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Social Support, Social Disability and Psychological Well- Being of Person with Depression

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Depression is a psychological disorder that may lead to social disability. As a consequence, the psychological well-being of depressive patients can be strained. Social support is a possible moderator of the relation between social disability and psychological well-being. The focus of the present study is on the main effect versus the buffering effect of social support. This study examined the relationship of social support, social disability and psychological well-being in community –dwelling person with depression. Methods: Data on 180 depressive patients were gathered by mean of a 1-hr interview at the patient's home. Results: Receiving more daily emotional support positively related to greater psychological well- being; whereas problem-oriented emotional support negatively related to some aspect of psychological well-being. People receiving more social companionship turned out to be less depressed. Conclusion: The assumption was confirmed that social support has a major effect on psychological well-being. A buffering effect of social support was not demonstrated.

Key Words: Depression; Psychological well-being; Social support; Social disability.

There is a strong connection between physical health and psychological well-being. In a number of studies, it has been found that person with severe debilitating conditions, such as depression, report higher levels of depression and lower levels of life satisfaction than typical community samples. Depression, in psychiatry, is a symptom of mood disorder (Wolpert, 2000). Depression seriously reduces the quality of life for individuals and their families, is a risk factor for suicide, and often worsens the outcome of other physical health problems. Social support such a factor, modifying the relation between impairment and disability. Being satisfactorily supported may ameliorate disability and increase quality of life. The aim of the present study is to investigate the direct and moderating effect of social support on the relation between social disability and psychological well-being in patients with depression.

Social support can be defined as "An exchange of resources between at least two individuals perceived by the provider or the recipient to be intended to enhance the well-being of the recipient" (Shumaker & Brownell, 1984). Social support has two important types of functions. One is the health-sustaining function; this function of social support has a

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direct effect on the well- being of individuals. On the other hand, social support has as an indirect, stress-reducing (buffering) function. People receiving support will be less vulnerable to the negative effect resulting from stressful events (Thoits, 1982). The effect of both functions of social support has been the subject of research in patients with depression. We will summarize briefly the most important findings.

Using an overall support satisfaction measure, Affleck et al. (1988) found that "participants who expressed greater satisfaction with their social support were rated by their health-care providers as exhibiting superior psychosocial adjustment." They also found evidence for the potential stress-buffering effect of social support: a significant interaction effect was found between social support and functional disability, indicating that the association between social support and psycho-social adjustment was stronger among those patients with poorer functional status. Exploring cause and effect, Affleck et al state that one possible explanation is that "availability of a satisfying network of supportive relationship may be more important for the psychological adjustment of patients who encounter greater problems with everyday functioning than for those who are less disable". Functional disability was measured by the functional difficulty and satisfaction scale of the modified Health Assessment Questionnaire, as well as by a rating of how troublesome the disease had been during the previous six months.

For many purposes, it is inadequate to conceptualized psychological well-being as a unidimensional construct ranging from "poor" to "excellent". Instead, it is often important to distinguish between positive versus negative aspect of adjustment. For example, building on the distinction between positive affect and negative affect advanced by Clarke and Watson, Zautra et al have recently demonstrated that the factors affecting positive versus negative aspects of psychological well-being may be different and important ways. In particular, they found evidence that, in contending with depression, indicator of positive adjustment we are influenced by both active and passive style of coping, but negative adjustment was predominantly influenced by only passive coping. Recognizing this distinction, in the present article we consider both positive and negative indicators of psychological well-being.

METHODS

Sample

180 depressive patients were randomly selected from the file of the Manopachar Mental Hospital Mana Basti Raipur (CG). The mean age of the depressive patients was 30-60 years. All patients lived in the district Raipur, Chhattisgarh.

Measures

The Groningen Activity Restriction Scale (GARS) was developed to measure disability or restriction in activities of daily living. ADL contains 11 items and instrumental activities of daily living. IADL contains 7 items. There are four response categories per item: can perform activity independently without difficulty, independently with some difficulty, needs some help from others, needs complete help. These ADL and IADL functions may be regarded as two categories of activities affecting the individual's ability to remain independent in daily life. The ADL refers to activities that are essential for an individual daily self-care, for example washing and dressing oneself, eating, drinking, and moving around. The IADL comprises activities that are necessary to adopt independently to the environment, such as preparing meals, washing and ironing clothes, shopping, and cleaning. Restriction in the performance of these activities is called "disability" or "social disability" and has been defined as "the dysfunctioning in a social role or in some aspects of social behaviour." This

restriction is viewed as social rather than clinical facts. The reliability coefficient p was above 0.90. It can be concluded that the GARS scale is good measure with regards to functional outcome or the degree of social disability.

The General Health Questionnaire (GHQ) is used to measure several aspects of psychological well-being, considered an aspect of quality of life. The GHQ has four subscales each consisting of seven items and four dimensions somatic symptoms, anxiety and insomnia, social dysfunctioning and severe depression. The reliability coefficient p was above 0.94.

The Social Support Questionnaire for Transactions (SSQT) assesses global supportive interaction between the respondent and the members of his/her social network. The SSQT consists of 28 items divided into the following dimensions daily emotional support, problem oriented emotional support, social companionship, daily instrumental support and problem-oriented instrumental support.

