

## **Role of Family and Social Support in Depression and Stress**

Saichampui Sailo\*

*Corresponding Author: Saichampui Sailo\**

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**ABSTRACT:** *The present study explored the influence of family (which is a part of a support network) and perception of social support in the regulation of stress experienced and depression. The sample consisted of 300 parents (150 husband and 150 wife) ages 40+/- 5 from Mizoram, India. The measures used were the Family Adaptability and Cohesion Evaluation Scale (Olsen & Portner, 1983), Social Support Questionnaire (Sarason et al, 1983), Depression Inventory (Beck et al, 1961) and Stress Scale (Cohen et al., 1983). Results indicated family adaptability and satisfaction with social support to be significantly negatively related to depression. Analyses of the interaction between the variables revealed a moderating role of family cohesion and satisfaction on depression and stress.*

**KEYWORDS:** *Social support; Family function; Parents; Stress; Depression; Mizo*

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Date of Submission: 09-08-2018

Date of acceptance: 24-08-2018

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### **I. INTRODUCTION**

Family functioning is one of the main aspects of family study. According to Paavilaine et al. (2006) family functioning consists of family relationships, structural factors of family, strengths of family and relationships outside family. Family functioning includes family cohesion and flexibility according to Olson's Circumflex model of family functioning (Olson DH, 1986). Family cohesion refers to the emotional bonds between family members and family flexibility refers to the quality and expression of the family's leadership organization, roles, and relationship rules. Well-functioning families are considered balanced, falling mid-range on each dimension while poorly functioning families are considered unbalanced on these dimensions, falling either low (e.g., disengaged, rigid) or high (enmeshed, chaotic) on these characteristics. Family functioning is expected to shift along the dimensions in predictable ways during the life cycle and in response to stress (Cervera, 1994 & Garcia-Huidobro et al., 2012). Boss (1988) proposed that the main determinant of why some families cope while under stress and while others fall into crisis is the meaning that the event holds for the family and the individuals within it. The extents to which constructive interpretations result in adequate coping depend on the degree of support provided by the internal and external contexts.

Social support is the care or help from others that an individual can feel, notice or accepts (Wang X, 2014 & He et al., 2014). It is usually defined, as the existence and availability of support from people on whom we can rely, people who let us know that they care about, value and love us. Someone who believes that she or he belongs to a social network of communication and mutual obligation experiences social support (Sarason et al., 1983). A good social support can provide protection for an individual under stress and has common gaining function on maintaining an individual's good emotional experience (Maulik, 2011). Social support for adults is conceptualized as coming from three sources including family, friends and significant others (Cheng & Chan, 2004; Edwards, 2004). Cultural norms and values heavily influence social support availability, appraisal, reliance, efficacy, and transactions (Butzel & Ryan, 1997; Keinan, 1997; Procidano & Smith, 1997; Vaux, 1985) and ethnic minorities are categorized by more elaborate and efficient patterns of social support (Hill, 1999; McCubbin, Futrell, Thompson and Thompson, 1998)

Stress is simply a reaction to a stimulus that disturbs our physical or mental equilibrium. In other words, it's an omnipresent part of life. A stressful event can trigger the "fight-or-flight" response, causing hormones such as adrenaline and cortisol to surge through the body. A little bit of stress, known as "acute stress," can be exciting—it keeps us active and alert. But long-term, or "chronic stress," can have detrimental effects on health. Stress may cause negative emotions, such as depression and anxiety, and may even hinder development of the personality and behavior of a person if not properly controlled and responded to (Bl et al., 2013). Depression known to mediate the association between low social support and parenting competence in adult mother is created through interaction of various factors, including environmental and individual factors (Hammen et al., 2012). Kessler (2003) indicated that stress is closely related with depression and stress intensity and degree of depression have a close-response relationship (Kessler, 2000). However, not all people will have depression when under pressure. The depression degree of different individuals varies even under the same stress conditions (Jaremka et al, 2013 & O'Connor et al, 2012) indicating that other variables affect the relationship between stress and depression.

