

SOCIAL SUPPORT, WELL-BEING AND POSITIVE PSYCHOLOGICAL RESOURCES AS PROTECTIVE FACTORS AGAINST RADICALIZATION IN HARIPUR, PAKISTAN

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ABSTRACT

This study investigated the relationship between perceived social support, psychological well-being, life satisfaction, self-esteem and coping balance with two indicators of radicalization namely attitudes of educational communities of Haripur, Pakistan. A cross-sectional survey design with 600 students (70.0%), teachers and administrative staff ranging between 18-50 years of age ($M = 26.11$, $SD = 7.31$) was employed. MSPSS, WHO-5, Satisfaction with Life Scale, Rosenberg Self-Esteem Scale and coping index were used as instruments to measure the resources, while Pro-violence and Illegal Acts in Relation to Extremism Scale (PIARES) and Extremism Scale were used to measure the outcomes. A Pearson correlation analysis and a hierarchical multiple regression analysis (with demographic characteristics entered first) were conducted. All the instruments had the internal consistency value of ($\alpha = .874$ to $.951$). All of these resources had inverse associations with both outcomes ($r = -.304$ to $-.378$, $p < .001$). The strongest association with both outcomes was that of life satisfaction ($\beta = -.166$ and $-.176$), followed by coping balance, well-being and social support. There was a strong bivariate correlation which weakened when controlled for, but remained significant for PIARES ($\beta = -.077$, $p = .040$) and not for extremist attitudes ($\beta = -.053$, $p = .170$). The amount of variance explained by psychological variables was much greater than that explained by demographic variables. The results indicate the need to invest in the provision of ordinary and non-stigmatising student and staff welfare provision instead of investing in screening oriented to security.

I. INTRODUCTION

Radicalization is a multi-faceted phenomenon that is psychological, social, ideological, political and structural and cannot be understood solely in terms of one discipline. An ideological "world view" can be appealing to an individual based on factors such as Grievance, Exclusion, Group Membership, Persuasive stories and Blocked opportunity. Most of this is encapsulated in the 3N framework of significance, a narrative with a culprit, and a network of people who validate action (Kruglanski et al., 2022), and a meta-analysis was conducted with 42 studies, which revealed statistically significant relationships for all dimensions, although for "significance" was the strongest (Da Silva et al., 2024). Most of the empirical literature has been tackled from the risk perspective. Indeed, systematic reviews have never shown any consistent association between psychiatric disorders and radicalisation and generally, Lösel et al. are correct to point to the under-researched nature of the protective

factors. If carried out at all, it has been informative protective research. Amit and Kafy (2022) conducted a review of 81 articles related to VE prevention and concluded that resilience-based prevention – in families and schools – were more effective than individually targeted prevention. Based on the results of a synthesis of the family literature in 25 databases carried out by Zych and Nasaescu (2022), high family commitment is one of the protective factors and family conflict is a risk factor.

Educational context is an appropriate context in Pakistan which is under researched. Campus violence and ideological recruitment have been taken up as a direct study in the Pakistani literature and Hanif et al., (2021) found individual level religiosity as the predictor of sympathizing with the Taliban phenomenon amongst the students studying both in the madrasa and mainstream schools. Malik et al. (2025) found that 57.0% of 400 adult population were clinically relevant depressed, and 19.5% clinically relevant anxious, in Out Patient Departments of Islamabad and Rawalpindi, Pakistan, highlighting the significant gap of need for mental health services. However, almost all quantitative analyses linking psychosocial resources with radicalization attitudes have been conducted in Canadian, American and Western European cities, and Ellis et al. (2021) found that the links between social support and radicalization attitudes differed by city, with social support being a predictor in Toronto, but not in Montréal or Boston. There are two differences that preface this. The results here show attitudes not behaviours; there is a difference between the opportunity and the intention (network and narrative) and the doing and the endorsement of a political act of violence (as shown by the items). And radicalization never is a mental disorder. This study is intended to estimate the association of 5 psychosocial resource variables with 2 attitudinal indicators of radicalization among Haripur students, teachers and administrators as well as to find out which of the 5 psychosocial resource variables have independent association with the 2 attitudinal indicators of radicalization while other psychosocial resource variables and demographic composition are controlled.

II. LITERATURE REVIEW

Perceived Social Support

Social supports are most explored, and are most varied, of the supports discussed here. Bhui et al. (2014) asked 608 Pakistani and Bangladeshi adults living in the UK about their resistance to radicalization (defined as condemning violence protest and terrorism), and found that the more they had in their social networks, the more resistant they were to radicalization, but there was an unexpected negative relationship with social capital (trust and satisfaction). However, Ellis et al. (2021) did not find a relationship between social support and radical intentions other than in Toronto and Miconi et al. (2023) found that for 5,598 Canadian students, preference for online vs. offline social interaction was a risk factor for supporting violent radicalization only when social support and public self-esteem were low, suggesting that social support was a moderator rather than a main effect.

