD = 6.15$ ) and urban participants ( $M = 18.25$ ,  $SD = 6.19$ ),  $t(198) = 0.94$ ,  $p = .35$ , Cohen's  $d = 0.10$ , suggesting a negligible effect size. Similarly, no significant difference was found for self-criticism between rural ( $M = 23.29$ ,  $SD = 5.95$ ) and urban participants ( $M = 23.30$ ,  $SD = 6.46$ ),  $t(198) = 0.06$ ,  $p = .99$ , Cohen's  $d = 0.00$ , indicating virtually no effect. For psychological well-being, rural participants ( $M = 83.40$ ,  $SD = 9.48$ ) scored slightly lower than urban participants ( $M = 85.01$ ,  $SD = 9.77$ ). However, this difference was not statistically significant,  $t(198) = 1.40$ ,  $p = .15$ , Cohen's  $d = 0.16$ , reflecting a small effect size. Overall, the findings suggest that residential status (rural vs. urban) did not significantly influence levels of ostracism, self-criticism, or psychological well-being among participants.

**Table 4.3** Independent sample t-test for demographic variables (differences of family structure of participants) on ostracism, Self-criticism and psychological well-being.

Variables	Joint		Nuclear		r	p	Cohen's d
	M	SD	M	SD			
Ostracism	19.46	6.783	18.08	5.765	1.9	.063	0.21

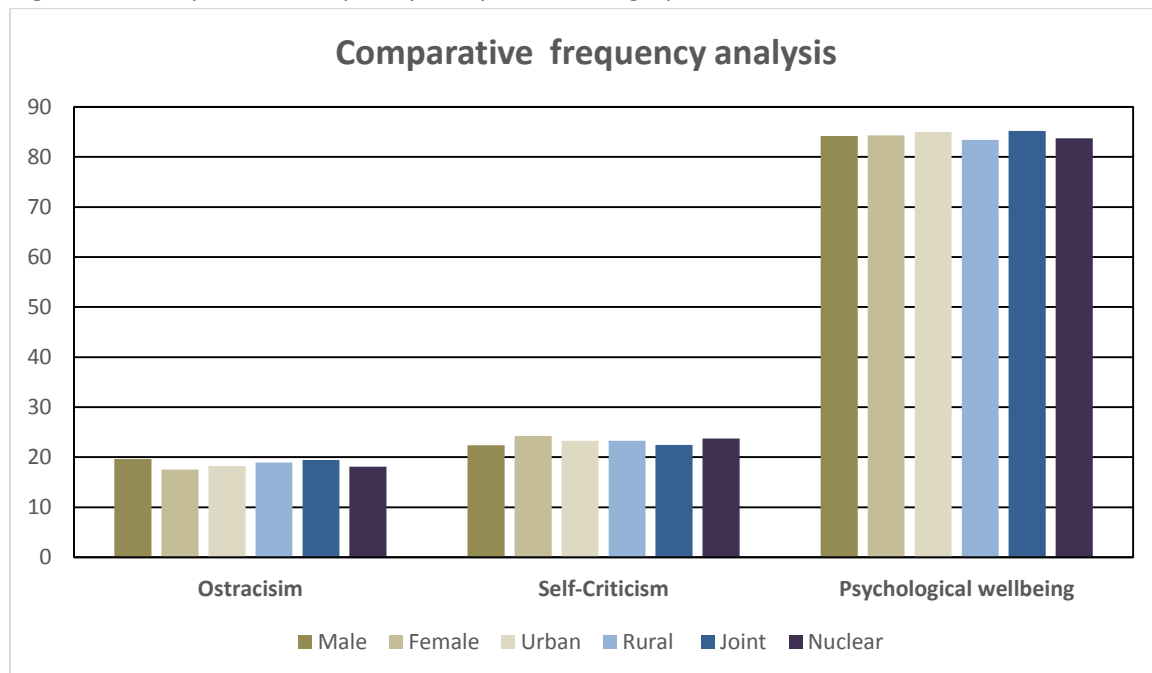
Self-Criticism	22.46	5.272	23.75	6.641	1.7	.086	0.22
Psychological	85.20	9.928	83.73	9.484	1.2	.209	0.15

