

WHEN DOES DIFFERENCE BECOME DEFICIENCY? PERCEIVED PERSONAL DEFICIENCY AS A MEDIATOR OF THE LINKS BETWEEN PERCEIVED PEER ADVANTAGE AND YOUNG ADULTS' SELF-WORTH AND LIFE SATISFACTION

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ABSTRACT

Young adults often observe the development of their peers, and when they are aware that others are developing ahead of them, they tend to think, "Why is it comparison bad? When young adults notice that others are developing before them, it doesn't explain why comparison is bad. This present study aims to test the mediation effect of perceived personal deficiency between perceived peer advantage and self-worth and life satisfaction in young adults of Pakistan. The cross-sectional correlational design was used, and 300 young adults (138 males, 162 females) aged 18-25 years were selected from various universities, colleges and workplaces in Lahore through convenience sampling. Participants answered the Personal Relative Deprivation Scale, the Inadequate Self subscale of the Forms of Self-Criticizing/Attacking and Self-Reassuring Scale, the Rosenberg Self-Esteem Scale, and the Satisfaction with Life Scale. The perceived lack of self-worth and life satisfaction were significantly and negatively related to perceived peer advantage, whereas perceived peer advantage was significantly and positively related to perceived personal deficiency, and perceived personal deficiency was significantly and negatively related to perceived lack of self-worth and life satisfaction. For both relationships, perceived personal deficiency served as a partial mediator between them, accounting for some 70% of the total effects in each case, as revealed by PROCESS Model 4 analyses with 5,000 bootstrap samples. When difference becomes a problem, the problem seems to be internalized as a deficiency and self-critical cognition becomes a focus for counselling and self-compassion.

I. INTRODUCTION

Young adulthood is a time when a person is assessing his progress in education, work, relationships and financial matters and when identity is still evolving, he is heavily dependent on outside comparisons to determine "on track" (Arnett, 2000). People make evaluations of themselves by comparison with others, especially when they do not have objective standards, (Festinger, 1954) and comparison is ubiquitous and impactful (Gerber et al., 2018). Self-evaluations tend to be lowered by upward comparisons, where the target is perceived as being better off

(Mussweiler, 2003; Wood, 1989). Personal relative deprivation is when someone feels that others have more resources, opportunities or achievements than they deserve, and may feel resentful about this (Smith et al., 2012). For the current research, this sense of having peers ahead in valuable life areas is known as perceived peer advantage (Callan et al., 2011) and is heightened by social media, which present a highly curated picture of peer accomplishments (Verduyn et al., 2020). However, when one sees that peers are advantaged, this is not sufficient to explain why some young adults are harmed and others are not. A self-discrepancy theory is that distress occurs when the discrepancy is internalized as a gap between self and should self (Higgins, 1987). This internalized gap is captured in the following terms, perceived personal deficiency, being convinced that they are inadequate or falling short as a person (Gilbert et al., 2004), and self-discrepancies are consistently related to psychological distress (Mason et al., 2019). Self-worth, defined as a generalized assessment of one's value as a person (Rosenberg, 1965), and life satisfaction, a cognitive judgment of one's life (Diener et al., 1985), are two outcomes likely to suffer. The current study accordingly investigates that the relationship between perceived personal deficiency and self-worth/life satisfaction of young adults in Pakistan is mediated by perceived peer advantage, in a collectivist society where comparison with relatives and peers is culturally encouraged (Hofstede, 2001).

