

Perceived Interpersonal Support and Depression: A Gender Perspective

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ABSTRACT: *Interpersonal support enhances quality of life and provides a buffer against adverse life events. Low interpersonal support has been associated with several disorders. The aim of the study was to study the gender difference between Perceived Interpersonal Support and Depression in the adults. The objectives were to study gender difference in the level of depression and interpersonal support, to find out the levels of depression in males and females and to compare interpersonal support in males and females. The data for this study were drawn from the urban population of Mumbai. 100 individuals (50 men and 50 women) in the age group of 30-50 years participated in this research. Tools used for research were Beck Depression Inventory, Aaron T. Beck et al, 1961 and Interpersonal Support Evaluation List, Cohen S., & Hoberman, H. 1983. Convenient Snow Ball Sampling technique was used in collecting data. Correlation, t-test and linear regression were used for statistical analysis. The results show that the levels of depression are low in both the genders and interpersonal support is high in both the males and females. We can conclude that there is no significant gender difference in the level of depression and interpersonal support. Prediction range for depression from interpersonal support in women ranges from 51% to 59% and in men interpersonal support predicts depression in the range of 32% to 34 %.*

KEY WORDS: *Depression, Interpersonal Support*

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I. INTRODUCTION

Perceived interpersonal support refers to a recipient's subjective judgment that providers will offer (or have offered) effective help during times of need (Gurung, 2006). Interpersonal support refers to the various types of support that people receive from others. It means having friends and other people, including family, to turn to in times of need or crisis to give you a broader focus and positive self-image.

Interpersonal support is the perception and actuality that one is cared for, has assistance available from other people, and that one is part of a supportive social network. These supportive resources can be emotional, tangible, informational, or companionship and intangible. Interpersonal support can be measured as the perception that one has assistance available, the actual received assistance, or the degree to which a person is integrated in a social network. Support can come from many sources, such as family, friends, pets, neighbors, coworkers, organizations, etc. There is good evidence that interpersonal support plays an important role in mental health or substance use problems. It is likely that lack of social support and feelings of loneliness can make us more vulnerable to the onset of mental health or substance use problems like depression. Interpersonal support reduces psychological distress and promotes adjustments that counteract high stress levels. People with low amounts of interpersonal support report higher instances of depression, anxiety, and mental disorders. Interpersonal support works by promoting adaptive appraisal that in turn leads to increased coping ability.

A systematic review of the literature on interpersonal support shows that a stress-buffering effect is most consistently found when support is measured as a perception that one's network is ready to provide aid and assistance if needed. Two interpretations of this association are considered here: that the perception of support availability indirectly indicates actual network responses to stressful events that more directly promote healthy adjustment; and that the perception of support availability influences adjustment directly by modifying appraisals of the situation.

Feeling depressed is a naturally occurring phenomenon that is universally experienced by anyone who has lost a loved-one, been fired from a job, or been through an emotional break-up of any kind. There is a point, however, where depression becomes a serious, life-threatening problem. The American Psychiatric Association has defined Depression (major depressive disorder) 'as a common and serious medical illness that negatively affects how you feel, the way you think and how you act. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and at home.' Several factors play a role in causing Depression, such as biochemistry, genetics, environmental factors and personality. According to Beck,

Ward et.al. (1961) negative thoughts, generated by dysfunctional beliefs are typically the primary cause of depressive symptoms and not vice versa.

Reviewing literature on depression it was found that women consistently report seeking and receiving higher levels of emotional support than men do (Cohen, 2004). The absence of close confiding relationships has been found to be a significant factor in predicting depression and anxiety (Nolen-Hoeksema and Hilt, 2009). The provision of higher levels of social support was found to be associated with greater improvements in mental health for people aged under 30 years than for older age groups. The mental health of females appeared to benefit slightly more from higher levels of social support than males (Milner et al. 2016). In rural India higher age, female gender, lower education, economic status below poverty line and indebtedness were associated with depression; and while a contact coverage with formal health care was very low, a large proportion of affected persons had consulted family members (Uchino, 2004). Overall prevalence of depression in Chennai city in south India was 15.1% and that female gender, low socio-economic status, lack of education and marital factors are associated with depression in this population (Bolger, Zuckerman, & Kessler, 2000).

Every human is social being with many interpersonal relationships. It is these relationships that help form an individual's identity and also affect his/her mental state to a great extent. While it is known that our interpersonal support is connected to our affective behavior, it is necessary to find how exactly is that related to mental health issues like depression and also how gender differences may play a role. WHO has declared India as one of the most depressed countries in the world with 36% of Indians likely to suffer from major depression at some point in their lives. Thus these two variables are important for further research and therefore this research was taken up.

Aim

To study the gender difference between Perceived Interpersonal Support and Depression in the adults

Objectives

1. To study gender difference in the level of depression and interpersonal support
2. To find out the levels of depression in males and females
3. To compare interpersonal support in males and females.

Hypotheses

H1- People who are high in interpersonal support will be low in Depression.

H2 – There will be a significant gender difference in the level of depression and interpersonal support.