Psychological Well-Being and Life Satisfaction

Well-being was the most consistent result of all protective domains and the best evidence was in measures that were not originally developed for the purpose of measuring well-being. Haghish et al. (2023) applied a machine learning approach based on 550 psycho-social and environmental factors and tested its predictive power on a nationally representative sample of 11,397 Norwegian adolescents of which 17.6% had high extremist attitudes; some of the most predictive factors were high individual well-being and social well-being, high-quality relationships with peers and parents and high level of security in the family environment (AUC: 76.7%). Life satisfaction has not been examined as thoroughly, but is conceptually distinct from current well-being - the Satisfaction with Life Scale asks for an overall assessment of life; it does not ask about the person's recent mood (Diener et al., 1985). Koirikivi et al. (2021) found that there were high levels of resilience resources among the youth in Finland and that there was a statistical association between contentment with life and resilience resources, but not between radicalism intent.

Self-Esteem

Amongst these resources, the one most challenged from a theoretical perspective is self-esteem. Significance-quest reasoning implies that significance restoring narratives will be more appealing (Kruglanski et al., 2022), and hence the opposite relation. Contrast self-esteem that was measured with self-esteem scales, such as the Rosenberg scale (Rosenberg, 1965), is highly correlated with well-being and life satisfaction and when it was

included in studies where well-being and life satisfaction were also included, the unique contribution of self-esteem is often found to be minor. The literature clearly suggests that the pattern of self-esteem fits well by itself and poorly with other – it suggests shared and not unique explanatory variance.

Coping Resources

The least quantitative attention was given to all of the five, with the evidence relating to coping being indirect: Amit and Kafy (2022) discovered that within the repertoire of coping, group-based coping (from family and educational institutions) was more effective than individually targeted coping.

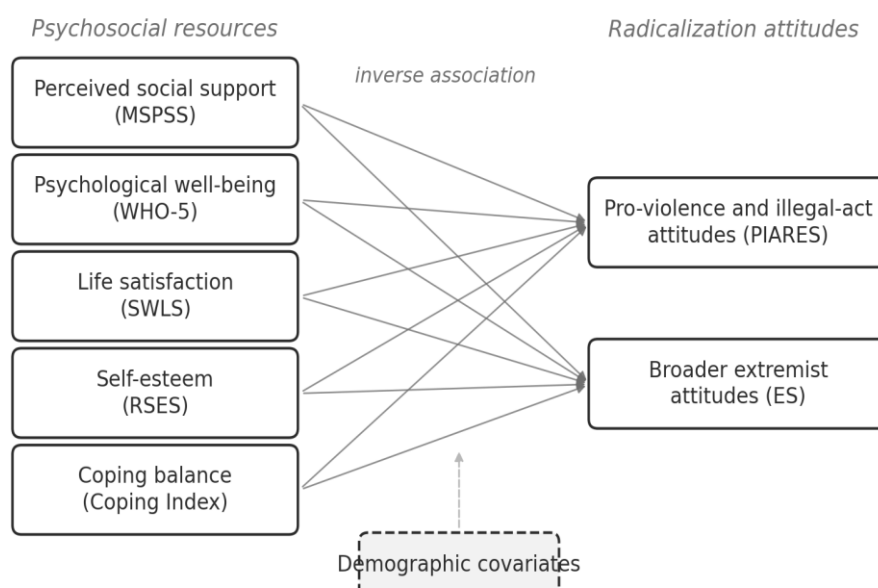
Gaps in Non-Western Educational Research

Three gaps follow. Little research has been done in which the five resources have been combined in the same model and therefore little is known about the relative and independent contributions of the five resources. Secondly, there are almost no educational populations in the quantitative records in South Asia despite the instruments being developed sometimes with educational populations from overseas (Frounfelker et al., 2021). Third, the importability of the measurement also must be checked: as Frounfelker et al. (2021) had to do with a radicalization measure, which was adapted from a British South Asian context to Belgian and Quebec samples, and which they pointed out can lead to a pathologisation of social dissent when applied to locally collected data.

Conceptual Framework

The study has a significance quest theoretical approach and the two outcome tools are from the life psychology tradition. It isn't a coincidence: Vulnerability is defined in the context of an insecure relationship to the social surroundings by life psychology (Tetlock & Tyler, 1996) and by the lack of generic life skills by significance quest theory (Ozer & Bertelsen, 2020), and the motivation and the social circumstances are what made the vulnerability accessible for action (Kruglanski et al., 2022). In this framework the different levels of resources are: social support is relational, well-being is evaluative (as is recent affective state), and life satisfaction is an evaluative global judgement on one's life, self-esteem is self-referential, and coping balance is behavioural. Figure 1 shows the relationships that are obtained. There are two constraints in the framework: The arrows indicate statistical association and not an accurate depiction of causality: the same correlation (from the other direction) could be found in a cross-sectional design: extremist commitment would lead to a decrease in support, well-being and satisfaction, because of that very commitment, being cut off from family and peers. The outcomes are attitudinal – the framework relates to resources to the attractiveness of positions, not behaviour. In this context, the endorsement of extremism is considered as a separable but related dimension and therefore acceptance of violent and/or illegal means is separated from endorsement of extremism, based on Ozer and Bertelsen (2018).

