

ISRG Journal of Arts, Humanities and Social Sciences (ISRGJAHSS)



ISRG PUBLISHERS

Abbreviated Key Title: ISRG J Arts Humanit Soc Sci

ISSN: 2583-7672 (Online)

Journal homepage: <https://isrgpublishers.com/isrgjahss>

Volume – IV Issue - IV (July – August) 2026

Frequency: Bimonthly



SOCIAL COMPARISON ORIENTATION AND DEPRESSION, ANXIETY, AND STRESS AMONG VIETNAMESE YOUNG ADULTS

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| **Received:** 20.07.2026 | **Accepted:** 25.07.2026 | **Published:** 26.07.2026

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Abstract

Background: Social comparison orientation reflects a relatively stable tendency to evaluate one's abilities, opinions, and social position by referring to other people. Although social comparison has been linked to psychological distress, evidence simultaneously examining depression, anxiety, and stress among Vietnamese young adults remains limited. This study examined the associations and statistical predictive role of social comparison orientation in relation to depression, anxiety, and stress among Vietnamese young adults. A quantitative cross-sectional design was used. Data were collected through an online self-report survey from March to June 2026 using convenience and snowball sampling. The final sample comprised 306 participants. Social comparison orientation was measured with the 11-item Iowa-Netherlands Comparison Orientation Measure, while depression, anxiety, and stress were assessed with the 21-item Depression Anxiety Stress Scales. Pearson correlations and three hierarchical linear regressions were conducted in IBM SPSS Statistics 27. Gender was entered at Step 1 and social comparison orientation at Step 2. Social comparison orientation was positively associated with depression ($r = .236$), anxiety ($r = .228$), and stress ($r = .265$), all $p < .001$. After gender was controlled, it significantly predicted depression (beta = .243; total R-squared = .063), anxiety (beta = .236; total R-squared = .063), and stress (beta = .267; total R-squared = .081). It explained an additional 5.8%, 5.5%, and 7.1% of the variance, respectively. Gender did not contribute significantly to any final model. A stronger tendency to evaluate the self through comparison with others was consistently associated with higher negative emotional states, with the largest association observed for stress. The findings support prevention and counseling approaches that help young adults recognize maladaptive comparison patterns and develop more self-referenced standards of evaluation. Causal conclusions are not warranted because the data were cross-sectional.

Keywords: Anxiety, Depression, Social comparison orientation, Stress, Vietnamese young adults.

1. INTRODUCTION

Social comparison is a fundamental process through which individuals evaluate personal abilities, opinions, achievements, and social standing. Festinger's (1954) social comparison theory proposed that, when objective standards are unavailable or ambiguous, people use other individuals as reference points for self-evaluation. Building on this premise, Gibbons and Buunk (1999) introduced social comparison orientation (SCO) to describe relatively stable individual differences in the extent to which people seek, notice, and use social information about others. SCO is not equivalent to a fixed biological trait; rather, it can be understood as a dispositional tendency that is shaped by developmental history, social contexts, and repeatedly encountered standards of evaluation (Buunk & Gibbons, 2007). Individuals high in SCO are more attentive to how they perform relative to others and may be especially responsive to information about achievement, appearance, income, relationships, and social approval.

Social comparison is not inherently maladaptive. Upward comparison with a more successful person may provide information, motivation, and a plausible model for improvement when the comparison target is perceived as attainable. Conversely, upward comparison can produce a contrast response when the discrepancy is interpreted as evidence of personal inadequacy or failure (Collins, 1996). In this case, comparison may elicit self-criticism, envy, reduced self-esteem, negative affect, and repetitive thinking. Downward comparison may temporarily protect self-evaluation, but it can also reinforce dependence on relative status. Accordingly, the psychological consequences of comparison depend not only on its direction but also on the meaning attributed to the comparison and the individual's capacity to integrate the resulting information.

Contemporary digital environments have increased the frequency, visibility, and immediacy of social comparison cues. Social networking platforms expose users to selectively presented achievements, appearance-related content, lifestyles, and indicators of social recognition. These platforms do not create SCO, but they can provide an unusually dense environment in which a pre-existing comparison tendency is repeatedly activated. Evidence suggests that exposure to upward comparison targets can reduce self-evaluations and increase negative emotions, although effects vary across individuals and contexts (McComb et al., 2023). Reviews of social comparison on social networking sites similarly emphasize that the consequences of platform use depend on the type of engagement and the comparison processes it elicits, rather than on time spent online alone (Meier & Johnson, 2022; Verduyn et al., 2020). Recent research among young adults also continues to identify social comparison as a relevant psychological process linking social media experiences with mental health and self-evaluation (Le Blanc-Brillon et al., 2025).

