

## Social Support as a Protective Factor for Mental Health

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### ABSTRACT

**Objective:** The study aims to determine the impact of social support as a protective factor for health on depression, anxiety, and life satisfaction in patients treated for the diagnoses of F10.2 Alcohol dependence and F32 Depressive episode at psychiatric hospital.

**Methods:** A quantitative approach was selected for the research. To collect data, a questionnaire battery comprising four standardized questionnaires was used: PSSS (Perceived Social Support Scale) by JA Blumenthal, BDI-II (Beck Depression Inventory) by Beck et al., SAS (Self Rating Anxiety Scale) by Zung, and Life Satisfaction Questionnaire by Fahrenberg et al.

**Results:** The results of the research indicated that there is a statistically significant difference in the levels of social support between the control group and the focus group (patients diagnosed with depression and alcohol dependence). The research confirmed the assumption of the existence of a significant negative relationship between the levels of anxiety and social support in patients diagnosed with alcohol dependence. Furthermore, the results confirm the protective impact of social support in relation to health. No evidence of the existence of a significant relationship between the levels of depression and social support was found. The results of the research likewise indicate that there is a statistically significant difference in life satisfaction between the control group and the focus group (patients with alcohol dependence). Finally, the research results suggest that there is a significant positive correlation between the levels of social support and life satisfaction among people with alcohol dependence. Alcohol dependence results in lower life satisfaction.

**Conclusion:** The research demonstrated the importance of social support as a protective factor of health. It was confirmed that in people with alcohol dependence, increased social support decreases anxiety, and in contrast, enhances overall life satisfaction.

### KEY WORDS

social support, depression, anxiety, dependency, life satisfaction, health

### INTRODUCTION

For psychiatric hospital inpatients, the support they receive from their social environment is extremely important. One of the decisive factors is the quality of the relationship with their partner. Another is the social burden that is placed on a person, and which may develop into depressive symptomatology. Patients treated for a depressive episode confirm it is very important for them to maintain contact with their relatives and friends despite their hospitalisation. The physician needs to insist on the patient's contact with their family and friends even at the beginning of the treatment, when patients often refuse to see anyone (Rahn, Mankopf, 1999, pp. 242–243).

Statistics show that of patients with depression, there are approx. 16.5 % who have problems with alcohol dependence. This situation also applies to 18% of patients suffering from an anxiety disorder (Nešpor, 2010). Many studies have shown that the combination of depression and alcoholism exceeds the random incidence of these diseases in the population (Helzer, Pryzbeck; Regier et al.; Grant, Harford, In Dixit, Crum, 2000). Patients with the diagnosis F10.2 Alcohol dependence often have higher levels of average negative emotions. These include above all anxiety, depression, as well as lower average self-esteem (Stuchlíková, Man, Popov, 1999, pp. 193–194). Alcohol dependence is one of the main risk factors for recurrence of depression (Cohen, 2002). Authors Peirce et al. (2000) reported

interesting results of a longitudinal study of social contact, social support, depression, and alcohol abuse. They show that increased alcohol consumption reduces contact with family and friends. Families of patients diagnosed with Alcohol Dependency used to remain unnoticed in the therapy. Recent studies show that if the family becomes involved in the therapeutic process, it benefits the course of therapy (Ühlinger, Tschumi, 2009, p 11). Support coming from family is also one of the conditions of a positive prognosis for alcohol dependence (Benson, 2004, p 143).

Many studies have indicated the positive impact of social support on one's health, especially with diseases such as depression and cardiovascular disorders (Mrvová, 2010; Chung, Hsiung, 2009; Kebza, Šolcová, 2003; Křivohlavý, 2001; Cohen, Underwood, Gotlieb, 2000; Peirce, Frone, Russell, Cooper, Mudar, 2000; Kebza, Šolcová, 1999). In 1987, authors Holahan and Holahan (In Šolcová, Kebza, 1999, p 23) demonstrated the positive impact of social support on the development of depression. Social support serves directly as a protective factor against depression.