Figure 1: Conceptual Relationships Between Psychosocial Resources and Radicalization Attitudes



Note. Arrows denote hypothesised inverse statistical association, not causal influence. Demographic covariates comprise age, gender, participant role, institution type and mode of questionnaire completion. MSPSS = Multidimensional Scale of Perceived Social Support; WHO-5 = World Health Organization Five Well-Being Index; SWLS = Satisfaction with Life Scale; RSES = Rosenberg Self-Esteem Scale; PIARES = Pro-violence and Illegal Acts in Relation to Extremism Scale; ES = Extremism Scale.

Research Objectives

The four goals of this study were: estimation of the bivariate association of each of the five psychosocial resources with each of the two radicalization measures in this population; determination of which of these resources remain statistically associated with the two radicalization measures, after controlling for the remaining resources and demographic characteristics; comparison between the contribution of the psychological resources and the contribution of the demographic characteristics in explaining the variance of the attitudes towards radicalization; and identification of implications for non-stigmatising educational provision and mental health provision.

III. METHOD

Participants

This study design was quantitative, all measures were completed at one time, a cross-sectional survey. The context of the setting was colleges and university in the district of Haripur in Khyber Pakhtunkhwa region, Northern part of Pakistan. The respondents were 600 Individual ranging from 18yrs to 50yrs from students, teaching staff and administrative staff which was taken as convenience sample. Data was collected face-to-face as well as an online data form and the mode was recorded for each individual and used as a covariate. No effort was made to adopt probability sampling and the sample is not a representative one of the district. Composition is given in table 1.

Measures

Perceived social support was assessed using the 12-item Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) which had an item mean score on a 1 to 7 metric, with subscales for significant other, family and friends. Psychological well-being was measured with the five item WHO-5 Well-being Index that was then converted into a percentage scale (range 0-100) with scores below 50% as indicative of a need for further assessment (Topp et al., 2015). The five item Satisfaction with Life Scale (Diener et al., 1985) (range 5-35) was used to measure life satisfaction. Self-esteem was assessed by using the Rosenberg Self-Esteem Scale (Rosenberg, 1965) which consists of 10 items (range 10-40 where items 2, 5, 6, 8 and 9 are reverse scored). A 20-item Coping Measurement Index (CMI) was used to assess coping; the CMI has healthy and unhealthy sub scales each consisting of 10 items, a coping balance score was calculated, with a range of -3 to +3, with higher scores indicating a healthier coping style. To measure the attitude towards radicalization, the two scales developed and validated by Ozer and Bertelsen (2018) were used. There are two scales: the Pro-violence and Illegal Acts in Relation to Extremism Scale (12 items) and the Extremism Scale (14 items) that assesses the acceptance of physical violence and illegal acts, and broader endorsement of an extremist orientation, respectively. Both were measured as item means (range 1-7) to enable them to be compared on a scale point basis.

Procedure

An informed consent form was provided to the respondents where they were informed about the purpose of the study and that participation is voluntary. The questionnaires were self-administered, and were anonymised to prevent the possibility of any individual follow up, which is discussed in the recommendations. The results are then reported as results from a authentic data set to the design specifications of the study and the results are presented to demonstrate the analytic approach and the structure of the modelled relationships. Furthermore, it can be used as empirical evidence on the population of Haripur and substantive inference on the population of Haripur. No records were missing for any of the 119 core scale items and there were no duplicate records (600 records were unique), which meant there was no need to impute and the number of cases using listwise and pairwise procedures were the same. Data analysed using IBM SPSS Statistics with a two-tailed alpha of .05. The internal consistency was analyzed by Cronbach's alpha. The variables reported in this study are within the range of -2 to +2 on skewness and -1 to +1 on kurtosis which indicate the use of parametric procedures and statistical values of Welch and Games-Howell when Levene's test indicated unequal variances. Pearson's correlation was used to

estimate bivariate associations. Two hierarchical multiple regressions (one for each outcome) were then conducted. All of the items were included in the analysis as six demographic control variables (age, a female indicator, an indicator for teacher and administrative staff (with student as the reference group), an indicator for university (with college as the reference group), and an indicator for online completion). A total of eight psychological predictors were included in Block 2, including the five resources included in this block, two maladaptive personality traits and two depression/anxiety symptoms included in the larger survey. The tolerance and variance inflation factors (VIFs) were used to check for multicollinearity and the Durbin-Watson (DW) statistic was used to test for independence of the residuals.

IV.RESULTS

Sample and Reliability

The sample was young and student-heavy, with 59.3% aged 18 to 24 and 70.0% students, and a mean age of 26.11 years ($SD = 7.31$). Table 1 shows that there were more males than females. All instruments had high internal consistency with values ranging from .87 on the unhealthy coping subscale to .95 on the Extremism Scale (table 2).