1.1. Social Comparison Orientation and Negative Emotional States

Depression, anxiety, and stress are related but distinguishable negative emotional states. In the Depression Anxiety Stress Scales framework, depression is characterized by dysphoria, hopelessness, reduced positive affect, and diminished interest; anxiety emphasizes physiological arousal, fear, and situational apprehension; and stress reflects persistent tension, irritability, difficulty relaxing, and perceived overload (Lovibond & Lovibond,

1995). Examining the three outcomes separately is theoretically useful because social comparison may be linked to each through partly different pathways.

For depression, repeated unfavorable comparison may strengthen beliefs of inferiority and personal failure. Feinstein et al. (2013) found that negative social comparison on Facebook was related to depressive symptoms through rumination, indicating that the effect may continue after the comparison episode ends. Tandoc et al. (2015) similarly linked Facebook use, envy, and depression, while Vogel et al. (2014) reported associations between social comparison, social media use, and lower self-esteem. A systematic review and meta-analysis by McCarthy and Morina (2020) concluded that social comparison is meaningfully associated with both depression and anxiety, while also showing considerable heterogeneity in how individuals react to upward comparisons.

For anxiety, high SCO may promote uncertainty about social adequacy and vigilance toward signs of evaluation. Individuals who routinely monitor how they compare with others may become more sensitive to potential criticism, exclusion, or failure to meet perceived standards. This process may be especially relevant when the comparison domain is socially consequential but difficult to control, such as appearance, career progress, or peer recognition. For stress, continual monitoring of relative performance may create a chronic evaluative load. The individual is not only attempting to meet personal demands but also tracking whether others appear to be progressing faster or receiving greater recognition. Such ongoing discrepancy monitoring may make it harder to disengage cognitively and relax, suggesting that SCO could show a particularly clear association with stress.

1.2. The Vietnamese Context and Research Gap

Young adulthood in Vietnam commonly involves overlapping transitions in education, employment, financial independence, intimate relationships, and family responsibility. These transitions generate multiple domains in which progress can be evaluated comparatively. A nationwide study of 9,781 Vietnamese people aged 15-24 reported that 10.0% had depressive symptoms and 15.6% had anxiety symptoms ranging from mild to extremely severe during the second wave of the COVID-19 pandemic (Mai et al., 2022). Although pandemic-period prevalence estimates should not be generalized directly to all later contexts, they demonstrate the importance of identifying psychological processes associated with distress among Vietnamese youth.

Cultural theories provide an additional reason to examine SCO in Vietnam. Models of interdependent self-construal propose that self-definition in many East Asian contexts is more strongly embedded in relationships, obligations, and social evaluation than in strongly independent models of the self (Markus & Kitayama, 1991). Concepts such as face and filial piety further indicate that social standing and perceived fulfillment of relational expectations may carry substantial emotional meaning (Ho, 1976; Yeh & Bedford, 2003). These frameworks do not imply that all Vietnamese young adults are collectivistic or uniformly vulnerable to family pressure. They do, however, suggest that falling behind peers, disappointing family expectations, or losing social standing may be psychologically salient under some conditions.

Existing Vietnamese mental health studies have largely focused on prevalence, academic or occupational pressure, family factors, and patterns of digital media use. Within the literature reviewed for this study, direct evidence on general SCO as a simultaneous predictor

of depression, anxiety, and stress among Vietnamese young adults remains limited. The present research therefore extends social comparison theory to a Vietnamese sample and tests whether the same dispositional tendency is associated with three related but distinct indicators of negative emotional health.

1.3. Study Aim and Hypotheses

The study aimed to examine the relationships between SCO and depression, anxiety, and stress, and to determine whether SCO explained additional variance in these outcomes after gender was statistically controlled. Three hypotheses were tested:

H1: Higher social comparison orientation is associated with higher depression.

H2: Higher social comparison orientation is associated with higher anxiety.

H3: Higher social comparison orientation is associated with higher stress.

2. METHODS AND MATERIALS

2.1. Research Design and Participants

A quantitative cross-sectional survey design was employed. Data were collected online through Google Forms between March and June 2026. Participants were recruited using convenience sampling supplemented by snowball dissemination through the researcher's networks. Following data screening, 306 valid and complete questionnaires were retained for analysis.