II. LITERATURE REVIEW

Increased self-appraisal is associated with thinking about others who are better off, especially when considering identity-relevant aspects of self-appraisal (Wood, 1989). Social networking sites are linked to decreases in self-esteem, with more time spent on social media (Schmuck et al., 2019) and more intense comparisons (Midgley et al., 2021) resulting in even greater decreases, and with upward comparison as a mediator between social media and decreased self-esteem in young adults (Le Blanc-Brillon et al., 2025). These comparisons also influence people's life evaluations. Academic research has shown that personal relative deprivation is associated with worse individual outcomes, including lower self-rated mental and physical health, in spite of a person's subjective socioeconomic status (Callan et al., 2015), and overall lower life satisfaction amongst university students (Chen et al., 2022), with results from a meta-analysis of more than 200 studies also indicating that the two are related (Smith et al., 2012). Altering the external imbalance into an internal feeling of lack. The social rank theory suggests that when an individual feels lower in rank, they experience shame and defeat (Gilbert, 1992), and negative comparisons are correlated with shame, depression and anxiety (Allan & Gilbert, 1995; McCarthy & Morina, 2020; Khan et al., 2026). The self-critical "inadequate self" is related to depressive symptoms (Gilbert et al., 2004), and self-worth derived from external criteria is particularly sensitive to failure (Crocker & Wolfe, 2001). In turn, self-esteem has been found to be closely linked to life satisfaction within and across countries (Diener & Diener, 1995). The selective accessibility model implies that comparisons upward lead to greater cognitive accessibility of one's shortcomings (Mussweiler, 2003), and internal psychological resources play a mediating role in the relationship between relative deprivation and life satisfaction (Chen et al., 2022). Therefore, when it is interpreted as perceived personal deficiency, perceived peer advantage may lead to a decrease in self-worth and life satisfaction (Higgins, 1987).

Rationale of the Study

Past studies have largely ignored the processes that occur after a comparison, viewing social comparison as a mediator between social media use and well-being (Le Blanc-Brillon et al., 2025; Vogel et al., 2014; Khan et al., 2026). While there is some common ground regarding the development of self-worth and life satisfaction (Diener & Diener, 1995), the two are typically examined independently, and the South Asian young adult population is underrepresented (Hofstede, 2001). Young adult Pakistani people are often compared to their siblings, cousins and classmates with respect to education, employment and marriage. Personal deficiency as a mediator for both outcomes is therefore tested in the present study, providing a target for counselling and university mental health programmed that is modifiable (Gilbert et al., 2004).

Hypotheses

1. Perceived peer advantage would be negatively associated with self-worth and life satisfaction among young adults.
2. Perceived peer advantage would be positively associated with perceived personal deficiency among young adults.

3. Perceived personal deficiency would be negatively associated with self-worth and life satisfaction among young adults.
4. Perceived personal deficiency would significantly mediate the relationship between perceived peer advantage and self-worth among young adults.
5. Perceived personal deficiency would significantly mediate the relationship between perceived peer advantage and life satisfaction among young adults.

III. METHOD

Participants

The study adopted quantitative descriptive surveys, correlational, and cross-sectional designs to explore naturally occurring relationships among perceived peer advantage, perceived personal deficiency, self-worth and life satisfaction without an attempt to manipulate any of the variables. A simple mediation model (PROCESS Model 4; Hayes, 2013) was implemented, separately for each mediation with self-worth and life satisfaction, respectively. The sample comprised 300 young adults (138 men, 162 women) aged 18–25 years ($M = 21.69$, $SD = 2.35$), corresponding to emerging adulthood (Arnett, 2000). The participants were recruited in a convenience sampling from public and private universities, colleges, workplaces of Lahore, Pakistan. Based on the sample size, this study had .80 power to detect small to medium-size mediated effects (Fritz & MacKinnon 2007). Those participants who were 18-25 years of age, residing in Pakistan, with a minimum of 12 years of education to read English questionnaires and provided informed consent in written form were included. People with a current psychiatric diagnosis or psychiatric medication, having had a major life change in the previous 6 months (such as bereavement or serious illness) and those with a physical or visual disability that meant they could not complete the questionnaire on their own were excluded, as well as questionnaires with more than 10% missing or straight-line responses.