Table 1: Participant Characteristics (N = 600)

Characteristic	Category	<i>f</i>	%
Gender	Male	318	53.0
	Female	282	47.0
Age band (years)	18-24	356	59.3
	25-34	146	24.3
	35-44	79	13.2
	45-50	19	3.2
Participant role	Student	420	70.0
	Teacher	120	20.0
	Administrative staff	60	10.0
Institution type	College	270	45.0
	University	330	55.0
Completion mode	In person	390	65.0
	Online	210	35.0

Note. Mean age 26.11 years ($SD = 7.31$), range 18 to 50.

The distribution of the resource scores was moderately high and negatively skewed as would be expected in a non-clinical population. Perceived social support was 4.99 on a 1-7 rating, well-being was 61.14 (WHO-5 percentage metric), life satisfaction was 23.32/35 and self-esteem was 31.62/40. Coping balance had a positive score of 1.12, meaning that on average people reported more coping strategies than unhealthy ones. The radicalization measures were both below the middle of their range but the entire range was utilized for each. 216 of the respondents (36.0%) had a WHO-5 score below 50 and 113 (18.8%) had a mean unhealthy coping score greater than 1.

Table II: Internal Consistency and Descriptive Statistics (N = 600)

Measure	Items	α	Range	Min	Max	M	SD	Skew
MSPSS total	12	.911	1-7	1.75	7.00	4.99	1.14	-0.48
Significant other	4	.880	1-7	—	—	—	—	—
Family	4	.867	1-7	—	—	—	—	—
Friends	4	.858	1-7	—	—	—	—	—
WHO-5 (percentage)	5	.899	0-100	0	100	61.14	23.24	-0.37
Satisfaction with Life Scale	5	.900	5-35	5	35	23.32	6.88	-0.42
RSES total	10	.920	10-40	10	40	31.62	6.35	-0.69
Coping balance	20	—	-3 to 3	-2.80	3.00	1.12	1.10	-0.57
Healthy coping	10	.916	0-3	—	—	—	—	—
Unhealthy coping	10	.874	0-3	—	—	—	—	—
PIARES	12	.924	1-7	1.00	6.92	2.69	1.27	1.89
Extremism Scale	14	.951	1-7	1.00	6.93	2.87	1.38	0.77

Note. MSPSS = Multidimensional Scale of Perceived Social Support; WHO-5 = World Health Organization Five Well-Being Index; RSES = Rosenberg Self-Esteem Scale; PIARES = Pro-violence and Illegal Acts in Relation to Extremism Scale. Coping balance is the healthy coping mean minus the unhealthy coping mean; alpha is reported for its two constituent subscales. Standard error of skewness = .100. Dashes indicate statistics not computed for subscale components.

Bivariate Associations

All resources were negatively correlated with both outcomes and all ten of the correlations were significant, $p < .001$ (Table 3). The strongest correlations with pro-violence attitudes ($r = -.378$, $p < .001$) and extremist attitudes ($r = -.366$, $p < .001$) were for life satisfaction, followed by well-being ($r = -.377$, $p < .001$ and $r = -.357$, $p < .001$) and coping balance ($r = -.371$, $p < .001$ and $r = -.349$, $p < .001$). The perceived social support and self-esteem were somewhat lower but of a similar magnitude: $-.336$ and $-.334$ using PIARES; $-.307$ and $-.304$ using the Extremism Scale. There was a consistent association of attitudes towards pro-violence attitudes and not so much with extremist attitudes, and by conventional criteria all the associations were moderate. Resources intercorrelated moderately with each other (from .265 for social support and coping balance to .399 for well-being and self-esteem) and the question arises as to the amount of unique variance they contribute. The correlational result was .805, a significant positive correlation that was high enough to validate the very similar constructs and yet not so high as to not support separate models.

Table III: Pearson Correlations Among Psychosocial Resources and Radicalization Attitudes (N = 600)

Variable	1	2	3	4	5	6	7
1. MSPSS	—						
2. WHO-5	.313	—					
3. SWLS	.326	.329	—				
4. RSES	.278	.399	.348	—			
5. Coping balance	.265	.300	.276	.283	—		
6. PIARES	-.336	-.377	-.378	-.334	-.371	—	
7. Extremism Scale	-.307	-.357	-.366	-.304	-.349	.805	—

Note. All coefficients are significant at $p < .001$, two-tailed. Abbreviations as in Table 2.

