

# Relationship between depression and social support



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Depression is one of the most common mental health issues and several studies have looked at the connection between depression and social support. Many people may not be aware of the effects that social support can have on one's depression, and how depression can effect one's social support as well. Depression can be defined as a mood disorder that accompanies ongoing feelings of sadness, hopelessness, and loss of interest in previously enjoyed activities (Shelton, 2018). Symptoms of depression may be emotional troubles, physical issues, or both. According to the Diagnostic and Statistical Manual, fifth edition (DSM-5), one has to have five or more signs through the same two-week period and at one of the these must be a low mood or a decrease of interest (Shelton, 2018). For one to be diagnosed with depression, their symptoms must cause a great deal of distress and/or impairment in vital areas of functioning (Shelton, 2018). Social support can be defined as assistance that one obtains from another and the sources of this support may include family, peers, close friends, or teachers (Seeman, 2008). There are three types of social support: emotional, instrumental, and informational (Seeman, 2008). Emotional support increases our sense of self worth through actions of others that make us feel cared for and instrumental support is physical support in which others provide through forms such as transportation, or everyday chores (Seeman, 2008). Finally, informational support is information given by others with the purpose of helping a situation (Seeman, 2008). In addition, social support can be divided into two subfields: perceived social support and received social support. Perceived needed social support is one's perception in respect to their need of support and the degree to which they believe they

need support and received support refers to the help than one actually obtains from others (Seeman, 2008).

Over the years, there have been many theories presented regarding the link of social support to mental health. These theories include Bronfenbrenner's biological theory, the stress - buffering model, the interpersonal theory of depression, and the direct effects hypothesis. Bronfenbrenner's theory holds that stimuli from the social world has a great effect on one's development, more so when one's growth takes place when the probability of depression rises (Pössel et al., 2018). The stress-buffering model states that support decreases the connection of stressful events in life and depression (Stice, Ragan, & Randall, 2004). Additionally, the interpersonal theory of depression proposes that the over reliance of others and behaviour that one with depression may have, leads to issues with others and rejection (Joiner, 1999). Finally, the direct effects hypothesis suggests that regardless of one's experience with stress, social support can better one's welfare (Rodriguez & Cohen, 1998).

Recent studies have developed several ideas regarding social support in relation to depression. Studies such as Pettit, Roberts, Lewingsohn, Seeley, and Yaroslavsky (2011), have found that there is a difference in the effects of family support and friend support. Stice, Rohde, Gau, and Ochner (2011) examined the effects of different techniques for improving depression and one's perceived social support. Pössel et al., (2018) proposed the concept that support from family, friends, and teachers have an impact on depression later in adolescents. Additionally, Rankin, Paisley, Mulla, and Tomeny (2018) developed an idea that there is an issue relating to increased

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depression between perceived need for social support and the support they are given. Furthermore, Fredrick, Demaray, Malecki, and Dorio (2018) proposed an idea that social support from various sources may decrease suicidal thoughts and depression. There are many factors that play into the link between depression and social support such as the source of support, the consistency between needed and received support, and the severity of one's depression. Consistent with previous research, this paper will focus on the relationship between depression and social support, more specifically, how depression can benefit from social support, how social support can be detrimental to depression, and how depression can undermine one's support.

### Sources of Social Support

As mentioned above, there are various sources that one can obtain social support from. Pössel et al., (2018), created a study to discover the effects of social support from family, friends, and teachers on adolescents with depressive symptoms. They proposed that social support from all three sources is negatively associated with depressive symptoms later on in adolescents when tested independently (Pössel et al., 2018). They also predicted that when each source of support is included in one model, only support from family would stay significant up to the tenth grade (Pössel et al., 2018). Their participants were comprised of 1452 students that were followed for five years. The researchers used four measures for obtaining their data. They used the Center of Epidemiological Studies Depression Scale to measure depressive symptoms and the List of Threatening

Experiences Questionnaire in which the students responded depending on if  
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the event had occurred to them in the past six months (Pössel et al., 2018). Additionally, they used two measures for social support. The first one is an instrument they created for teacher support, asking the students to rate their agreement and, for family and friend support they used the Multidimensional Scale of Perceived Social Support and the students were to rate their agreement (Pössel et al., 2018). The results revealed that social support from each of the three sources were connected with later depression and family support reduced the negative influences (Pössel et al., 2018). Additionally, support from friends did not significantly impact the levels of depressive symptoms when combined with the other two sources during any grade (Pössel et al., 2018). These results suggest that social support does have an influence on depression and family social support can benefit depression.