RESULTS

TABLE 1

Correlation coefficients between Social Disability and the Dimensions of Social Support

Dimensions of Social Support	Social Disability		
	ADL	IADL	GAR
Mean ± SD	14.6 ± 5.2	13.8 ± 4.6	30.6 ± 9.5
Daily emotional support (DES)	0.14	0.14	0.16
Problem-oriented emotional support (POES)	0.17	0.15	0.17
DES + POES	0.20	0.19	0.21
Social companionship (SC)	-0.10	-0.14	-0.13

ADL, activities of daily living; IADL, instrumental activities of daily living; GARS, Groningen Activity Restriction Scale.
No significant value at 0.05.
None of depicted correlation between social support and disability is significant
(see Table 1).

Next, we examined the psychological well-being as measured by the GHQ; first, in relation to the dimensions of social support (see Table 2) and second in relation to the extent of social disability (see Table 3).

TABLE 2
Correlation coefficients between subscales of the GHQ and the dimensions of Social Support

Subscales of the GHQ	Dimension of social support			
	DES	POES	SC	Mean ± S
Somatic symptoms	-0.07	0.30*	0.11	11.7 ± 2.5
Anxiety and insomnia	-0.30*	0.17	0.05	11.1 ± 3.8
Social dysfunctioning	-0.31*	0.13	-0.10	13.0 ± 2.1
Severe depression	-0.42*	0.14	-0.22*	8.2 ± 3.8
Total GHQ	-0.34*	0.20*	-0.04	43.2 ± 12.1

GHQ, general health questionnaire; DES, daily emotional support; POES, problem-oriented emotional support; SC, social companionship.

*Significant at 0.05 level.

Table 2 shows the relation between several dimension of social support and the GHQ. A higher score on the GHQ means less psychological well-being. The most striking result in this table is the fact that daily emotional support (DES) is negatively correlated with almost all the dimensions of the GHQ, implying that when more support is received, respondents experience greater well-being. On the other hand, problem-oriented emotional support (POES) is positively correlated with the dimension of the GHQ, implying that when respondents experience less psychological well-being, greater POES is received. On the whole, the correlation with DES is stronger. Social companionship only correlates with severe depression: the more companionship, the less depressed.

TABLE 3
Correlation coefficients between Social Disability and the subscales of GHQ

Subscales of the GHQ	Social Disability		
	ADL	IADL	GAR
Somatic symptoms	0.16	0.08	0.14
Anxiety and insomnia	0.03	-0.03	0.01
Social dysfunctioning	0.18	0.10	0.14
Severe depression	0.25*	0.07	0.17
Total GHQ	0.18	0.06	0.013

GHQ, general health questionnaire; ADL, activities of daily living; IADL, instrumental activities of daily living; GARS, Groningen Activity Restriction Scale.

*Significant at 0.05.

Investigating the relation between social disability and well-being (Table 3) shows that only "severe depression" is significantly correlated with ADL; patients who perform less well on ADL also feel more depressed, or vice versa.

TABLE 4
Multiple Regression of Social Disability and Social Support on Psychological Well-being

Steps	Variables	R-square	F	Change R-square	F
1	ADL	0.029	2.02		
2	IADL	0.044	1.32	0.012	0.62
3	DES	0.211	3.46*	0.153	9.00*
4	POES	0.216	5.22*	0.072	6.71**
5	SC	0.320	4.26*	0.011	0.65
6	ADL × DES	0.323	4.00*	0.012	1.36
	ADL × POES	0.300	3.45*	0.003	0.15
	ADL × SC	0.324	3.23*	0.002	0.12
	IADL × DES	0.326	3.46*	0.000	0.00
	IADL × POES	0.312	3.33*	0.001	0.03
	IADL × SC	0.320	3.46*	0.006	0.39

For abbreviation see table 1 and table 2
*Significant at 0.01, **Significant at 0.05

Finally, a regression analysis on GHQ was carried out to investigate the possible buffering effect of social support (Table 4). First, ADL and IADL were entered in the equation, followed by the dimensions of social support. Neither IADL nor ADL show significant relation to psychological well-being. However, DES and POES both contribute significantly to psychological well-being. To test for interactions between social disability and social support, separate social disability by social support interaction terms were considered in the model. At step 6, the six interaction terms were entered into the model, each separately and one at a time. None of these interactions contributed significantly to psychological well-being.

CONCLUSION

We expected a significant relationship the several dimension of social support and social disability. The results did not support these expected associations (p d" 0.10). The significant contribution of DES and POES confirmed a direct effect of social support on psychological well- being. A buffering effect, however, was not found.

Furthermore, we found that DES was positively related to the GHQ, whereas POES showed a negative relationship (more support is associated with less psychological well-being). An explanation for this fact could be that DES has more general health- sustaining effect, whereas POES is offered only in more

problematic situations. Subsequently, the GHQ score is negatively influenced by these problematic situations. Subsequently, the GHQ score is negatively influenced by these problematic situations. Social companionship was related to severe depression only. The fact that different types of social support each have a different influence on well-being is an indication that it is not sufficient to speak of the beneficial influence of social support.

Finally, the aspects or sub dimensions of social support may have different position in the cause-effect linkage. To investigate the cause-effect linkage, a longitudinal design is required. It may also be relevant for future research to include measures of disease severity and activity. We may expect that different levels of disease severity and activity will lead to a different outcome in the research model. However, it may be questioned what is meant by disease severity. Is this severity in term of handicap, or in term of quality of life or health? And next, what type of severity measure should be used, and what would be the value of it in research like this? Therefore, more theoretically and methodologically oriented research is strongly needed.

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