Relationship between Social Support and Depression among Adolescents

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Abstract

The current study aims to understand the Relationship between social support and depression among adolescents. For present study the sample comprised of 120 students (60 males and 60 females) from the Kannur district, Kerala. In this study, the age limit is 17 to 20 years old. The tools used for this study are Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) and Measuring Social Support: Personal Recourse Questionnaire (PRQ2000). The hypothesis formulated that "there will be significant relationship between social support and depression among adolescents". The method of correlation was used for analyzing the data. The correlation of the social support and depression among adolescents is -.398 and it is significant at 0.01 levels. From statistical analysis it is found that there is a negative correlation between social support and depression. When the social support increases the depression will decrease. So the hypothesis formulated for the study is accepted.

*Keywords***:** Social support, Depression, significant relationship

Introduction

Adolescence is one the important stages in the life span of human being. It is the phase when very rapid changes take place both physically as well as psychologically. The literal meaning of adolescence is to "grow up". This means accomplishing a number of developmental tasks. An adolescent has to adjust to the changes taking place in her/his body and behavior. He/she realizes he/she no longer a child but has not become an adult (Ritu Sekhri and RosHan Lal, 2012).

Adolescence describes the teenage years between 13 and 20 and can be considered the transitional stage from childhood to adulthood. However, the physical and psychological changes that occur in adolescence can start earlier, during the preteen years (ages 9 through 12). Adolescence can be a time of both disorientation and discovery. The transitional period can bring up issues of independence and self-identity, many adolescents and their peers face tough choices regarding schoolwork, sexuality, drugs, alcohol, and social life. Peer groups, romantic interests and external appearance tend to naturally increase in importance for some time during a teen's journey toward adulthood.

Adolescents also experience significant changes in their ability to assess and comprehend complex situations and information and in their desire to become independent, unique individuals. The beginning of biological growth and development during adolescence is signified by the onset of puberty, which is often defined as the physical transformation of a child into an adult. A myriad of biological changes occur during puberty including sexual maturation, increases in height and weight, completion of skeletal growth accompanied by a marked increase in skeletal mass, and changes in body composition (Jami Stang and Mary, 2005).

During adolescence teens develop a stronger recognition of their own personal identity, including recognition of a set of personal moral and ethical values, and greater perception of feelings of self- esteem or self- worth. Psychosocial and cognitive development is best understood when divided into three periods: early adolescence (11-14 years), middle adolescence (15-17 years), and late adolescence (18-21 years). Each of these distinct periods of development is marked by the mastery of new emotional, cognitive and social skills. Adolescents experience dramatic biological changes related to puberty; these biological changes can significantly affect psychosocial development. An increased awareness of sexuality and a heightened preoccupation with body image are fundamental psychosocial tasks during adolescence. The early stage of adolescence is a time of great cognitive development. At the beginning of adolescence, cognitive abilities are dominated by concrete thinking, egocentrism, and impulsive behavior. The ability to engage in abstract reasoning is not highly developed in most young teens, limiting their capacity to comprehend nutrition and health relationships. Young adolescents also lack the skills necessary to problem solve in an effort to overcome barriers to behavior change and the ability to appreciate how current behaviors can affect future health status (Jami Stang and Mary, 2005).

In the world of theory building, social support is a construct. A construct is a variable that cannot be seen or measured directly. That we cannot see a construct does not make it any less real or less useful. Numerous validated theories involve constructs, sometimes several of them. My usual best example of a construct is the calorie. We cannot see calories, but we can operationalize them as a unit of heat and measure them indirectly. We cannot see attitudes, but we can measure them and study them. We know they exist. Social support is similar. It is an umbrella term that covers a variety of phenomena. We can't see social support, but we can see evidence of it in its effects. Following are a number of attempts to conceptualize the construct:

Sarason, Sarason & Pierce (1990) define social support is the "existence or availability of people on whom we can rely, people who let us know that they care about, value, and love us". Sarason et al. claim that direct assistance, advice, encouragement, companionship, and expressions of affection have all been associated with positive outcomes for persons facing life's various strains and dilemmas. Typically support would be expected to come from family, friends, and/or fellow workers.

Kahn (1979) describes social support as interpersonal interactions that include one or more of the following: the expression of positive affect of one person toward another; the endorsement of another person's behaviors, perceptions, or expressed views; and/or the giving of symbolic or material aid to another.