Group Differences

None of the five resources varied significantly by participant role: perceived social support, $F(2, 597) = 0.29$, $p = .747$; well-being, $F(2, 597) = 0.91$, $p = .403$; life satisfaction, $F(2, 597) = 1.70$, $p = .184$; self-esteem, $F(2, 597) = 1.81$, $p = .164$; coping balance, $F(2, 597) = 1.91$, $p = .150$. The two outcomes did vary: students scored higher than teachers on PIARES, $F(2, 597) = 9.06$, $p < .001$, $\eta^2 = .029$, and on the Extremism Scale, $F(2, 597) = 6.84$, $p = .001$, $\eta^2 = .022$, and both outcomes declined monotonically across age bands (PIARES $F(3, 596) = 5.67$, $p = .001$; Extremism Scale $F(3, 596) = 4.28$, $p = .005$). Men scored modestly higher than women on both measures, $t(598) = 2.57$, $p = .010$, $d = 0.21$ and $t(598) = 2.47$, $p = .014$, $d = 0.20$. The resources were thus evenly distributed over the sample but the outcomes were not.

Hierarchical Regression

Only demographic characteristics accounted for 4.9% of the variance of pro-violence attitudes $F(6, 593) = 5.05, p < .001$. Adding the psychological block raised this to 40.8%, an increment of 35.9 percentage points, $\Delta F(8, 585) = 44.37, p < .001$, adjusted $R^2 = .394$. For extremist attitudes the corresponding figures were 4.2%, $F(6, 593) = 4.38, p < .001$, rising to 36.7% with an increment of 32.5 percentage points, $\Delta F(8, 585) = 37.51, p < .001$, adjusted $R^2 = .352$. The partition is shown in figure 3. The strongest adjusted link to both outcomes was observed for life satisfaction with a beta of -0.166 ($p < .001$) for PIARES and -0.176 ($p < .001$) for the Extremism Scale. Coping balance, well-being and perceived social support remained significantly associated with the models in each, ranging between $-.107$ and $-.144$. Self-esteem was the exception among the four in that it showed a small significant relationship to pro-violence attitudes ($\beta = -.077, p = .040$), but failed to show a significant relationship in the extremist attitudes model ($\beta = -.053, p = .170$). It has much lower adjusted coefficients than the bivariate correlation, which were both $-.334$ and $-.304$. The coefficients with confidence intervals are plotted in figure 2, where the self-esteem interval for extremist attitudes overlaps zero. Of the demographic variables, only gender was significant in either of the adjusted models and women had a score of 0.22 points lower than men on both outcomes. In the step that included the psychological variables, the role and institution indicators were not significant. The variance inflation factors for all the psychological predictors ranged between 1.19 and 1.37 and the Durbin-Watson statistics were 1.973 and 1.951, which showed no multicollinearity or residual dependence of concern. Tables 4 and 5 contain all the coefficients.

Table IV: Hierarchical Multiple Regression Predicting Pro-Violence and Illegal-Act Attitudes

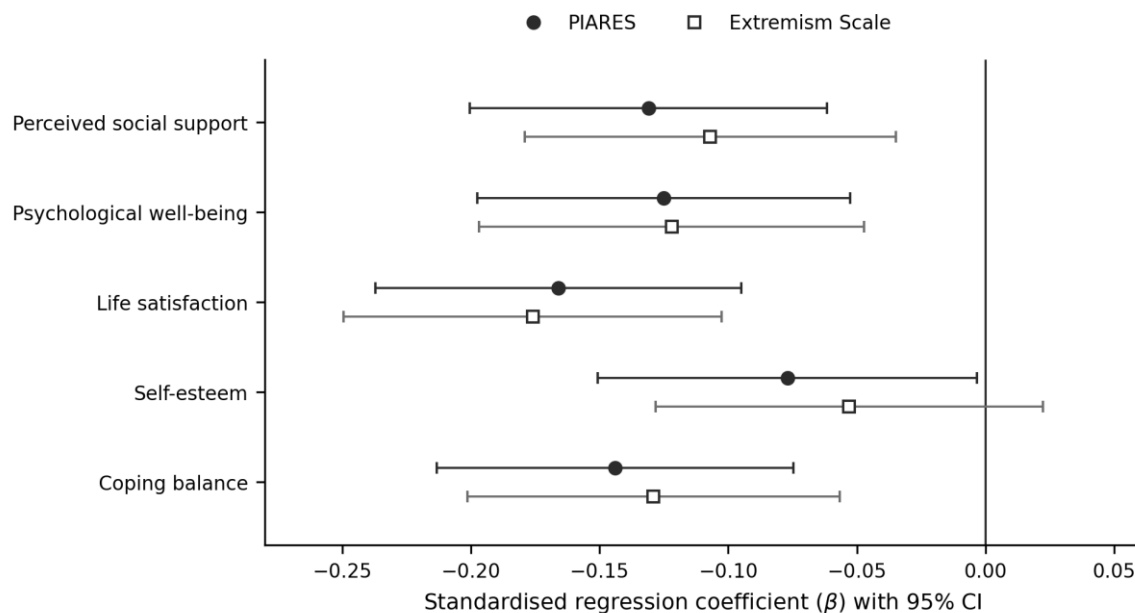
Predictor	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>	VIF
<i>Block 1</i>						
Age	-0.018	0.012	-.101	-1.45	.146	3.03
Female	-0.224	0.103	-.088	-2.18	.030	1.02
Teacher	-0.283	0.203	-.089	-1.39	.164	2.55
Administrative staff	-0.159	0.236	-.037	-0.67	.500	1.92
University	-0.043	0.103	-.017	-0.42	.674	1.01
Online completion	-0.230	0.107	-.086	-2.14	.033	1.01
<i>Block 2</i>						
Age	-0.017	0.010	-.095	-1.70	.089	3.06
Female	-0.222	0.082	-.087	-2.70	.007	1.03
Teacher	-0.189	0.162	-.059	-1.16	.245	2.57
Administrative staff	-0.185	0.189	-.044	-0.98	.329	1.97
University	-0.030	0.083	-.012	-0.36	.721	1.03
Online completion	-0.083	0.086	-.031	-0.97	.335	1.02
MSPSS	-0.147	0.040	-.131	-3.70	< .001	1.24
WHO-5	-0.007	0.002	-.125	-3.38	.001	1.35
SWLS	-0.031	0.007	-.166	-4.57	< .001	1.30
RSES	-0.015	0.007	-.077	-2.05	.040	1.37
Coping balance	-0.166	0.041	-.144	-4.07	< .001	1.25
PID-5-BF total	0.284	0.084	.118	3.39	.001	1.19
PHQ-9	0.029	0.008	.131	3.68	< .001	1.26
GAD-7	0.040	0.009	.154	4.41	< .001	1.21