### Well-being

M=mean, SD=standard deviation

Table 4.3 reveals that participants from joint families reported slightly higher levels of ostracism ( $M = 19.46$ ) compared to those from nuclear families ( $M = 18.08$ ), with a marginally significant difference ( $p = .063$ ) and a small effect size (Cohen's  $d = 0.21$ ). Nevertheless, this difference fell short of traditional statistical significance thresholds. The psychological well-being and self-criticism of participants from nuclear and joint households did not differ significantly, and the impact sizes were small (Cohen's  $d = 0.22$  and  $d = 0.15$ , respectively) and  $p$ -values greater than 0.05. Overall, the results suggest that family structure (joint vs. nuclear) has a minimal impact on ostracism, self-criticism, and psychological well-being, with no statistically significant differences found.

**Figure 4.3** Comparative Frequency analysis of demographic variable



**Figure 4.3** shows a bar graph presenting the comparative frequency analysis of ostracism, self-criticism, and psychological well-being across demographic groups including gender (male, female), residence (urban, rural), and family structure (joint, nuclear). As shown, levels of ostracism were relatively low across all groups, with frequencies ranging between 17 and 19. Both male and female respondents, as well as urban and rural participants, reported nearly identical levels of ostracism, while individuals from nuclear families demonstrated slightly lower frequencies. In terms of self-criticism, frequencies were somewhat higher compared to ostracism, ranging from 21 to 24 across all categories. Female and joint family respondents reported marginally higher levels of self-criticism compared to other groups. Overall, the differences across categories were small, indicating that self-critical tendencies were consistent across demographic groups. Conversely, psychological well-being was markedly higher than both ostracism and self-criticism, with frequencies ranging between 83 and 86 across groups. Notably,

respondents from joint families reported the highest levels of psychological well-being (86), followed closely by males and females (84–85). The lowest psychological well-being scores were observed among individuals from nuclear families (83). Taken together, these findings suggest that while ostracism and self-criticism are present at moderate levels across groups, overall psychological well-being remains high and relatively stable, with slight variations across gender, residence, and family type.

## Discussion

This study explored the relationships between young people's psychological well-being, self-criticism, and ostracism. It specifically looked at whether self-criticism mediated the relationship between psychological well-being and ostracism. The findings of the study provide important insights into how experiences of social exclusion and negative self-appraisals influence overall mental health in the Pakistani cultural context. Ostracism and self-criticism were found to be positively connected, supporting the predictions and suggesting that people who were more socially excluded were more inclined to think critically about themselves. This result is supported by Baumeister and Leary's (1995) belongingness theory, which highlights that unmet social belonging needs often lead to maladaptive self-evaluations. Prior studies by Smith and Williams (2004) similarly reported that individuals who feel excluded tend to internalize rejection, resulting in higher levels of self-criticism. In a collectivist culture such as Pakistan, where group acceptance and conformity are highly valued, such exclusionary experiences may amplify tendencies toward self-blame and harsh self-assessment.

The results further indicated that ostracism was significantly and negatively associated with psychological well-being. Individuals who observed higher levels of ostracism had lower well-being, which is in line with previous studies showing how social exclusion negatively affects mental health outcomes (Blackhart et al., 2009; Gerber & Wheeler, 2009; Hartgerink et al., 2015; Williams, 2007, 2009). Previous studies have demonstrated that rejection jeopardizes basic psychological needs including control, self-worth, and belonging, which results in more misery, loneliness, and decreased happiness (Hawkley et al., 2010; Sebastian et al., 2010). These results reinforce the notion that ostracism is a powerful psychosocial stressor with direct consequences for emotional and psychological functioning. As Abbas et al., (2022) reported that mindfulness significantly enhances psychological well-being among female university students, while religiosity shows a weaker yet positive association. This aligns with current study results showing high well-being despite moderate ostracism and self-criticism—suggesting that internal resources like mindfulness may confer resilience. Further, Abbas et al. (2025) identified self-compassion and resilience as protective predictors of well-being among teachers, echoing cognitive-behavioral theories and reinforcing the importance of cultivating such strengths in our target population. Interestingly, media influence also bears relevance: Abbas et al. (2024) found that Pakistani dramas positively correlate with psychological well-being, raising intriguing questions about cultural or emotional uplift through media consumption. Similarly, among women experiencing dysmenorrhea, Salbia Abbas et al. (2025) identified perceived social support as a significant predictor of well-being, emphasizing the social dimension's role in mitigating distress—this echoes the collectivist context of our study and suggests support interventions may buffer the detrimental effects of ostracism. Within the Pakistani context, where individuals are embedded in close-knit family and community networks, exclusion may be particularly harmful, as it undermines the collective orientation that sustains social identity and self-esteem. Self-criticism also demonstrated a significant negative association with psychological well-being, further supporting the hypothesis that individuals who are more self-critical experience lower mental health. This finding is in line with earlier studies by Blatt and Zuroff (1992), who emphasized that self-criticism exacerbates psychological