Measures

They used a demographic information sheet, informed consent form, and four standardized self-report scales. **[I]** Demographic Information Sheet. The following data was recorded on a sheet prepared by the researcher on the following variables: age, gender, education level, family system (nuclear or joint), area of residence (urban or rural), employment status, and relationship status. **[II]** Perceived peer advantage was assessed using the Personal Relative Deprivation Scale (PRDS) (Callan et al., 2011). It measures a belief that one is worse off than similar others, and the resentment that goes hand-in-hand with this belief (e.g., “I feel deprived when I think about what I have, compared to what other people like me have”). It has five questions; each of which has six responses, from strongly disagree (1) to strongly agree (6). Items 2 and 4 have been reverse scored. The total scores vary from a minimum of 5 to a maximum of 30, with the higher scores representing higher perceived peer advantage. The PRDS has been found to be reliable in previous studies (Callan et al., 2015). **[III]** The Inadequate Self Subscale (FSCRS-IS) of the Forms of Self-Criticizing/Attacking and Self-Reassuring scale (Gilbert et al., 2004) was used as an index of perceived personal deficiency. This subscale reflects a feeling of failure and inadequacy (e.g., “I’m easily disappointed with myself”). It is made up of nine items (1, 2, 4, 6, 7, 14, 17, 18 and 20 of the full 22) that are evaluated on a 5-point Likert scale (0 = not at all like me, 4 = extremely like me). There are no reverse-scored items in the subscale. The possible range of scores is 0-36, with higher scores reflecting more perceived personal inadequacy. This subscale had a Cronbach's alpha of .90, reported by Gilbert et al. (2004). **[IV]** The Rosenberg Self-Esteem Scale (RSES) was used to assess self-worth. The scale measures a person's global sense of self-worth and self-acceptance (e.g., “I feel like I'm a person of worth, at least on par with other people”). It comprises 10 statements and each is rated on a 4-point Likert scale (1 strongly disagree, 4 strongly agree). Items 2, 5, 6, 8, and 9 are reverse scored. Total scores range 10-40 with higher scores representing higher self-worth. The figure of .81 (Schmitt & Allik, 2005) was the mean Cronbach's alpha for a cross-cultural study undertaken across 53 countries. **[V]** Satisfaction with Life Scale (SWLS) developed by Diener et al. (1985) was used to measure life satisfaction. The scale measures an overall cognitive appraisal of one's life (e.g., “In most things my life is close to my ideal”). It has 5 items on a 7-point Likert scale from 1 - strongly disagree to 7 - strongly agree. No items on the scale are reverse scored. The maximum score is 35, and the higher the score the more satisfied people are with their life. Diener et al. (1985) reported that the Cronbach's alpha was .87 and 2-month test-retest reliability was .82.

Procedure

The authors were contacted to secure permission for the use of the PRDS, FSCRS, RSES and SWLS, as required; the study was approved by the departmental Ethics Review Committee. Head of the participating Universities, colleges and organizations also gave written consent. Eligible young adults were contacted in person on campus and at the workplace and provided with information about the study and then screened for inclusion and exclusion criteria. Once the consent form was signed, participants then filled out a booklet that included the demographic sheet, PRDS, FSCRS-IS, RSES and SWLS with scale order counterbalanced to minimize order effects. The researcher was always there with standard verbal instructions, and available for questions. Participants were thanked for their participation and debriefed after the completion which lasted 15-20 minutes. The study followed the APA Ethical Principles (2002). The participation was voluntary and the subjects could discontinue without loss of score. Identifying information was not recorded, the booklets were numbered and data was kept securely and only used for research. Debriefing sheets with information on the university's counselling center, along with a free mental health helpline, were provided to all participants due to the sensitive nature of some items. There were no deceptions and no dangers other than those of everyday life were expected. Data was analyzed on SPSS version 26. No data were missing in the final sample ($N = 300$). The sample characteristics were summarized using descriptive statistics and frequencies, and the internal consistency of the scales was tested using Cronbach's alpha. Pearson correlations were used to test the hypotheses of 1-3. Simple mediation analysis with PROCESS macro-Version 5.0 (Model 4; Hayes, 2013) was used to test hypotheses 4 and 5 separately for self-worth and life satisfaction. The indirect effects were estimated using 5,000 percentile bootstrap samples, and the 95% confidence intervals were used to test for significance; those that did not contain the value zero were considered significant. Unstandardized and standardized (β) coefficients are presented, and significance is set at $p < .05$.