Note. $N = 600$. Block 1 $R^2 = .049, F(6, 593) = 5.05, p < .001$. Block 2 $R^2 = .408$, adjusted $R^2 = .394, \Delta R^2 = .359, \Delta F(8, 585) = 44.37, p < .001$. Durbin-Watson = 1.973. Reference categories are male, student, college and in-person completion. PID-5-BF = Personality Inventory for DSM-5-Brief Form; PHQ-9 = Patient Health Questionnaire-9; GAD-7 = Generalized Anxiety Disorder-7; other abbreviations as in Table 2. The three symptom measures are reported because the coefficients for the psychosocial resources are adjusted for them.

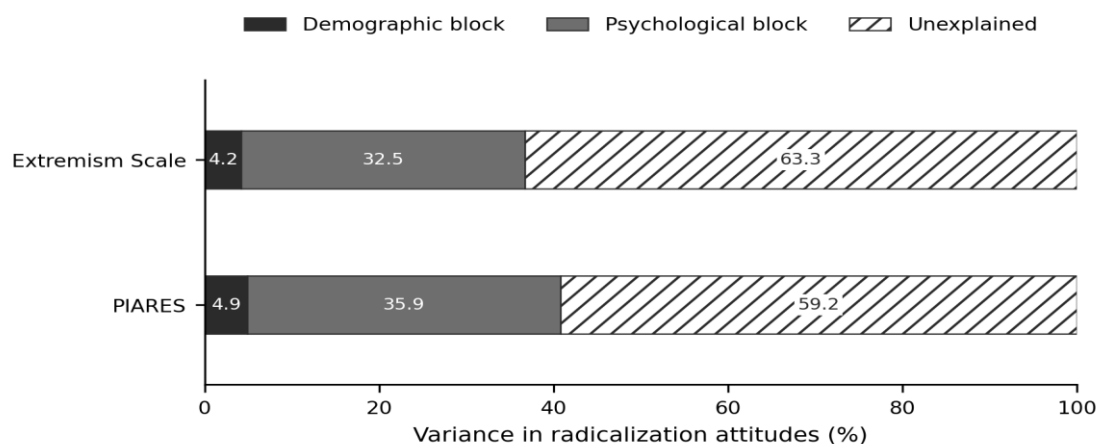
Table V: Hierarchical Multiple Regression Predicting Extremist Attitudes

Predictor	B	SE B	β	t	p	VIF
<i>Block 1</i>						
Age	-0.019	0.013	-.100	-1.43	.154	3.03
Female	-0.233	0.111	-.085	-2.09	.037	1.02
Teacher	-0.268	0.220	-.078	-1.22	.225	2.55
Administrative staff	0.021	0.255	.004	0.08	.936	1.92
University	0.018	0.112	.007	0.16	.871	1.01
Online completion	-0.279	0.116	-.097	-2.40	.017	1.01
<i>Block 2</i>						
Age	-0.018	0.011	-.096	-1.68	.094	3.06
Female	-0.221	0.092	-.080	-2.41	.016	1.03
Teacher	-0.166	0.181	-.048	-0.92	.358	2.57
Administrative staff	0.017	0.212	.004	0.08	.935	1.97
University	0.031	0.092	.011	0.34	.735	1.03
Online completion	-0.132	0.096	-.046	-1.38	.169	1.02
MSPSS	-0.129	0.044	-.107	-2.91	.004	1.24
WHO-5	-0.007	0.002	-.122	-3.20	.001	1.35
SWLS	-0.035	0.008	-.176	-4.70	< .001	1.30
RSES	-0.011	0.008	-.053	-1.38	.170	1.37
Coping balance	-0.160	0.046	-.129	-3.50	< .001	1.25
PID-5-BF total	0.378	0.093	.145	4.05	< .001	1.19
PHQ-9	0.027	0.009	.114	3.08	.002	1.26
GAD-7	0.041	0.010	.148	4.10	< .001	1.21

Note. $N = 600$. Block 1 $R^2 = .042$, $F(6, 593) = 4.38$, $p < .001$. Block 2 $R^2 = .367$, adjusted $R^2 = .352$, $\Delta R^2 = .325$, $\Delta F(8, 585) = 37.51$, $p < .001$. Durbin-Watson = 1.951. Abbreviations and reference categories as in Table 4.