The final sample included 213 men (69.6%), 89 women (29.1%), and four participants who selected another gender category (1.3%). The largest educational group consisted of participants who had completed a bachelor's degree ($n = 132$, 43.1%), followed by postgraduate participants ($n = 87$, 28.4%), current university students ($n = 52$, 17.0%), and participants with an upper-secondary education ($n = 35$, 11.4%). More than half were employed full time ($n = 156$, 51.0%). Daily social media use was most commonly between one and three hours ($n = 116$, 37.9%), followed by three to five hours ($n = 91$, 29.7%) and more than five hours ($n = 87$, 28.4%). Table 1 presents the sample characteristics.

Table 1. Sociodemographic Characteristics of the Sample (N = 306)

Characteristic	Category	n (%)
Gender	Male	213 (69.6)
	Female	89 (29.1)
	Other	4 (1.3)
Educational attainment	Upper-secondary school	35 (11.4)
	Current university student	52 (17.0)
	Bachelor's degree completed	132 (43.1)
	Postgraduate education	87 (28.4)
Study/employment status	Student	26 (8.5)
	Full-time employment	156 (51.0)
	Part-time employment	31 (10.1)

	Studying and working	59 (19.3)
	Other	34 (11.1)
Daily social media use	Less than 1 hour	12 (3.9)
	1-3 hours	116 (37.9)
	3-5 hours	91 (29.7)
	More than 5 hours	87 (28.4)

Note. Percentages may not total 100 because of rounding.

2.2. Measures

Social comparison orientation. SCO was assessed with the Iowa-Netherlands Comparison Orientation Measure (INCOM; Gibbons & Buunk, 1999). The scale consists of 11 self-report items evaluating the tendency to compare abilities, achievements, opinions, and life circumstances with those of other people. Responses were recorded on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Items 5 and 11 were reverse-scored, and an average score was computed, with higher values indicating stronger SCO. The original study reported internal consistency coefficients ranging from .78 to .85 across American and Dutch samples. In the present study, Cronbach's alpha was .915, and corrected item-total correlations ranged from .487 to .745, supporting retention of all 11 items.

Depression, anxiety, and stress. Negative emotional states were assessed using the 21-item Depression Anxiety Stress Scales (DASS-21; Lovibond & Lovibond, 1995). The DASS-21 contains three seven-item subscales: Depression (Items 3, 5, 10, 13, 16, 17, and 21), Anxiety (Items 2, 4, 7, 9, 15, 19, and 20), and Stress (Items 1, 6, 8, 11, 12, 14, and 18). Higher scores indicate greater symptom endorsement. Vietnamese versions have demonstrated acceptable reliability and validity, particularly for depression and anxiety, although previous research has recommended caution when interpreting the stress factor in adolescent samples (Le et al., 2017; Tran et al., 2013). In the present study, the items were administered with a study-adapted five-point response format and subscale means were calculated on a 1-5 metric. Because this administration differs from the standard four-point DASS-21 protocol, standard clinical severity cutoffs were not applied; scores were interpreted only as relative self-reported levels within this sample.

2.3. Data Analysis

Data were analyzed using IBM SPSS Statistics version 27. Descriptive statistics included means, standard deviations, minimums, maximums, frequencies, and percentages. Pearson product-moment correlations were used to examine bivariate associations among SCO, depression, anxiety, and stress.

Three separate hierarchical linear regression models were then estimated. Depression, anxiety, and stress were entered as dependent variables in separate analyses. Gender was entered at Step 1 using two dummy variables, with men as the reference group. SCO was added at Step 2 to determine its incremental contribution beyond gender. Model evaluation included R-squared, change in R-squared, change in F, unstandardized coefficients, standardized beta coefficients, t statistics, p values, and 95% confidence intervals for unstandardized coefficients.

Regression assumptions were assessed using residual histograms, normal P-P plots, standardized residual scatterplots, Cook's distance, tolerance, variance inflation factors (VIF), and the condition index. Statistical significance was evaluated at $p < .05$ using two-tailed tests and 95% confidence intervals.

3. RESULTS

3.1. Descriptive Statistics and Correlations

The mean SCO score was 3.45 (SD = 0.75), indicating that participants, on average, endorsed comparison tendencies above the scale midpoint. Among the three negative emotional indicators, anxiety had the highest mean ($M = 3.26$, $SD = 1.04$), followed by depression ($M = 2.96$, $SD = 0.98$) and stress ($M = 2.74$, $SD = 1.21$). These values should not be interpreted as clinical severity

classifications because the DASS-21 response format was modified in the present study.