House (1981) conceptualized social support as the specific actual transaction which took place between two or more people in which emotional concern, instrumental aid, information, or appraisal occurred. House focused on the actual interaction that took place. The "appraisal" part of the definition was most typically evaluative feedback. We will return to that idea later. House also thought the interaction which took place involved a "provider" attempting to offer support and a "recipient" who might be helped by the attempt.

Social support can take different forms:

Let us say that one person has offered support to another person. What are the various forms which that support may take? Although there are various ways of making offers, some of them with multiple or overlapping purposes, there are only six main categories. These are emotional, instrumental, informational, appraisal, network and companionship. Emotional support: this consists of comfort and security from others leading the effected person to believe that he/she is cared for by others (Sarason et a1., 1990). Emotional support conveys the idea that

a person is valued for his or her own worth and is accepted. This kind of support may result in the enhancement of self-esteem (Wan, Jaccard & Ramey, 1996).

Instrumental support: this refers to acts such as loaning money or giving of one's time. It is also called "tangible support" because it involves the giving of material resources or services (Wan, Jaccard & Ramey, 1996).Informational support: this consists mainly of advice and counsel. While this might be helpful, it is my experience that oftentimes people ask for advice when all they want is for someone to listen to them. If you are a good listener, the person may believe that you have given them good advice, when what is actually the case is that they feel understood. Appraisal support: this refers to evaluative feedback (Tardy, 1992). We all need feedback whether we want it or not. Sometimes the person who provides this is a "reality check" who confronts rationalizations or other escape mechanisms. Sometimes this takes the form of encouragement. Typically, we need positive as well as negative feedback. Network support: this refers to being a member of a group or being put in touch with a group with common interests and concerns (Saranson, et a1., 1990). These are usually more than casual acquaintanceships or shared recreation. You might view the AA as one of these groups, or a breast cancer survivor group, or a gay/lesbian support group. It is not unusual for people to say that support groups they are members of are extremely important to them, sometimes more important than family. Companionship support: this is having someone to share life's experiences with. It distracts people from their problems and provides feelings of belongingness (Wan, Jaccard & Ramey, 1996). Non-intimates as well as intimates can be companions (Tardy, 1992).

A strong social support network can be critical to help you through the stress of tough times, whether you've had a bad day at work or a year filled with loss or chronic illness. Since your supportive family, friends and co-workers are such an important part of your life, it's never

too soon to cultivate these important relationships. Although support groups and support networks can play an important role in times of stress, depression, a social support network is something you can develop when you're not under stress. It provides the comfort of knowing that your friends are there for you if you need them.

Depression is more than just sadness. People with depression may experience a lack of interest and pleasure in daily activities, significant weight loss or gain, insomnia or excessive sleeping, lack of energy, inability to concentrate, feelings of worthlessness or excessive guilt and recurrent thoughts of death or suicide. Depression is the most common mental disorder. Fortunately, depression is treatable. A combination of therapy and antidepressant medication can help ensure recovery.

There is no one cause for depression. In some individuals, stressful life events such as the loss of job, long-term unemployment, physical health issues, family problems, and the death of a loved one might trigger depression. Some factors that might place a person higher risk of developing depression.

Social isolation increases the risk of depression. Social support is seen as one of the social determinants for overall health in the general population. Studies have found higher probability of experiencing depression among people who have a lack of social support; evidence from the general population has been more limited. Subjective perception that support would be available if needed may reduce and prevent depression and unnecessary suffering. Every human being wants to belong. This need is so strong that people will do nearly anything to feel like they are part of something.

Social support is the care or help from others that an individual can feel, notice, or accept. As an important environmental resource in an individual's social life, social support affects a

person's physical and mental health and behavior patterns, and has a very close relationship with the generation, development, control, and prevention of depression. 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.

Observational studies consistently have identified that social support is negatively associated with depression among adolescents. The causal connections between these two factors, however, are not well understood. The relationship between social support and depression indicate that social support protects against depression.

Need and Significance

There are many studies conducted in these area and the findings are clearly revealed that there is significance relationship on depression and social support. The adolescents has to make vocational adjustment, later on he or she has to marry and make marital adjustments and to get more social supports to attain his or her goals and lead a fulfill life. The who didn't get such situations to grow may also affect some kind of depressed situation and even it transform to depression. So that the present study will be helpful in knowing, there is relation with social support and depression.

Review of Literature

The study conducted by Alton Barbour (2009) on "social support and depression". This paper provides a rationale for the importance of social support in mental health. It ties depression in adolescence to chronic depression in adulthood. It discusses the importance of interpersonal skill in the achievement of social support and explains how dysfunctional communication impedes the attainment of social support. It variously defines social support as an act, a resource, a result, an understanding, and a relationship. It describes the six forms of social Support and the

role of reciprocity in the "exchange" of offered behavior. It describes four typologies of dysfunctional pseudo-support, the typical medication treatment regimen, and emphasizes the importance of social skill for both rehabilitation and quality of life.