RESULTS

Table I: Demographic Characteristics of the Participants (N = 300)

Variables	Category	n	%
Age (years)	18–20	104	34.7
	21–23	115	38.3
	24–25	81	27.0
Gender	Male	138	46.0
	Female	162	54.0
Education	Intermediate	55	18.3
	Bachelors (BS)	188	62.7
	Masters (MPhil/MS)	41	13.7
	Other	16	5.3
Family system	Nuclear	170	56.7
	Joint	130	43.3
Residence	Urban	221	73.7
	Rural	79	26.3
Employment status	Student	207	69.0
	Employed	56	18.7
	Unemployed	37	12.3
Relationship status	Single	179	59.7
	Engaged/in a relationship	86	28.7
	Married	35	11.7

Participants were young adults, 18-25 years ($M = 21.69$, $SD = 2.35$), and slightly more females (54.0%) than males (46.0%). Most participants had completed or were enrolled in a bachelor's (62.7%), intermediate (18.3%) or master's (13.7%) degree. Most of them were nuclear families (56.7%), urban (73.7%), students (69.0%) and single (59.7%).

Table II: Psychometric Properties and Descriptive Statistics of the Study Variables

Scales	<i>M</i>	<i>SD</i>	Range	α
Personal Relative Deprivation Scale	17.48	1.31	5–30	.97
Forms of Self-Criticizing/Attacking and Self-Reassuring– Inadequate Self subscale	17.83	7.08	0–36	.84
Rosenberg Self-Esteem Scale	25.40	9.37	10–40	.97
Satisfaction with Life Scale	20.08	7.26	5–35	.98

Descriptive statistics and reliability coefficients for the variables used in this study are presented in Table 2. The PRDS, RSES and SWLS exhibited good internal consistency (ranges from $\alpha = .97$ to $.98$) in the present sample, The full 22-item FSCRS also exhibited good internal consistency ($\alpha = .84$) which is above the conventional $.70$ range, and the Inadequate Self subscale has previously been found to be highly reliable ($\alpha = .90$; Gilbert et al., 2004). The mean score ($M = 17.83$, $SD = 7.08$) for perceived personal deficiency was around the middle, suggesting a moderate level of perceived personal inadequacy. The mean self-worth score ($M = 25.40$, $SD = 9.37$) was moderate, and the mean life satisfaction score ($M = 20.08$, $SD = 7.26$) fell in the neutral range of the SWLS (Pavot & Diener, 2008).

Table III: Pearson Correlations Among Perceived Peer Advantage, Perceived Personal Deficiency, Self-Worth, and Life Satisfaction

Variables	1	2	3	4
1. Personal Relative Deprivation	—			
2. Forms of Self-Criticizing/Attacking and Self-Reassuring– Inadequate Self	.59**	—		
3. Rosenberg Self-Esteem	-.62**	-.86**	—	
4. Satisfaction with Life	-.64**	-.88**	.87**	—

** $p < .01$

As predicted in Hypothesis 1, perceived peer advantage was also significantly and negatively related to self-worth ($r = -.62$, $p < .01$) and life satisfaction ($r = -.64$, $p < .01$) (see Table 3). As predicted in Hypothesis 2, perceived personal deficiency was significantly and positively related to perceived peer advantage ($r = .59$, $p < .01$). Perceived personal deficiency was also significantly and negatively related to self-worth ($r = -.86$, $p < .01$) and life satisfaction ($r = -.88$, $p < .01$), confirming Hypothesis 3, which was the strongest relationship found among the study variables. Self-worth and life satisfaction were also highly and positively associated ($r = .87$, $p < .01$).