SCO was positively and significantly correlated with depression ($r = .236$, $p < .001$), anxiety ($r = .228$, $p < .001$), and stress ($r = .265$, $p < .001$). All three associations were small in magnitude. The strongest bivariate relationship was observed between SCO and stress. Depression was also positively related to anxiety ($r = .538$, $p < .001$) and stress ($r = .520$, $p < .001$), while anxiety was positively related to stress ($r = .284$, $p < .001$). The correlations among the three outcomes indicate shared negative affect while remaining sufficiently distinct for separate regression analyses.

Table 2. Descriptive Statistics and Pearson Correlations Among Study Variables

Variable	M	SD	Min	Max	1	2	3	4
1. Social comparison orientation	3.45	0.75	1.73	5.00	-			
2. Depression	2.96	0.98	1.00	5.00	.236***	-		
3. Anxiety	3.26	1.04	1.00	5.00	.228***	.538***	-	
4. Stress	2.74	1.21	1.00	5.00	.265***	.520***	.284***	-

Note. $N = 306$. M = mean; SD = standard deviation. *** $p < .001$ (two-tailed).

3.2. Regression Assumption Checks

The diagnostic statistics indicated no meaningful multicollinearity. Tolerance values ranged from .982 to .994, VIF values ranged from 1.006 to 1.018, and the maximum condition index was 10.296. Standardized residual histograms and P-P plots indicated distributions reasonably close to normal. Residual scatterplots showed no pronounced curvature or funnel pattern, and Cook's distance did not identify observations exerting excessive influence. The assumptions of linear regression were therefore considered acceptable for the planned analyses.

3.3. Hierarchical Regression Analyses

At Step 1, gender did not significantly predict any of the three outcomes. The gender-only model was nonsignificant for depression, $R^2 = .005$, $F(2, 303) = 0.755$, $p = .471$; anxiety, $R^2 = .008$, $F(2, 303) = 1.161$, $p = .314$; and stress, $R^2 = .010$, $F(2, 303) = 1.557$, $p = .212$.

Adding SCO at Step 2 significantly improved all three models. For depression, SCO explained an additional 5.8% of the variance, change in $R^2 = .058$, change in $F(1, 302) = 18.854$, $p < .001$. SCO was a positive predictor in the final depression model ($B = .316$, $\beta = .243$, $t = 4.342$, $p < .001$, 95% CI [.173, .460]). The total model explained 6.3% of the variance in depression.

For anxiety, SCO explained an additional 5.5% of the variance, change in $R^2 = .055$, change in $F(1, 302) = 17.695$, $p < .001$. SCO positively predicted anxiety ($B = .327$, $\beta = .236$, $t = 4.206$, $p < .001$, 95% CI [.174, .480]), and the final model accounted for 6.3% of the variance.

For stress, SCO explained an additional 7.1% of the variance, change in $R^2 = .071$, change in $F(1, 302) = 23.193$, $p < .001$. SCO positively predicted stress ($B = .430$, $\beta = .267$, $t = 4.816$, $p < .001$, 95% CI [.254, .606]). The final model explained 8.1% of the variance. Among the three outcomes, SCO showed the largest standardized coefficient and incremental variance for stress. Thus, H1, H2, and H3 were supported.

Table 3. Hierarchical Regression Models Predicting Depression, Anxiety, and Stress

Outcome	R ² Step 1	R ² Step 2	ΔR^2	ΔF	β (SCO)	B	95% CI for B	p
Depression	.005	.063	.058	18.854	.243	.316	[.173, .460]	< .001
Anxiety	.008	.063	.055	17.695	.236	.327	[.174, .480]	< .001
Stress	.010	.081	.071	23.193	.267	.430	[.254, .606]	< .001

Note. $N = 306$. Step 1 included two gender dummy variables, with men as the reference group. Step 2 added social comparison orientation (SCO). For each change in F , $df_1 = 1$ and $df_2 = 302$. All changes in F were significant at $p < .001$.