distress, and by Neff (2003), who linked self-critical tendencies with greater stress and anxiety. For young adults in Pakistan, where academic and social expectations are high, the tendency to internalize failure and engage in harsh self-evaluation may reduce well-being by increasing vulnerability to depressive and anxious symptoms. These results also align with cognitive-behavioral models of depression (Beck, 2011), which highlight the role of maladaptive thought patterns in undermining psychological health. Although ostracism predicted both self-criticism and lower psychological well-being, the mediation analysis indicated that self-criticism did not significantly mediate the relationship between ostracism and psychological well-being. The indirect effect was small and statistically nonsignificant, suggesting that ostracism primarily influences well-being through direct pathways rather than through self-critical processes. This finding suggests that social exclusion exerts an immediate negative impact on psychological health that cannot be fully explained by internal cognitions alone. Other mediators, such as loneliness, resilience, or perceived social support, may better explain the relationship between ostracism and well-being. While the study partially aligns with Beck's cognitive model, the results highlight that ostracism functions as a unique psychosocial stressor with consequences that extend beyond cognitive self-appraisals. Demographic analyses provided further insights. Gender differences were found in ostracism and self-criticism but not in psychological well-being. Male participants reported higher levels of ostracism, which may reflect gender norms that encourage competition and assertiveness in social relationships, increasing men's exposure to rejection (Eagly & Wood, 2013). On the other hand, female participants expressed higher levels of self-criticism, which is in line with earlier studies that indicate women are more likely to internalize self-scrutiny as a result of cultural influences that emphasize perfectionism and modesty (Nolen-Hoeksema, 2012). Interestingly, despite these differences, males and females reported similar levels of psychological well-being, suggesting that both genders may utilize different but equally effective coping mechanisms to maintain mental health. Regarding ostracism, self-criticism, and well-being, there were no appreciable variations between participants from rural and urban areas or between joint and nuclear family systems. These findings indicate that the experiences of exclusion and self-critical tendencies are relatively consistent across residential and familial contexts in Pakistan, possibly due to shared cultural values and increasing exposure to similar psychosocial stressors through digital and social media platforms.

### **Conclusion**

This study concludes by showing that ostracism is a strong predictor of worse psychological well-being, mostly through direct effects as opposed to self-criticism. The results highlight the importance of considering social exclusion as a critical determinant of mental health outcomes and underscore the need for culturally sensitive interventions to address the psychosocial vulnerabilities of young adults in Pakistan. Although self-criticism and ostracism both undermine well-being, the absence of mediation suggests that exclusion itself has distinct and powerful effects on psychological functioning. By addressing both social and cognitive risk factors, researchers and practitioners can work toward promoting resilience and enhancing psychological well-being in vulnerable populations.

### **Study Implications**

The results of this research have significant theoretical and practical ramifications. The results provide empirical support for belongingness theory (Baumeister & Leary, 1995), which asserts that unmet social needs impair psychological health, as well as for cognitive-behavioral models that emphasize maladaptive self-appraisals as risk factors for distress. Practically, the findings underscore the need for interventions aimed at reducing the harmful effects of ostracism and self-criticism among young adults.

Cognitive Behavioral Therapy (CBT), in particular, may serve as an effective intervention to challenge maladaptive thought patterns, reduce self-criticism, and enhance resilience. At the institutional level, promoting inclusive and supportive environments in schools, universities, and community settings may buffer against the damaging effects of exclusion and foster psychological well-being among youth.

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