In 1982 Dean and Ensel (In Šolcová, Kebza, 1999, p 23) identified lack of social support in adverse life events as the most important predictor of depression. Another conclusion this study reached was the fact that the development of depression in women had been indirectly affected by the level of social support. The relationship of social support and depression in the Czech population was studied by e. g. Pechačová et al. (In Šolcová, Kebza, 1999, p 23). The author also found that social support has protective effects on depressive disorders. Authors Hraba, Lorenz, Pechačová (In Šolcová, Kebza, 1999, p 23) concluded that the lack of social support led to depression especially in older men. The study by Chung et al. (2010) examined the quality of life of patients with depression. The surveyed group consisted of 237 respondents, who were being treated in the psychiatric outpatient unit of the University Hospital in northern Taiwan. In conclusion the study confirmed that social support has both direct and indirect impact on depression and quality of life.

In 1992 authors Oxman, Berkman, Kasl, Freeman, Barret (In Křivohlavý, 2001, p 110) studied two thousand respondents aged over 65 years. The result of the study found that individuals who enjoy higher social support are at lower risk of developing depression. Just as low social support can lead to depression, Peirce et al. (2000) demonstrated that, reversely, depression negatively affects social support.

Another relationship under study is the one between social support and life satisfaction. The concept of life satisfaction has not been sufficiently defined or

described yet. The concepts of "life satisfaction", "subjective good health" and "quality of life" are often confused with each other. However, there is uniformity of opinion that the cognitive and affective constructs of all spheres of life (e. g. health, social relations, etc.) can contribute to life satisfaction. (Fahrenberg et al., 2010, p 10) The research carried out by Lua (1995, pp. 351–357) showed that there is a significant relationship between life satisfaction and social support. Authors Snopek and Hublová (2008, pp. 500–509) find that perceived social support is positive for both life satisfaction and self-assessment.

Results of studies (Fahrenberg et al., 1994; Iwatsubo et al., 1996; Koivumao-Honkan et al., 1996) support the fact that individuals living with a partner, and those more socially supported by family or friends are "more satisfied" with their lives. Surveys (Willits, Crider, 1998; Iwatsubo et al, 1996) also suggest that active use of free time contributes to greater life satisfaction. In contrast, failure to comply with the principles of healthy diet and substance abuse, especially of alcohol, drugs and tobacco is linked with higher dissatisfaction.

## OBJECTIVE

The paper aims to determine the impact of social support as a protective factor for health on depression, anxiety, and life satisfaction in patients treated for the diagnoses of F10.2 Alcohol dependence and F32 Depressive episode at psychiatric hospital. Four objectives and five hypotheses of the study were identified.

**Objective 1** – Identify the difference in social support between patients treated for the diagnosis F10.2 Alcohol dependence (Group A) and F32 Depressive episode (Group B) at psychiatric hospital, and persons untreated for the above psychiatric disorders.

**H1** We expect that there is a statistically significant difference in social support of the focus group and the control group.

**Objective 2** – To determine the impact of social support on depression and anxiety in patients treated for the diagnoses of F10.2 Alcohol dependence and F32 Depressive episode at psychiatric hospital.

**H2** We expect that there is a significant negative correlation between social support and depression in patients treated for the diagnosis F32 Depressive episode (Group B) at psychiatric hospital.

**H3** We expect that there is a significant negative correlation between social support and anxiety in patients treated for the diagnosis F32 Alcohol dependence (Group A) at psychiatric hospital.

**Objective 3** – To determine life satisfaction in patients treated for the diagnosis F10.2 Alcohol dependence at psychiatric hospital.

**H4** We expect that there is a significant difference in life satisfaction of the group of patients treated for the diagnosis F10.2 Alcohol dependence at psychiatric hospital (Group A) and the control group.

**Objective 4** – To determine the impact of social support on overall life satisfaction in patients treated for the diagnosis F10.2 Alcohol dependence at psychiatric hospital.

**H5** We expect that there is a significant positive correlation between social support and overall life satisfaction in patients treated for the diagnosis F32 Alcohol dependence at psychiatric hospital.