On the other hand, Pettit, Roberts, Lewinsohn, Seeley, and Yaroslavsky (2011) completed a study with a main goal of determining the relationship between depressive symptoms and family and friend support. They hypothesized that there would be mutual effects among signs of depression and social support, predominantly family support, and that there would be greater connections between the social support and symptoms with women than with men (Petti, Roberts, Lewinsohn, Seeley, & Yayoslavksy, 2011). The study consisted of 816 participants that underwent seven questionnaires each year in which involved the Center for Epidemiologic Studies Depression Scale and the Perceived Social Support Family and Friend Scale (Petti, Roberts, Lewinsohn, Seeley, & Yayoslavksy, 2011). The latent growth modeling was used in eight waves to look at the relations between social

support and symptoms of depression (Petti, Roberts, Lewinsohn, Seeley, & Yayoslavksy, 2011). The results showed that for men, some experienced a rise in friend support while other men experienced a decrease in friend support (Petti, Roberts, Lewinsohn, Seeley, & Yayoslavksy, 2011).

Additionally, with initial high levels of symptoms of depression, the participants reported having low levels of friend support at the beginning and for women, levels of depressive symptoms influenced the levels of their perceived friend support (Petti, Roberts, Lewinsohn, Seeley, & Yayoslavksy, 2011). The results obtained suggest that depression can undermine or benefit from social support from friends. This study perfectly exemplifies the complex relationship between social support and depression. Not only does the source of the support influence the relationship between social support and depression, the consistency between perceived needed and perceived obtained support does as well.

#### Consistency Between Perceived Needed and Perceived Obtained Support

Rankin, Paisley, Mulla, and Tomeny, (2018) conducted a study and set out to determine whether there is a relationship between a incongruity in perceived needed support and received support and symptoms of depression. They predicted that symptoms would decrease when needed and received support are at the same level (Rankin, Paisley, Mulla, & Tomeny, 2018). The authors also predicted that a greater difference between perceived and needed support would result in increases of depressive symptoms and that those with differences in support needed and support received would have more symptoms than those with equal amounts of needed and received support (Rankin, Paisley, Mulla, & Tomeny, 2018). For their study, they recruited 428  
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college students and used six different measures to obtain their data. They used a demographic questionnaire at the beginning, then went on to use a Revised Adult Attachment Style self report, the Big Five Inventory, Perceived Stress Scale, Inventory of Socially Supportive Behaviors, and finally the Depression, Anxiety, and Stress Scale (Rankin, Paisley, Mulla, & Tomeny, 2018). In the end, they found that needed support outweighed the support actually received, the connection between needed support and received support greatly foreshadowed depressive symptoms, and that the amount of received support alone was enough to predict depression (Rankin, Paisley, Mulla, & Tomeny, 2018). Furthermore, they found that those with equal needed and received support had the lowest amount of depressive symptoms, those that needed more support than they actually received had the highest amount of depressive symptoms and when received support outweighed the needed support depressive symptoms increased (Rankin, Paisley, Mulla, & Tomeny, 2018). Not only do these results suggest that under certain circumstances social support can better one's depression, they also suggest that social support can undermine depression when one receives too much or too little support. Finally, consistent with these findings, the previously mentioned study by Petti, Roberts, Lewinsohn, Seeley, and Yayoslavksy (2011), found that for women who have recovered from depression, having a more supportive and closer family support was linked to upsurges in depression. This result also shows that if one receives more support than they need, their depressive symptoms will increase as a result. The severity of one's depression can also influence the effects of social support on depression.

## Severity of Depression

Depression ranges from mild to severe symptoms. Severe depression, also known as major depression includes the symptoms from depression of a lower degree with an increased intensity (Cherney, 2017). One of the forms that major depression can become evident is through suicidal tendencies, whether they are thoughts or behaviours (Cherney, 2017). Fredrick, Demaray, Malecki, and Dorio (2018), conducted a study in which their purpose was to determine the roles of social support from parents, classmates, teachers, and close friends as a guard in the relation between depression and suicidal ideation. Their hypothesis was that all of the sources of social support would decrease the relationship between symptoms of depression and suicidal ideation in both genders (Fredrick, Demarat, Malecki, & Dorio, 2018). The researchers recruited 399 ninth grade students and to obtain their data they asked the students to complete a 60 item self report measure of the Child and Adolescent Social Support Scale, the Children's Depression Inventory Second Edition Short Version, and the Suicidal Ideation Questionnaire Junior Version (Fredrick, Demarat, Malecki, & Dorio, 2018). The independent variables were depression, gender, and Child and Adolescent Social Support Scale, while the dependent variable was suicidal ideation. The results demonstrated that gender had a significant negative relationship with support from parents and has a significant positive relation with depression (Fredrick, Demarat, Malecki, & Dorio, 2018). It was also found that parental support decreased suicidal ideation in those with high levels of depression, and the same effects occurred with classmate support and close friend support, while teacher support had no effect at all (Fredrick, Demarat,



Malecki, & Dorio, 2018). These findings suggest that social support can have beneficial effects on depression in the way that social support can decrease depressive symptoms.