Table IV: Regression Coefficients of the Mediation Models with Perceived Personal Deficiency as Mediator

Path	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>	95% CI	β
<i>Mediator model: Perceived personal deficiency</i>						
PPA → PPD (<i>a</i>)	3.19	0.25	12.59	< .001	[2.69, 3.68]	.59
<i>Outcome: Self-worth</i>						
PPD → Self-worth (<i>b</i>)	-1.00	0.05	-21.41	< .001	[-1.10, -0.91]	-.76
PPA → Self-worth, direct (<i>c'</i>)	-1.23	0.25	-4.86	< .001	[-1.73, -0.73]	-.17
PPA → Self-worth, total (<i>c</i>)	-4.43	0.33	-13.59	< .001	[-5.07, -3.79]	-.62
<i>Outcome: Life satisfaction</i>						
PPD → Life satisfaction (<i>b</i>)	-0.78	0.03	-23.18	< .001	[-0.85, -0.72]	-.76
PPA → Life satisfaction, direct (<i>c'</i>)	-1.04	0.18	-5.72	< .001	[-1.40, -0.68]	-.19
PPA → Life satisfaction, total (<i>c</i>)	-3.54	0.25	-14.33	< .001	[-4.03, -3.05]	-.64

Note. $N = 300$. PPA = perceived peer advantage; PPD = perceived personal deficiency; B = unstandardized coefficient; SE = standard error; CI = confidence interval; β = standardized coefficient. Mediator model: $R^2 = .35$, $F(1, 298) = 158.53$; self-worth model: $R^2 = .76$, $F(2, 297) = 463.29$; life satisfaction model: $R^2 = .79$, $F(2, 297) = 556.16$; all $ps < .001$.

Note. $N = 300$. PPA = perceived peer advantage; PPD = perceived personal deficiency; B = unstandardized coefficient; SE = standard error; CI = confidence interval; β = standardized coefficient. Mediator model: $R^2 = .35$,

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Table V: Indirect Effects of Perceived Peer Advantage on Self-Worth and Life Satisfaction Through Perceived Personal Deficiency

Indirect path	Effect	Boot SE	95% Boot CI	B
PPA → PPD → Self-worth	-3.20	0.27	[-3.73, -2.68]	-.45
PPA → PPD → Life satisfaction	-2.50	0.21	[-2.93, -2.10]	-.45

Note. N = 300. PPA = Perceived Peer Advantage; PPD = perceived personal deficiency; Boot SE = bootstrap standard error; Boot CI = percentile bootstrap confidence interval based on 5,000 samples; β = completely standardized indirect effect. A significant indirect effect shows up if there is a significant positive or negative effect; if the interval excludes zero, it is significant.

The mediation results are shown in Tables 4 and 5. Perceived peer advantage positively predicted perceived personal deficiency (a path: $B = 3.19$, $\beta = .59$, $p < .001$, $R^2 = .35$). Perceived personal deficiency, in turn, negatively predicted self-worth (b path: $B = -1.00$, $\beta = -.76$, $p < .001$), and the indirect effect was significant (effect = -3.20 , $\beta = -.45$, 95% CI [-3.73, -2.68]). There was a direct effect that was still present but was smaller than the total effect ($c' = -1.23$, $\beta = -.17$ versus $c = -4.43$, $\beta = -.62$, both $ps < .001$), suggesting partial mediation, in which approximately 72% of the total effect was mediated. The model accounted for 76% of variance in self-worth ($R^2 = .76$) which supports Hypothesis 4. This was also the case when it came to life satisfaction. Perceived personal deficiency negatively predicted life satisfaction (b path: $B = -0.78$, $\beta = -.76$, $p < .001$), and the indirect effect was significant (effect = -2.50 , $\beta = -.45$, 95% CI [-2.93, -2.10]). The direct effect was also significant, though smaller than total effect ($c' = -1.04$, $\beta = -.19$ vs. $c = -3.54$, $\beta = -.64$; both $ps < .001$), suggesting partial mediation of the total effect (70% mediated). The model accounted for 79% of the variance in life satisfaction ($R^2 = .79$), which was in support of Hypothesis 5.