## PARTICIPANTS AND METHODS

A quantitative approach using ex-post-facto research design was selected for the research. To collect data, a questionnaire battery comprising four standardized questionnaires was used: PSSS (Perceived Social Support Scale) by JA Blumenthal, BDI-II (Beck Depression Inventory) by Beck et al., SAS (Self Rating Anxiety Scale) by Zung, and Life Satisfaction Questionnaire by Fahrenberg et al.; Beck Depression Inventory BDI II by Beck, Steer, and Brown was developed in 1996 as a revision of BDI-IA (Preiss, Vacíř, 1999). These are subjective scales that estimate the degree of depression in the general population and in patients with diagnosis. In the Czech Republic the scale was validated by authors Preiss Vacíř in 1999. The questionnaire PSSS was created in 1974 by JA Blumenthal et al. The simple questionnaire PSSS describes the degree of social support using 12 items rated on a seven-point evaluation scale (from “Strongly disagree” to “Strongly agree” – with points 1 to 7). The PSSS questionnaire generates three sub-scores: 1 social support from an unspecified person, 2 social support from family, 3 social support from friends. The total score of social support is the sum of the sub-scores. (Kebza, Šolcová 1999) The questionnaire of life satisfaction was developed in 1986 by Fahrenberg et al. The questionnaire contains 11 scales – Health, Professional Life, Financial Situation, Leisure, Marriage and Partnership, Relationship to Own Children, Self-Esteem, Sexuality, Friends and Family, Living Situation, and Overall Life Satisfaction. (Fahrenberg et al., 2001) Subjective anxiety was assessed using Zung’s Self Rating Anxiety Scale (SAS), which contains 20 items rated on a scale from “Not at all or rarely” to “Regularly”.

## DESCRIPTION OF THE FOCUS GROUP

The respondents were 103 clients of the Psychiatric Hospital Bílá Voda, treated for the diagnosis F10.2 Alcohol dependence (Group A) and of the Psychiatric

Hospital Brno – Černovice, treated for the diagnosis F32 Depressive episode (Group B). The survey participants met the following criteria: age 18 to 85 years; men and women; clients of PH treated for the diagnoses Depressive episode and Alcohol dependence. The focus group comprised 60 clients of BVPH and 43 clients of ČPH, of whom there were 31 men and 71 women. The influence of gender and age were not included in the research. The control group consisted of 105 respondents who were not being treated for depression and alcohol addiction. Respondents were accepted in the control group only after completing the BDI II test and MAST (Michigan Alcohol Screening Test) with a negative score (i.e. absence of depression and alcohol dependence).

## RESULTS

The PSSS questionnaire was used to identify the difference in social support of psychiatric hospital clients (treated for depressive episode and alcohol dependence) and of individuals untreated for psychiatric disorders. A t-test was used to compare the measured values of social support in the focus group and the control group. As  $t = 2.01$ , which is significant at the significance level  $p0.05$ , the difference in the averages of the two groups is statistically significant. The group of psychiatric hospital clients has significantly lower levels of social support than the control group. **Hypothesis 1 was thus validated and accepted.**

Similar results were found when comparing the PSSS of the Sub-Group A of clients treated for the diagnosis Alcohol dependence. A t-test was used to compare the measured values of social support in clients treated for Alcohol dependency and in the control group. As  $t = 2.93$ , which is greater than  $p0.05$ , the difference in the averages of the two groups is statistically significant. The group of psychiatric hospital clients treated for Alcohol dependency has significantly lower levels of social support than the control group. The comparison of the resulting PSSS values in Sub-Group B of PH clients treated for the diagnosis of Depression and the control group did not validate the assumption of the existence of a significant difference in social support in the group of PH clients treated for Depression and the control groups.

To compare the results of depression (BDI-II) and social support (PSSS) in the focus group (group B), Pearson’s correlation coefficient was used. As the resulting  $r = 0.18$  is not significant at  $p0.01$ , it can be said that there is no statistically significant correlation between the level of depression and level of social support in psychiatric hospital clients treated for depression.

The assumption of a significant negative correlation between depression and social support was not confirmed. **H2 was verified and was not accepted.**

To compare the measured average values of social support and anxiety in the focus group (group A), Pearson's correlation coefficient for metric data was used. The resulting  $r = -0.67$  is significant at the significance level  $p < 0.01$ . Thus, there is a significant negative correlation between social support and anxiety levels in people with alcohol dependence. It was confirmed that social support is an important protective factor in relation to anxiety. **H3 was verified and accepted.**

To determine the level of life satisfaction in clients diagnosed with Alcohol dependence (group A), the Life Satisfaction Questionnaire (LSQ) was used. Table 1 provides the LSQ average scores. The table shows that the LSQ average values of the control group are higher than in the group of PH clients. A t-test was used to compare the measured values of overall life satisfaction in clients treated for Alcohol dependency and in the control group. As  $t = 2.43$  is significant at  $p < 0.05$ , we can say that the difference in the averages of the two respondent groups is statistically significant. The group of clients diagnosed with Alcohol dependency has significantly lower levels of overall life satisfaction than the control group. **H4 was thus verified and accepted.**