The study conducted by Ritu Sekhri and RosHan Lal (2011) on the study of "depression and social support among adolescents". The aim of the study is to investigate depression and social support among adolescents. The total sample comprised of 150 (85 male and 65 female) adolescents in the age range of 17-20 years was randomly selected from selected. The Social Support Questionnaire (SSQ: Sarason, Levine, Basham, & Sarason, (1983) and Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh (1961) were also administered one after another on the randomly selected sample, t test was used to identify the significant levels. The findings clearly revealed that there is significant gender difference on depression and social support.

The study conducted by Marianne Helsen, Wilma Vollebergh and Wim Meeus, Department of Child and Adolescent Studies, Utrecht University (2000) on "Social Support from Parents and Friends and Emotional Problems in Adolescence". In a sample of 2918 adolescents aged 12 to 24 years, the relation between parental and friends' social support was studied, specifically with regard to emotional problems. In addition, age and sex differences were examined. Results indicated that parental and friend's support seems to be relatively independent support systems. Although the degree of perceived support changes in the expected direction (with parental support decreasing and friends' support increasing) during early adolescence, parental support remains the best indicator of emotional problems during adolescence. The effect of friends' support appeared to depend slightly on the level of perceived parental support, with

the high parental support group showing a slightly positive effect of friends' support, and the low parental support group showing a negative effect of friends' support.

The study conducted by Terje A Murberg and Edwin Bru (2014), Stavanger University College Centre for Behavioral Research on topic "Social Support, Negative Life Events and Emotional Problems among Norwegian Adolescents". Relationships between negative life events, perceived social support and emotional problems were assessed in a national representative sample of 1053 adolescents in eighth grade. Thirty-one percent of the adolescents reported that they had experienced at least one negative life event during the last year. Serious illness or injury among close relatives or friends was reported as the most prevalent negative life event. Negative life events were significantly associated with emotional problems among both female and male adolescents. Moreover, support from parents, friends and teachers was directly, negatively associated with emotional problems in both sexes. Finally, results indicate that support from parents moderate the relationship between negative life events and emotional problems among adolescent girls.

The study conducted by Angel Martinez et al. (2015) on the topic "Social support and gender differences in coping with depression among emerging adults". Depression affects a considerable proportion (12-25%) of adolescents and so-called emerging adults (ages of 18-25). The aim of this study were to explore the relationship between perceived social support and depression in a sample of emerging adults, and subsequently to identify the type of social support young people consider most helpful in dealing with this type of emotional distress. A sample of 105 young persons (17-21 years of age) was selected from a previous longitudinal study to create three groups of participants: subject with a previous diagnosis of a depression; subjects with self-perceived but undiagnosed distress compatible with depression; and a group of controls. For this

study Beck Depression Inventory (BDI-II) and Social support (the Mannheim interview on social support) were administered. Results revealed that: loss of friendship over time and dissatisfaction with social and psychological support are variables associated with depression n emerging adulthood. Qualitative analysis revealed gender differences both in strategies for managing distress, and in how social support was understood to mitigate depressive symptoms. Male study participant's prioritized support that helped them achieves self-control as a first step toward awareness of their emotional distress, while female study participants prioritized support that helped them achieve awareness of the problem as a first step toward self-control.

Methodology

Objectives of the study

1. To find out the relationship between social support and depression among adolescents.

2. To find out the depression among adolescents and to find out the social support among adolescents.

Hypothesis of the Study

There will be significance relationship between social support and depression among adolescents.

Sample

Sample is the representative part of the population .Sample for present study the sample comprised of 120 adolescents in which male samples and females samples from Kannur district. In this study, the age limit is 17 to 20 years old and convenient sampling method is used.

Inclusion criteria

1. The sample of the study will be adolescent male and female.

2. The age limit will be 17-20 years.

3. Student population is included.

Exclusion criteria

1. Other than adolescent group is excluded from the sample.

2. Differently abled adolescents are excluded.

    Other than student population is excluded.

Variables

Depression: A mental state characterized by feeling of sadness, loneliness, despair, low esteem, and self- reproach. A term refers either to a mood that is so characterized or to an affective disorder.