IV. DISCUSSION

This study focused on the time when the difference from peers becomes detrimental for youth in Pakistan and all five hypothesized were confirmed. As predicted in hypothesis 1, perceived peer advantage was correlated with decreased self-worth and life satisfaction. This is consistent with social comparison theories (Festinger, 1954), as upward comparison is associated with a decline in self-evaluations (Vogel et al., 2014; Wood, 1989), and with studies showing the relationship between personal relative deprivation and reductions in life satisfaction (Chen et al., 2022; Smith et al., 2012). Peer standing could be a particularly self-relevant standard in a collectivist society where education, career, and marriage can be open compared to those of siblings, cousins and classmates (Hofstede, 2001). In support of Hypothesis 2, perceived personal deficiency was positively associated with perceived peer advantage, consistent with social rank theory (Gilbert, 1992) and with research finding that unfavorable comparisons were related to shame, depression and anxiety (Allan & Gilbert, 1995; McCarthy & Morina, 2020). However, even when peers were perceived as being better, variance in deficiency was only partially accounted for (about one third), consistent with the premise that noticing that others are better does not automatically elicit feelings of inadequacy (Gerber et al., 2018; Higgins, 1987).

Perceived personal deficiency had the most significant negative correlations within the model, supporting Hypothesis 3, and was the strongest association, negatively correlated to both self-worth and life satisfaction. This aligns with meta-analytic evidence of the relationship between self-discrepancies and distress (Mason et al., 2019) and with a view of self-worth based on external standards as being delicate when standards are not met (Crocker & Park, 2004; Crocker & Wolfe, 2001). However, these correlations are significant (above .85), and this could be due to some overlap in content of the items and shared method variance (Podsakoff et al., 2003). Hypotheses 4 and 5 were supported by the mediation analyses. Perceived personal deficiency accounted for about 72% of the total effect on self-worth and 70% of the effect on life satisfaction, which is consistent with the selective accessibility model (Mussweiler, 2003) and the self-discrepancy theory (Higgins, 1987). These findings build on previous studies which took comparison itself as the variable to be mediated (Le Blanc-Brillon et al., 2025) by

pointing to a psychological step that comes after the comparison, and the similarity in the results for the different outcomes indicates that self-worth and life satisfaction have a shared comparison-based pathway (Diener & Diener, 1995). The direct effects were still present, suggesting that the resentment component to relative deprivation (Callan et al., 2011; Smith et al., 2012) might take some of the remaining effect. Difference, then, becomes deficiency when comparison to the peers who are better-off is turned into a judgment of personal inadequacy.

Implications

The mediator is a self-evaluative cognition and is therefore a target for intervention. Compassion focused therapy (Gilbert, 2009) and self-compassion training (Neff, 2003) can assist young adults in being aware of peer differences while preventing them from becoming a sense of personal insufficiency. The features could be integrated with psychoeducation on the curated nature of self-presentation online (Verduyn et al., 2020) in university counselling services. This is important because low self-esteem during the young adult years is a predictor of later depression and lower relationships, employment and health outcomes (Orth & Robins, 2014; Orth et al., 2012).

Strengths and Limitations

The study investigated the psychological implications of social comparison with two outcomes and employed bootstrapped confidence intervals (Hayes, 2013) in an under-represented South Asian sample. The cross-section design, however, does not allow causal inferences and may give misinformed conclusions in longitudinal processes (Maxwell & Cole, 2007), for example, young adults who are already feeling inadequate may think that their peers are more privileged. Common method variance and social desirability bias (Podsakoff et al., 2003) are potential threats in this type of study, because of the reliance on self-report measures. The perceived peer advantage scores (14–21) and the convenience sample of students that is student dominated and English literate further reduces generalizability. Longitudinal designs, Urdu versions of the scales, larger, more diverse samples are recommended for future studies and testing for moderation in the relationships by self-compassion and contingent self-worth (Crocker & Wolfe, 2001; Neff, 2003).

V. CONCLUSION

Perceived personal deficiency partially mediated the relationship between perceived peers' advantage and self-worth and life satisfaction among young adults in Pakistan. The perception of peers as advanced seems to be a negative influence, primarily when it becomes ingrained as self-critical evaluation, interventions that focus on self-critical evaluation may be beneficial to maintaining self-worth and life satisfaction in young adults as a result.

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