4. DISCUSSION

4.1. Principal findings

This study examined whether a dispositional tendency to compare the self with others was associated with depression, anxiety, and stress among Vietnamese young adults. The results were consistent

across correlation and hierarchical regression analyses. Higher SCO was related to higher scores on all three outcomes, and these associations remained significant after gender was controlled. The effect sizes were modest: bivariate correlations ranged from .228 to

.265, and SCO explained an additional 5.5% to 7.1% of outcome variance. Therefore, SCO should be interpreted as one relevant psychological factor rather than as a dominant or sufficient explanation of negative emotional health.

The strongest association emerged for stress. This finding is theoretically plausible because high SCO involves repeated monitoring of how one's performance, progress, or status compares with that of others. Such monitoring may maintain evaluative tension and perceived pressure even when no immediate objective threat is present. When social standards are continually updated through peers, colleagues, family expectations, or digital content, individuals may experience difficulty disengaging from discrepancy-based self-evaluation. This process aligns closely with the DASS stress domain, which emphasizes tension, irritability, and difficulty relaxing.

4.2. Social comparison orientation and depression

The positive association between SCO and depression is consistent with social comparison theory and prior evidence on unfavorable comparison. When others are used as central standards for self-evaluation, perceived discrepancies may be internalized as indicators of personal inadequacy. This interpretation is compatible with findings that negative social comparison is related to depressive symptoms through rumination (Feinstein et al., 2013) and with evidence connecting comparison-based social media experiences, envy, and depression (Tandoc et al., 2015). The present data do not establish these mechanisms, but they suggest that Vietnamese young adults who compare themselves more frequently may be more likely to report depressed mood and reduced positive emotional functioning.

The relatively small effect size is also important. Depression reflects multiple biological, psychological, interpersonal, and socioeconomic influences. SCO may become more consequential when combined with low self-esteem, perfectionistic standards, financial insecurity, interpersonal rejection, or repetitive negative thinking. Future Vietnamese research should test these variables as mediators or moderators rather than assuming that comparison produces depressive symptoms directly in all individuals.

4.3. Social comparison orientation and anxiety

SCO also positively predicted anxiety. Individuals high in SCO may be particularly attentive to whether they are meeting social standards and may anticipate negative evaluation when they perceive themselves as falling behind. This sensitivity can increase uncertainty about adequacy and heighten monitoring of social cues. The result is consistent with the meta-analytic conclusion that social comparison is associated with anxiety as well as depression (McCarthy & Morina, 2020). Nevertheless, the present coefficient was modest, indicating that comparison orientation is only one component of anxiety risk.

It is also possible that the relationship is reciprocal. Anxious individuals may seek comparative information to reduce uncertainty, but the information may instead amplify concern when it reveals ambiguous or unfavorable discrepancies. Cross-sectional data cannot determine whether SCO precedes anxiety, anxiety increases comparison behavior, or both processes reinforce one another over time.

4.4. Gender and the Vietnamese sociocultural context

Gender did not significantly predict depression, anxiety, or stress in the hierarchical models. This finding should not be interpreted as evidence that gender is irrelevant to mental health. The sample was substantially imbalanced, with men representing nearly 70% of participants and only four participants in the other-gender category. Limited representation may have reduced sensitivity to group differences. Moreover, gender effects may depend on domains of comparison, exposure patterns, social roles, and coping resources rather than appearing as a uniform main effect.

The results may also be understood in relation to a sociocultural environment in which achievement, family expectations, social reputation, and relational obligations can serve as salient standards. Interdependent self-construal, face concerns, and filial obligations may increase the emotional significance of relative standing for some Vietnamese young adults (Ho, 1976; Markus & Kitayama, 1991; Yeh & Bedford, 2003). However, cultural interpretation must remain cautious. The present study did not directly measure self-construal, face, filial piety, or family pressure. These factors should therefore be tested empirically rather than assumed from national context.

4.5. Theoretical and practical implications

Theoretically, the present findings extend previous evidence on social comparison orientation to Vietnamese young adults. Social comparison orientation reflects a relatively stable tendency to attend to and use information about other people when evaluating one's own abilities, opinions, and social position (Gibbons & Buunk, 1999; Buunk & Gibbons, 2007). In the present study, this tendency was positively associated with depression, anxiety, and stress, which is broadly consistent with previous evidence linking unfavorable social comparison with negative psychological outcomes (McCarthy & Morina, 2020). Nevertheless, because the study employed a cross-sectional design, the findings should not be interpreted as demonstrating a transdiagnostic mechanism or a causal vulnerability process. Social comparison orientation is more appropriately understood here as a broad psychological correlate of negative emotional states.