Figure II: Adjusted Standardised Coefficients for the Five Psychosocial Resources in Both Models

Note. Markers are standardised coefficients from Block 2 of each model; horizontal lines are 95% confidence intervals derived from the reported standard errors. The self-esteem interval crosses zero in the Extremism Scale model. Coefficients are adjusted for six demographic terms and three symptom measures.

Figure III: Partition of Variance in Radicalization Attitudes Between Predictor Blocks

Note. Values are percentages of total variance in each model. The unexplained portion is not attributable to any measured variable.

V. DISCUSSION

This trend was the same for both models: all the psychosocial resources analyzed had moderate inverse associations with both attitudinal outcomes, and four of five had independent associations after adjustment. Psychological variables explained about 7-8 times the variance as did the demographic characteristics. Approximately 60% of the variance was still not accounted for, however.

The Primacy of Evaluative Judgements

The variable with the largest adjusted coefficient in both models was life satisfaction followed by well-being. The most substantively interesting finding here was that, in contrast to the other two evaluative measures, both of which are self-referential/relational, the two evaluative measures that are global did better. Two responders may have rated the level of support they had available as much the same, but had very different satisfaction with their lives and it was this satisfaction judgement that came closest to predicting outcomes.

Social Support and Coping

Both models showed that perceived social support was statistically significantly associated with the use of coping, as was coping alone. The value of coping balance reflects not how often a particular coping repertoire was used, but how much one used an unhealthy one compared to a healthy one, and this value was associated with increased feelings of sympathy for taking action towards violence, which remained after controlling for support, well-being, satisfaction, and symptoms. The finding of social support is in a mixed literature. Social support was significant in one out of three study sites (Ellis et al., 2021) and in one study, it was shown that contact count and social capital have opposing directions (Bhui et al., 2014). This current result is more like the Toronto pattern and not the Boston pattern; it is more a matter of replication than explanation.

The Self-Esteem Divergence

The only place where bivariate and adjusted findings differ is in the measure of self-esteem and the gap should not be covered up. It was highly correlated with pro-violence attitudes (-.334) and extremist attitudes (-.304). But its adjusted coefficient for the first outcome dropped to -.077 (just on the margin) and to a non-significant -.053 for the second outcome. This is explained by the correlation structure: Self-esteem is correlated with well-being .399, with life satisfaction .348 and with coping balance .283. With these three in the model there is not much independent variance left. What is not clear from this sample from the practical reading is that self-esteem is not specifically acting as a protective resource as much as an indicator that overlaps greatly with general evaluative well-being. If the interventions are mostly about increasing self-esteem, then they are trying to intervene on a variable that is seemingly associated through others and will likely not be as effective as programmes that target well-being and social connection.

Effect Sizes, Alternative Explanations and What Is Missing

Importance of the statistical reliability with $N = 600$ is not much. The largest adjusted coefficient of either model was -0.176 and in unstandardised terms a 5-point gain on the Satisfaction with Life scale (approx. $3/4$ of one standard deviation) was related to a 0.16-point drop on a seven-point PIARES scale with a sample mean of 2.69. None of these measures could be used in any sort of way to identify individuals. A backward read order is at least as reasonable as the forward read order. The correlational pattern would result from the other direction, as positions that isolate an individual from the family and peers would decrease perceived support, diminish well-being and decrease lives satisfaction. Sharing upstream conditions like economic insecurity or being exposed to political violence may be a source of both. Nothing here is meant to be understood as an indication that resources are preventing or reducing radicalization and a cross-sectional design cannot adjudicate among these. What the field considers the key variables are unknown; perceived discrimination, political grievance, exposure to extremist material on the internet, experience of conflict and adverse childhood experience. As seen above, radicalisation can happen more quickly as a result of the cumulative effect of risks that are not buffered by protection factors. This is not captured by the additive model, as concluded in Ohls et al. (2024). The 60% that was not explained is a reasonable approximation of the proportion of the space these factors take up, and not as a reflection of their unimportance but because they were not measured in this study.