**Objectives**

Based on the above theoretical foundations, the objectives of the present research is (i) to explore the gender differences in the variables employed for the study (family function, social support, stress and depression) among mizo parents (husband and wife); (ii) to identify the relationship between the variables; family and social support dimension most closely associated with depression and stress and also, (iii) to determine whether there is any interaction effects between independent variable (family function and social support) and dependent variable (depression and stress) in the present sample.

**II. METHODS**

**Sample**

300 Mizo couples (Husband and Wife) belonging to 40+/-5 years of age who were randomly selected served as participants. Separate instructions for each test were given and the questionnaires were taken home and filled up by the subjects at their own convenience.

**Measures**

**Family Adaptability and Cohesion Evaluation Scale (FACES; Olsen & Portner, 1983)** – a 30-item scale containing 16 cohesion items and 14 adaptability items. It was developed to assess two central dimensions of family behavior: Cohesion and adaptability. It is a 4 point (Likert type) scale with a coding response alternatives of ‘No, never’ (1), ‘Yes, but seldom’ (2), ‘Yes, often’ (3), and ‘Yes, most of the time’ (4). The minimum and maximum possible scores for adaptability are 14 and 56 and for cohesion are 16 and 64 respectively.

**Social Support Questionnaire (SSQ; Sarason et al, 1983)** - consists of 27 items which ask questions about people in the environment who provide with the help or support.

- (a) Number of Availability of Support - measures the number of available others that individuals feel they can turn to in times of need
- (b) Satisfaction with the Support perceived to be available

**Depression Inventory (BDI; Beck et al, 1961)** – consists of 21 statements providing quantitative assessment of the intensity of depression and describes a specific behavioral manifestation of depression. Cronbach alpha was 0.88 and the test-retest reliability for the total score was 0.89.

**Stress Scale (PSS; Cohen et al., 1983)** – This is a 10-item scale and it includes a number of direct queries about current levels of experienced stress. It is a measure of the degree to which situations in one’s life are appraised as stressful. Subjects indicate how often they have found their lives unpredictable, uncontrollable, and overloaded in the last month. It correlates in a predicted way with other measure of stress and the Cronbach alpha for the scale was 0.78

**III. RESULTS AND DISCUSSION**

**Descriptive Statistics**

As may be seen from the table below, Men and Women participants differed on various psychological tests used.

**Table showing t – test and 95% confidence interval (CI) for Men and Women with respect to Social support, Family Dynamics, Depression & Stress**

Variables	Gender	N	Mean	SE	t	p-value 95% CI
SA	Men	150	66.70	3.293	0.862	0.390 (-12.809 - 5.009)
	Women	150	70.60	3.106		
SS	Men	150	131.23	1.263	1.226	0.221 (-5.385 -1.251)
	Women	150	133.29	1.117		
FC	Men	150	41.48	0.388	0.262	0.794 (-0.913 -1.193)
	Women	150	41.34	0.369		
FA	Men	150	38.06	0.394	0.469	0.639 (-0.874 -1.420)
	Women	150	37.79	0.430		
D	Men	150	11.53	0.738	2.533	0.012 (-4.833 - -0.607)
	Women	150	14.25	0.780		
S	Men	150	20.11	0.314	0.229	0.819 (-1.089 - 0.862)
	Women	150	20.23	0.383		