Contrastingly, Stice, Rohde, Gau, and Ochner (2011) conducted a study to figure out if a cognitive behavioural depression prevention program (CB) would increase one's perceived social support from both family and friends compared to a bibliotherapy and an educational brochure over the course of two years. The authors hypothesized that support from parents would be less influenced by the adolescent's emotional states compared to the support of friends and that decreasing symptoms of depression would increase only support from friends (Stice, Rohde, Gau, & Ochner, 2011). To conduct their study, they recruited 253 high school students who were at high risk and reported depressive symptoms. These students were then randomly assigned to one of three prevention programs: a CB group intervention, bibliotherapy, or an educational brochure control group. The students completed surveys and interviews during the pretest, post test, at six months, one year, and two years for the CB group (Stice, Rohde, Gau, & Ochner, 2011). There were two measures used in this experiment. The first one is the KSADS in which measured depressive symptoms based on students' reports on their highest severity of each symptom over either their lifetime or since the last interview each month (Stice, Rohde, Gau, & Ochner, 2011). The second measure was 12 items from the Network of Relationships Inventory to measure perceived social support and was done through self reports (Stice, Rohde, Gau, & Ochner, 2011). Their results revealed that their first hypothesis was supported as the CB group had a significant increase in

their friend support ratings compared to the brochure controls and the bibliotherapy group (Stice, Rohde, Gau, & Ochner, 2011). Their second hypothesis was also supported as they did not find any significant difference for the parent support (Stice, Rohde, Gau, & Ochner, 2011). Finally, they found that the CB group had a significantly larger decrease in their symptoms of depression compared to both of the other groups and that decreases in symptoms from the pretest to post test was significantly connected with an increase of social support from friends (Stice, Rohde, Gau, & Ochner, 2011). The results found suggest that not only can social support from parents not have any effect on one's depression, but depression can also undermine social support from friends. Social support from friends diminishes when depressive symptoms are high as it is easy for friends to withdraw from each other when one's behaviour is not accepted by the other.

## Discussion

It is not surprising that there is such a strong relationship between depression and social support, what is surprising is that it seems that social support can play more than just one role in depression and depression can affect support. The above studies exemplify how depression can undermine social support, how social support can better depressive symptoms, and how social support increases depression. Mentioned previously were different theories/models regarding the roles of social support on depression and vice versa. Starting with Bonfenbrenner's theory, each of the above summarized articles support this theory as each article based their research on adolescents or college students. During both of these age periods, <https://assignbuster.com/relationship-between-depression-and-social-support/>

individuals undergo great amounts of growth at the same time that the frequency of occurring depressive symptoms rises. Furthermore, the stress-buffering model and the direct effects hypothesis do not hold for all cases. Yes, support can decrease depression which in turn can improve one's mental health but it can also be detrimental and increase one's depression. Results from Pettit, Roberts, Lewinsohn, Seeley, and Yaroslavsky (2011) showed that when women who are recovered from depression have a big amount of close family support actually increases their depression. Rankin, Paisley, Mulla, and Tomeny, (2018) also demonstrated that when an individual receives more support than they need, their depression also increases. Additionally, in the studies examining teacher support, they found that support from one's teacher had no effect at all on one's depression. Finally, the interpersonal theory appears that it can be correct in some circumstances. For each of the studies, it was found that family support was not dependent on one's state of depression and therefore depression does not tend to result in issues or rejection. Contrastingly, the above studies showed that with support from friends, depressive symptoms and behaviors do affect and can decrease the amount of support given from the friends.

When looking at the above studies all together, they are relatively consistent with their findings. Family support for the most part was found to not be dependent on one's level of depressive symptoms, friend support is dependent in that when depressive symptoms are high friend support is low. Furthermore, teacher support had either very little or no effect on depressive symptoms. There is however, a gender difference that arose from some of the studies in which females typically report higher levels of depression than

men do and in some cases have a higher level of perceived family support. Contrastingly, Rankin, Paisley, Mulla, and Tomeny (2018) as well as Pettit, Roberts, Lewinsohn, Seeley, and Yaroslavsky (2011) were the only two studies to find that too much support, regardless who it is from, does in fact increase one's depressive symptoms. The limitations for these studies as a whole are that they only focus on adolescents and college students, so they are not able to show generalizability with the rest of the population. Additionally, the use self report measures, is an issue due to the fact that a lot of people not only want to answer in a way that shines them in a favorable light but do not tell the full extent of the truth in which both cases causes several issues for the researchers.

Finally, after reviewing each study, there are several suggestions for future research. Future research should take the knowledge that has been provided and extend their demographic to different age groups to see if these results are able to be generalized and they should stay away from the self report measures in order to obtain the most accurate data. Additionally, these studies should be drawn out for a longer period of time in order to understand how one's perception of needed social support and obtained social support change throughout one's lifetime. Finally, looking at the clinical side, I believe that more research should be done in order to come to a better understanding on different counselling methods and therapies that would work best for the different circumstances.

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