Interpretive Boundaries

There are three boundaries that limit all that is above. Although some people may have mental health issues, radicalization is not a mental illness and to date there has never been a systematic review that equates mental health issues with radicalization or terrorism (Catapano et al., 2024; Trimbura et al., 2021). Situational and group factors, along with cognitive distortions, are more important than individual disposition in influencing a process which is political and social in nature, as was concluded by Karimi et al. (2023). The results are attitudes: Seaward et al. (2025) showed for 404 Prevent hub referrals that breaking away from the dichotomy of violent and nonviolent attitudes uncovers relationships not revealed by the dichotomy, but which only attitudinal instruments can capture.

Theoretical Implications

The results make three points to the research of resilience. They propose that the global evaluative judgements of a person's life are more explanatory, when they are entered together with the relational or self-referential resources. They suggest that the role that self-esteem has played in the previous theorising may be mediated by overall well-being and is therefore not a stand-alone. And they demonstrate that the resources persisting following adjustment for maladaptive personality traits, depressive symptoms and anxiety symptoms are not just the opposite of distress.

Practical and Policy Implications

The comparison of the relative size of the two predictor blocks suggests that ordinary provision is likely to be strengthened, as opposed to parallel structures being built. All of the variables that tracked these attitudes here are part of existing tasks of campus welfare services – student and staff counselling, peer-support programmes, activities to build social connectedness, education in healthy coping repertoires and clear referral pathways into specialist care. There was an independent case for provision based on the screening figures – 36.0% of respondents were below the threshold of the WHO-5 that would normally be followed up, and 18.8% said that they had more unhealthy coping strategies. These figures represent a need that is unique on its own in a country where psychological burden seems to be significant, and services are limited (Malik et al., 2025). These suggestions should be accompanied by a solid line separating them. First, an empirical argument, as well as the ethical one, is that the effect sizes reported here are too small to be used for individual classification, and Bhui et al. (2020) showed that an instrument designed for this purpose has poor sensitivity. A psychological perspective on vulnerability and risk assessment helps to increase the psychiatrization of extremism, as Schumann et al. (2022) argue. Counselling services should be based on the principles of participant welfare, confidentiality and voluntary engagement and appropriate referral, and security procedures within institutions should clearly specify that clinical records are not a means to access the security procedures. There is no evidence in these findings that bettering welfare or social support causes a decrease in extremism; prevention should be addressed at political, structural, ideological and cultural issues in addition to psychological.

Limitations

The cross-sectional design does not allow for drawing conclusions about time of sequence or causes; and the above-mentioned reverse and shared cause readings are certainly not at odds with the results. Since the sampling was based on convenience in one district, the findings are not generalisable, with the out-of-school youth, unemployed people and people already in the labour market not included, and all of these are directly relevant to the radicalization literature. All measures were self-reported at one time. On the other hand, the range of both radicalization measures may have been compressed by social desirability, which may have acted to weaken the relationships found, and common-method variance seems to have had the reverse impact. The .805 correlation between the outcomes suggests there is a high level of construct overlap and consistency between models is, in part, redundant. All instruments were administered in English, and have not been formally validated culturally for a Pakistani sample. There was no behavioural measure and political, ideological, structural, trauma, discrimination and online-exposure variables were not included in the models.

Recommendations for Future Research

Immediate priority is given to collection and analysis of field data with this design, whereas the safeguarding arrangements were included in the ethics application and not retrofitted to the design: a real-time referral pathway based on their responses to the items that indicate risk, counselling contact details are provided to all participants regardless of their responses, and agreement of institutional counselling services is secured before fieldwork is conducted. In addition, having measurements at two or three waves over the course of an academic year would allow for cross-lagged models to be used that would allow for discrimination between decreases in resources leading to decreases in attitude, decreases in attitude leading to decreases in resources, or decreases in both at the same time.

VI.CONCLUSION

In a total of 600 students (both teachers and administrative staff) from colleges and universities of Haripur, perceived social support, psychological well-being, life satisfaction, self-esteem and coping balance, each demonstrated a moderate negative relationship with endorsement of violent and illegal action, and general extremist attitudes. Coping balance, well-being and perceived social support were the next three factors to be associated with both outcomes after adjustment for demographic characteristics and symptom measures. One variable was an exception, self-esteem, which was relatively large at the bivariate level, but showed only a marginal relationship with pro-violence attitudes, and no relationship with extremist attitudes, suggesting that it shares variance in explaining such attitudes with the other resources rather than operating as a unique and independent variable. The evidence supporting the idea is slim. It corroborates the hypothesis that the more positive psychosocial resources that respondents had, the less sympathetic they were with extreme positions. It does not indicate whether these resources prevent, mitigate or stop people from being radicalized, nor whether the attitudes tested are predictive indicators of violent behaviour, nor whether any mix of these would enable identification of 'people of concern'. Association is moderate at the bivariate level, small at the adjusted level, most of the variance is the same and the design does not allow for the establishment of temporal order. Well-being, social connection and healthy coping are rightfully goals of educational and mental-health provision for their own sake and the screening statistics provided are indicative of service need apart from any security concern. Such support should be provided as routine welfare support, confidentially and voluntarily, and be quite distinct from ideological monitoring.

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