To compare the measured social support and life satisfaction in the focus group A, Pearson's correlation coefficient for metric data was used. The resulting  $r = 0.27$  is significant at  $p < 0.01$ . There is a significant positive correlation between the levels of social support and life satisfaction among people with alcohol dependence. **H5 was verified and accepted.**

## DISCUSSION

The first objective of the study was to determine social support in patients treated for the diagnoses of F10.2 Alcohol dependence and F32 Depressive episode at psychiatric hospital in comparison to the control group of respondents who tested negatively for the syndromes of alcohol dependence and depression. It was confirmed that there is a statistically significant difference in the levels of social support between the control group and the focus group. Another objec-

tive was to determine the impact of social support on depression and anxiety in psychiatric hospital clients treated for depressive episode and alcohol dependence. The resulting correlation between anxiety and social support was statistically significant; the assumption of the existence of a significant negative relationship between the levels of anxiety and social support in Group A was confirmed. The results confirm the protective impact of social support in relation to health (cf. Mrvo-  
vá, 2010; Chung, Hsiung, 2009; Kebza, Šolcová, 2003, 1999; Mareš, 2001, 2003; Křivohlavý, 2001; Cohen, Underwood, Gotlieb, 2000; Peirce et al., 2000).

In the case of correlation of the target variables in the sub group of patients treated for depressive episode, however, we did not manage to verify the existence of a significant negative relationship between the levels of social support and depression. These clients were affected by inadequately or poorly provided social support (cf. Křivohlavý, 2001, p 111; Lepore In Kebza, Šolcová, 1999, pp. 29–30). This result was probably also affected by the nature of the disease. A depressive episode is accompanied by, among other things, sharply reduced interest or ease in all activities, by fatigue or loss of energy and self-esteem (Smolik, 2001); a depressed person may view having family and friends around more as a burden than support. Nevertheless, even despite this result, social support has protective effects on health if it is provided correctly, and not at the expense of the recipient or the provider.

The third objective was to explore differences in life satisfaction in alcoholics and the control group. Surveys (Willits, Crider, 1998; Iwatsubo et al, 1996) suggest that active use of free time (e. g. social events, hobbies, etc.) contributes to greater life satisfaction. In contrast, failure to comply with the principles of healthy diet and substance abuse, especially of alcohol, drugs and tobacco are linked with higher dissatisfaction. The results of the conducted research confirm this finding as there is a statistically significant difference in life satisfaction between the control group and the focus group (patients with alcohol dependence). Furthermore, the research results suggest that there is a significant positive correlation between the levels of social support and life satisfaction among people with alcohol dependence. It

**Table 1** Distribution of the mean values in the questionnaire of life satisfaction

Group	N	LS/x	Minimum	Maximum	Median	Standard deviation
focus	60	280.38	130	403	285	67.88
control	60	377.58	266	433	388	39.01

N – Number of respondents

LS/x – average values of life satisfaction measured with Life Satisfaction Questionnaire



follows that alcohol dependence results in lower life satisfaction. These results are consistent with the results of research by Snopek and Hublová (2008, pp. 500–509), who also noted that there is a positive relationship between perceived social support and life satisfaction.

## CONCLUSION

The research study aimed to determine the impact of social support as a protective factor for health on depression, anxiety, and life satisfaction in patients treated for the diagnoses of F10.2 Alcohol dependence and F32 Depressive episode at psychiatric hospital. A quantitative approach using ex-post-facto research design was used in the research. Standardized questionnaires were used to determine the levels of social support, life satisfaction, depression, and anxiety. The study confirmed that in people with alcohol dependence, increased social support decreases anxiety, and in contrast, enhances overall life satisfaction. Alcohol dependence is a factor that reduces overall life satisfaction, because the focus group scored significantly lower in overall life satisfaction than the control group.

This study was limited by the narrow number of respondents and the specific medical diagnoses. Further research into this issue will involve a larger respondent group. The survey provided input results for further research in this area. As the research opens up new directions, the issue of social support in patients with the diagnoses of Alcohol dependence and Depression requires further investigation. Suggested topics include the influence of personal characteristics such as resilience, internality-externality, emotional lability-stability etc., in relation to overall life satisfaction and in the context of social support.

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