The comparatively stronger association between social comparison orientation and stress may indicate that frequent self-evaluation against others is particularly relevant to feelings of psychological overload, tension, and difficulty relaxing. However, the differences among the three regression coefficients were relatively small and were not statistically compared. Therefore, the stronger coefficient for stress should be regarded as a pattern within the present sample rather than evidence that social comparison orientation is inherently more consequential for stress than for depression or anxiety.

Practically, the findings do not imply that all forms of social comparison are harmful. The psychological consequences of comparison depend partly on its direction, meaning, and the way individuals interpret the difference between themselves and the comparison target (Collins, 1996; Buunk & Gibbons, 2007). Mental health promotion programs may therefore help young adults identify comparison patterns that are repetitive, unfavorable, and closely tied to global judgments of self-worth. This focus is particularly relevant because negative comparison may be accompanied by rumination, reduced self-esteem, envy, and depressive affect (Feinstein et al., 2013; Tandoc et al., 2015; Vogel et al., 2014).

Counseling services, university support programs, and workplace wellbeing initiatives may encourage individuals to evaluate progress using personally meaningful standards rather than relying exclusively on relative rankings. These programs may also help young adults examine whether the comparison targets they use are realistic and representative. Such an approach is especially relevant in digital environments, where selective self-presentation and repeated exposure to highly successful or desirable targets can intensify unfavorable upward comparison (Verduyn et al., 2020; McComb et al., 2023).

Educational institutions and employers may also consider limiting unnecessary public ranking based on narrow indicators of performance. Feedback that emphasizes individual development, effort, and specific areas for improvement may reduce the likelihood that performance information is interpreted solely as evidence of personal inferiority or comparative worth. For young adults reporting depression, anxiety, or stress, an assessment of habitual comparison patterns may provide a useful starting point for identifying situations that trigger or maintain negative emotional experiences. These recommendations should nevertheless be regarded as preliminary because the effectiveness of such interventions was not directly examined in the present study.

4.6. Limitations and Future Research

Several limitations constrain interpretation. First, the cross-sectional design prevents conclusions about temporal order or causality. Although the term prediction is used in its statistical regression sense, the results do not show that SCO causes depression, anxiety, or stress. Longitudinal and experimental studies are needed to test directionality and reciprocal effects.

Second, convenience and snowball sampling limit representativeness. The sample was gender-imbalanced and included a high proportion of university-educated and employed participants. Generalization to all Vietnamese young adults, especially those in rural areas, those not engaged in education or employment, and gender-diverse populations, should therefore be cautious.

Third, all variables were measured through self-report at one time point, creating possible common-method variance, recall bias, and socially desirable responding. Fourth, the DASS-21 was administered using a modified five-point response format rather than its standard four-point format. This alteration limits comparability with established norms and prevents valid use of standard clinical severity cutoffs. Future research should use the validated Vietnamese response format and should report current-sample reliability and factor-structure evidence for each subscale.

Fifth, the final models explained only 6.3% to 8.1% of the outcome variance. Future models should incorporate self-esteem, self-compassion, rumination, achievement pressure, perceived family expectations, social support, personality, economic strain, and the direction and domain of comparison. Separating offline from social-media comparison may also clarify whether general SCO or platform-specific comparison experiences are more closely associated with mental health outcomes.

5. CONCLUSION

Among 306 Vietnamese young adults, social comparison orientation was positively associated with depression, anxiety, and

stress. After gender was controlled, it explained significant additional variance in all three outcomes, with the largest association observed for stress. The findings indicate that frequent reliance on other people as standards for self-evaluation is a relevant, although modest, correlate of negative emotional health. Prevention and counseling efforts may benefit from helping young adults identify maladaptive comparison patterns, establish more self-referenced standards, and reduce the tendency to equate personal worth with relative achievement or social position. Because the evidence is cross-sectional and based on nonprobability self-report data, causal and population-level conclusions should be avoided.

ACKNOWLEDGEMENT

The author sincerely thanks all participants who contributed their time to the study and acknowledges the academic guidance received during the development of the research.

CONFLICT OF INTEREST

The author declares no conflict of interest.

FUNDING

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

DATA AVAILABILITY STATEMENT

De-identified data may be made available by the author upon reasonable request, subject to participant confidentiality and applicable institutional requirements.

AUTHOR CONTRIBUTION

Nguyen Thuy Khanh Du was responsible for the study conceptualization, data collection, statistical analysis, interpretation, and manuscript preparation.

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