II. METHODOLOGY

Sample:

The data for this study were drawn from the urban population of Mumbai. 100 individuals (50 men and 50 women) in the age group of 30-50 years participated in this research.

Tools used for Research

1. Beck Depression Inventory , Aaron T. Beck et al, 1961
2. Interpersonal Support Evaluation List, Cohen S., & Hoberman, H., 1983

Research Design

Convenient Snow Ball Sampling technique was used in collecting data.

Statistical analysis: Correlation, t-test and linear regression.

III. RESULTS AND DISCUSSIONS

4.1 Levels of Depression and Interpersonal Support for Males and Females

Table 1 : Mean , SD , Levels of Depression and Interpersonal Support for Males and Females N=(100)

	Women			Men		
	Mean	SD	Level	Mean	SD	Level
Depression	9	7.73	Low	7	7.84	Low
Appraisal Support	23	6.48	High	22	5.69	High
Tangible Support	23	6.44	High	23	5.05	High
Self Esteem Support	22	4.81	High	21	3.74	High
Belonging Support	22	6	High	22	4.87	High
Interpersonal Support (Total)	90	21.60	High	87	17.04	High

The results show that the levels of Depression are low in both the genders and Interpersonal Support is high in both the males and female.

Table 2 – t- test comparing males and females in terms of depression and interpersonal support (N=100)

Gender	Men		Women		t value
	Mean	SD	Mean	SD	
Depression	7	7.84	9	7.73	0.13 (NS)
Interpersonal Support (Total)	87	17.0	90	21.60	0.56 (NS)

Analysing the results it was found that there is no significant gender difference in the level of depression and interpersonal support (in terms of Appraisal support, Tangible support, Belonging support, Self-esteem support) in men and women. Therefore H2 is rejected. We can conclude that there is no significant gender difference in the level of depression and interpersonal support.

Table 3 – T Test for Levels of Depression and Interpersonal Support for both and males and females (N=100)

Gender	Men		Women		t value
	Mean	SD	Mean	SD	
Appraisal support	22	5.69	23	6.48	0.31 (NS)
Tangible support	23	5.05	23	6.44	0.85 (NS)
Self esteem support	21	3.74	22	4.81	0.27 (NS)
Belonging support	22	4.87	22	6	0.79 (NS)

It can be concluded that depression is negatively correlated with Interpersonal Support (in terms of Appraisal support, Tangible support, Belonging support, Self-esteem support) and therefore H1 is accepted i.e. people who are high in interpersonal support will be low in Depression.

4.2 Interpersonal Support- Regression Analysis

Table 4 (a): Interpersonal Support- Regression {Women} N= (50)

Variables	R Value	Percentage
Appraisal Support	0.5601	56%
Tangible Support	0.5151	51%
Self Esteem Support	0.5604	56%
Belonging Support	0.5325	53%

Prediction range for depression from interpersonal support in women ranges from 51% to 59%. It can be concluded that interpersonal support can safeguard against depression. There is a stronger negative correlation between Depression and Interpersonal Support in women ($r = -0.59, p < 0.01$) than in men ($r = -0.35, p < 0.02$). Gender differences in the prevalence of depression are well documented. Many factors may account for this gender difference, including biological influences as well as psychosocial variables, interpersonal orientation and greater reactivity to stress in terms of biological responses, self-concept, and coping styles (Nolen-Hoeksema and Hilt, 2009, Bierut, Heath, Phil et al., 1999).

Table 4 (b): Interpersonal Support- Regression {Men} N= (50)

Variables	R Value	Percentage
Appraisal Support	0.3449	34%
Tangible Support	0.3269	32%
Self Esteem Support	0.3218	32%
Belonging Support	0.3495	34%

In men interpersonal support predicts depression in the range of 32% to 34 %. In case of men, some other additional factors will safeguard them from Depression like employability, multi skill training and fulfilment of breadwinner status. It can also be concluded that interpersonal support will safeguard men against depression. Depression and Interpersonal Support in men ($r = -0.35, p < 0.02$). Cohen and Willis (1985) suggest that social support may act upon health in multiple ways. Perceived Interpersonal Support may be particularly relevant in situations of high stress when interpersonal ties are required to ‘buffer’ the pathogenic effects of stress.

IV. CONCLUSIONS

Depression is negatively correlated with Interpersonal Support therefore H1 is accepted. i.e. people who are high in interpersonal support will be low in Depression. There is a stronger negative correlation between Depression and Interpersonal Support in women ($r = -0.59, p < 0.01$) than in men ($r = -0.35, p < 0.02$). It was found that Depression is negatively correlated with Appraisal Support Tangible Support, Belonging Support and Self-Esteem Support for both genders. There is no significant gender difference in the level of depression and interpersonal support (in terms of Appraisal support, Tangible support, Belonging support, Self-esteem support) in men and women. The prediction range for depression from interpersonal support in women ranges

from 51% to 59%, and in men it ranges from 32% to 34%. It is found that enhanced social support is often a vital component of recovery from a variety of mental health problems.

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