Social support: Social support as interpersonal interactions that include one or more of the following: the expression of positive affect of one person toward another; the endorsement of another person's behaviors, perceptions, or expressed views; and/or the giving of symbolic or material aid to another. Kahn (1979).

Tools

1. Personal information schedule

2. Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961)

3. Measuring Social Support: Personal Recourse Questionnaire (PRQ2000).

Procedure of the Study

Personal information schedule, Beck Depression Inventory and Support Function Scale was used for data collection. The questionnaire was administered on the students, introduction as given about the objective of the study, importance of their cooperation and their sincere

responses just before the administration of the questionnaire. They were also informed that the secrecy of their information will be strictly maintained. Uniform patterns of administration of psychological tools were adopted and the scoring of each test has been done according to the pattern mentioned in respective manuals. Finally, the obtained results were statistically analyzed and discussed accordingly.

Analysis

Data sheets were collected from the selected samples and incomplete data sheets were removed. The remained data sheets were cross checked and analyzed. Correlation was used for analyzing the data.

Correlation:

It is a statistical measurement of the relationship between two variables. Possible correlations range from +1 to −1. A zero correlation indicates that there is no relationship between the variables. A correlation of −1 indicates a perfect negative correlation, meaning that as one variable goes up, the other goes down. A correlation of +1 indicates a perfect positive correlation, meaning that both variables move in the same direction together.

Result and Discussion

Variables, total numbers, minimum and maximum scores, mean and Std. Deviation.

Table 1: Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Social support	120	17	105	82.47	15.77
Depression	120	0	36	13.87	9.37
Valid N (list wise)	120				

Illustration of table 1 shows the total number of samples against the variables social support and depression. The minimum score of social support is 17 and the maximum score is 105. And the minimum score of depression is 0 and the maximum score is 36. Mean score of social support is 82.47 and the mean score of depression is 13.87. The standard deviation of social support is 15.77 and for depression is 9.37.

Table 2: Pearson Correlation, Sig. (2-tailed) and number of samples.

Correlations

	social support	Depression
social support Pearson Correlation	1	-.397
Sig. (2-tailed)	120	.000
N		120
Depression Pearson Correlation	-.397	1
Sig. (2-tailed)	.000	120
N	120	

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

Illustration table 2 shows correlation of the variables social support and depression .The correlation of the social support and depression among adolescents is -.398 and it is significant at 0.01 levels. From statistical analysis it is found that there is a negative correlation between social support and depression. When the social support increases the depression will decrease. So the hypothesis formulated for the study, "there will be a significant relationship between social support and depression" is accepted.

Social support is the care or help from others that an individual can feel, notice, or accept. As an important environmental resource in an individual's social life, social support affects a

person's physical and mental health and behavior patterns, and has a very close relationship with the generation, development, control, and prevention of depression. 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.

Summary

The present study entitles "Relationship between Social support and Depression among adolescents" aims to find the relationship between two variables called social support and depression. Social support refers to "existence or availability of people on whom we can rely, people who let us know that they care about, value, and love us"(Sarason Pierce (1990). Sarason et al. claim that direct assistance, advice, encouragement, companionship, and expressions of affection have all been associated with positive outcomes for persons facing life's various strains and dilemmas. Typically support would be expected to come from family, friends, and/or fellow workers. And the depression defined as the World Health Organization's study into the Global Burden of Disease (Murray & Lopez, 1998) demonstrates clearly that depression is more than just sadness. People with depression may experience a lack of interest and pleasure in daily activities, significant weight loss or gain, insomnia or excessive sleeping, lack of energy, inability to concentrate, feelings of worthlessness or excessive guilt and recurrent thoughts of death or suicide.

The tools used to measure the social support and depression is Measuring Social Support: Personal Recourse Questionnaire (PRQ2000) developed by Claram Weinet and Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) respectively.

The finding and statistical analysis suggest that there is a negative correlation exist between the two variables, social support and depression. This means when the social support increases depression will decrease. The study conducted by Sekhri R and Lal R on "depression and social support among adolescents" to study relationship between two variables and findings revealed that there is significance difference between social support and depression. So the current findings and previous findings are same.

There is negative correlation between social support and depression.

Suggestion

From the study it has been found that there exist a negative significant correlation between social support and depression among adolescents. In this study the sample size is 120. By increasing sample size and by choosing the samples by random sampling method will increase the strength of study. Future studies can be conducted to understand the nature of the variables and their relation better.

Limitations of the Study

1. Limited sample size

2. Collected samples from only one state.

3. Use of convenient sampling.

4. People were reluctant to respondent to the questionnaire as a result of its volume.

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