(i) women scored higher (M=70.60; M=133.29) than men (M=66.70; M=131.20) in support availability and support satisfaction respectively, which is supported by theories and previous studies (Sarason et al, 1983, 1985 etc). Sarason et al., (1983) observed women to describe themselves as having quantitatively more, and

satisfying social support than men. (ii) Mean of men is higher in family adaptability (M=38.06) compared to women (M=37.79, family adaptability is the extent to which the family system is flexible and able to change; but men and women emerged to be more or less equal on family cohesion, a finding similar to those of Olson et al. (1988). (iii) Gender differences have also been observed on depression scale, which is also significant at 5% level. Depression level of female (M=14.25) is higher than male (M=11.53). This finding is contrary to studies done by Sailo et al. (2014) wherein gender differences failed to emerge on depression among Mizo Youth; this could be attributed to heavier responsibilities placed on a married woman who usually have responsibilities at home but also out of the door as a career woman. Non-gender differences was also observed by Sailo (2007) and Jones et al (1982). Nevertheless, our result is supported by studies conducted by Beck et al (1961), Best (2008) & Nolen-Hoeksma (1987, 2002) as well as Kopper (1993). According to Hankin et al (1998), gender differences emerges in late adolescence and continues across the lifespan (Kessler et al, 2003; Weisman et al, 1996); (iv) but, Men (M=20.11) and Women (M=20.23) are found to be equal on stress contrary to theoretical expectations. Kearney et al, 1993 reported higher daily stress by females than males.

**Table Showing Relationship between all the Measures:-**

	SA	SS	SST	FC	FA	FT	D	S
SA	1	.141(*)	.944(**)	0.054	0.024	0.043	-0.107	-0.042
SS		1	.461(**)	.135(*)	.206(**)	.196(**)	-.243(**)	0.01
SST			1	0.093	0.09	0.104	-.177(**)	-0.034
FC				1	.539(**)	.866(**)	-0.002	0.045
FA					1	.888(**)	-.126(*)	-0.024
FT						1	-0.076	0.01
D							1	0.024
S								1

\* Correlation is significant at the 0.05 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed).

Relationship between the variables shows depression and satisfaction to have a negative correlation (-0.243\*\*) which is significant at 0.01 level. Satisfaction and Availability (0.141\*), Satisfaction and Cohesion (0.135\*), Satisfaction and Adaptability (0.206\*\*) and Adaptability and Cohesion (0.539\*\*) also have a positive correlation which is significant at 0.01 (\*\*) and 0.05 (\*) level. The findings are in keeping with those of Kit Sun and Cheung (1997) and Sawant N. S & Jethwani K. S (2010), who found social support to be strongly correlated with the functioning of the families among chizophrenics and also social support provided by the relatives is strongly related to all the dimensions of family functioning.

Family adaptation means quality and expression of the family's leadership, organization, roles and relationship rules. Good adaptation of families means adapting in predictable ways in response to life changes and stress events (Garcia-Huidobro et al, 1994 & Wada et al, 2004). The current study observed a significant negative correlation between depression and family adaptability i.e. high family adaptability will lead to less depression and the other way around which suggests that if there is high adaptability, there will be less depression within the family. At the sametime, stress and depression have a positive but non-significant relationship in the present population. This finding is in contrary to other findings (Wang et al, 2014; Jaremka et al, 2015; Anacker et al, 2015 & Peng et al, 2013) where in depression has a significant positive correlation with stress.

**Table showing Stepwise Multiple Regression Analysis with Gender, Support Availability, Support Satisfaction, Family Cohesion and Family Adaptability as the Predictors and Depression as the Criterion**

Step	Variables	β	SE	t	p-value
1	FC	0.307	0.013	23.362	<0.000
	FC	0.189	0.039	4.874	<0.000
2	Gender	3.322	1.019	3.259	<0.001
	FC	0.385	0.090	4.287	<0.000
3	Gender	4.005	1.050	3.815	<0.000
	Satisfaction	-0.070	0.029	-2.418	<0.016

Stepwise (forward) multiple regression analysis was employed with gender, support availability, support satisfaction, family cohesion and family adaptability as predictors and depression as the criterion. In the first, cohesion is found to have significant predictability of depression. The second model indicated significant

predictability of depression from cohesion and gender. In the third step, cohesion, gender and satisfaction are found to have significant predictability on depression. The result revealed that cohesion, gender and satisfaction were the only predictability variable for depression.

The regression coefficient of predictor variable cohesion was 0.385 and it was statistically significant with  $p < 0.000$ , indicating that there is positive effect of cohesion on depression. Further it also suggests that family cohesion predict depression by 38.5% than the other predictors. While the regression coefficient of 'gender' was found to be 4.005 and it was significant with  $p < 0.000$  and indicating that depression was 4.005 times more in female than male i.e., females tend to have more depression than males in the project population. Further, the regression coefficient of support satisfaction was -0.070 and this indicated that if there is an increase of one unit in the score of satisfaction then depression will decrease by 7%; which is also statistically significant with  $p < 0.016$ . This result highlights the importance of perception of social support received and that satisfaction with whatever support we receive from significant people in our life plays a crucial role in experience of depression (George et al, 1998; Ezquaga et al, 1999 and Krause et al, 1989). Social support makes a person under estimate the hazards and the verities of stress by enhancing their coping capacities perceived and it can actually provide problem solving strategies to the individual, reduce the importance of the problem to the extent of alleviating the harmful effects of stress experience (Kim J. M et al, 2014 & Waite E. B, 2014). Research has also found social support to play a significant regulating effect on the relationship between stress and depression and is an important environmental resource (Thoits, 2013 & Fagundes et al, 2012)

**Stepwise Multiple Regression analysis with Gender, Support Availability, Support Satisfaction, Family Cohesion and Family Adaptability as the Predictors and Stress as the Criterion**

Step	Variables	$\beta$	SE	t	p-value
1	FC	.482	.007	73.261	<0.000
	Satisfaction	.071	.014	5.188	<0.000
2	FC	.258	.044	5.912	<0.000
	Satisfaction	.071	.014	5.188	<0.000

Further, A stepwise (forward) multiple analysis was also applied to the analysis with stress as a criterion and gender, support availability, support satisfaction, cohesion and adaptability as the predictors. In the first, cohesion is found to have significant predictability on stress. The second model indicated significant predictability of stress from cohesion and support satisfaction. The result shows that cohesion and support satisfaction were the only predictability variable for stress.

While there has been significant research documenting stress, coping, depression, aggression and parenting style among the Mizos, hardly any studies have examined how both family and social support influences each other and also how they together are related to depression and stress. The result of this research suggests the need for awareness of the close association between family functions, social support, stress, and depression, particularly among parents. Many studies have shown clear evidence that social support affects the outcome of depression (Sarason et al, 1987; George, Blazer & Hughes et al, 1989; Lara, Leader & Klein, 1997; Cronkite, Moos & Twohey, 1998) and provide protection for an individual under stress (Lynch et al, 1999; Maulik et al, 2011; Wang et al, 2014). Low satisfaction with social support is noted to be a risk factor for poor depression outcomes and negative correlations have been noted between level of social support and severity of depression (Sarason, Shearin & Pearce, 1987). A decline in social support may itself cause an increase in depression, or in depression severity. But some studies have also suggested that depression may have an impact on social support (Moos, Kronkite & Moos, 1998). Dean and Ensel (1983) examined the role of social support and life stress as predictors of depression in a large sample of individuals age 17 to 24 and found that social support was the single most important factor in determining depression in both young males and females (the less support, the more depressive symptoms). Ezquiaga et al (1999) have observed low satisfaction with social support as a risk factor for poor depression outcomes. A subjective view of social support, in which patients rate their perceptions of the support they receive, shows the strongest relationship when investigating how social support affects depression outcomes (George et al, 1989; Ezquiaga et al, 1999 & Krause et al, 1989). In conclusion, it can be said that for the particular age group under study, the cohesiveness and the satisfaction with one's support system plays a crucial role in regulating one's stress and depression.

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Saichampuii Sailo\*"Role of Family and Social Support in Depression and Stress" International Journal of Humanities and Social Science Invention (IJHSSI), vol. 07, no. 8, 2018, pp. 34-39.