The relationship between social support and ways of coping with depression of devotees in Guilan

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Abstract

With regard to the role of internal resources such as coping strategies and external resources such as social support in adaptation way of devotees, in this study, the relationship between social support and ways of coping with depression of devotees has been studied. Subjects constituted 380 devotees of Guilan that are randomly selected. By coping strategies questionnaire (Endler and Parker), Zung's Anxiety questionnaire and the social support questionnaire of Sarason et al were evaluated. The results showed that veterans who had the lowest rates of depression significantly used the effective ways to cope with stress (emotion-oriented, problem-oriented, avoidance). Veterans had the greatest amount of social support (family, friends, colleagues, significant persons), suffered less from depression. This study shows the role of social support and special coping strategies in reducing depression symptoms because of consequences of severe injuries caused by the war.

Keywords: devotees, social support, coping with stress, depression.
Introduction

Various sources in people's lives cause stress that one of these factors is the war and damage after the accident. Different people react differently to these psychological pressures. Some people can deal with the triggers and stress better than others. In fact, their behavior is the outcome of the challenge of the environment, while many people according to the aspects of personality are quite talented and resistant to the psychological pressures. However, many factors can be involved in creating these differences, that among them we can refer to character, motivation, empowerment, inability to tackle the specific problems that arise in special circumstances and having sufficient insight into the motivations and also his/her weaknesses and many other factors (Cooper, 1994, translated by Gharachedaghi and Shariat Zadeh, 1994). Psychological pressures include patients’ long-term treatment and ongoing referral to health centers, time-consuming and side effects of treatment, job loss, and inability to perform activities and so on. Research shows that many physical diseases, deformation organs, loss of some abilities and disabilities can act as a source of stress. Research shows that a significant part of the population with chronic pain, suffers from depression, social stress and family discord (Arendt, 2002). Social support is defined as the availability of people who one can trust them and feel that respected as a person. Stressful situations are taken into account as essential psychological resources (Shoa Kazemi, 2013). Social support is considered as a multidimensional concept that covers both real and imaginary dimensions (Alipour, 2006). The most common types of social support that was introduced by researchers and have been studied in several studies, include the three categories of emotional, social, tools and information support. Social support can reduce damaging effects of stressful stimuli on the immune system. In this sense, those who have greater social support also have stronger immune systems, and therefore the disease is delayed and it quickly recovers (Alipour, 2006).

Since the treatment of psychological problems is costly and demanding long-term treatment, prevention of these disorders, and identifying risk factors, and controlling them are necessary. Experts of the World Health Organization, define mental health as harmonious relationship with others, changed personal and social environment and solving the conflicts and be reasonable, fair and appropriate personal interests. They believed that mental health is not merely the absence of mental illness, but it can be a flexible and meaningful response to a variety of life experiences (Salehi, 2007).

Social support and proper use of methods dealing with stress as a shield and a protective agent against the negative consequences of stressful situations reduces the negative effects of stress during stressful situations of life. Psychological well-being can be effective.
As it has been shown in some studies, people with higher social support, have less interpersonal conflict and in facing the stressful events they deal effectively and show fewer signs of distress or depression. It seems that social support has moderating role in the development or exacerbation of psychological damage, especially depression (Bakhshani et al., 2003).

Studies on the role of psychological factors in the rehabilitation and adaptation after spinal cord injury have shown that these factors are important. The attitude of the patient about the disease and how to cope with it and sources of external social support are very important.

Some of relevant researches in this context are mentioned below. Alkolit, Ostergaard Kojer, Lasguard and Pulic (2012) did a research on social support, stress coping and post-traumatic stress symptoms in young refugees and found that 43-35% of young people are in the clinical range for the diagnosis of post-traumatic disorders. Sex of woman, avoidant coping strategies and problem-oriented are predictors of post-traumatic disorders. However, the protective effects of social support for these groups were not observed.

Aflaksir did a research (2010) on the role of social support and coping strategies on mental health of a group of disabled veterans and came to the conclusion that social support plays an important role in the mental health of veterans with advanced disabilities.

Advanced veterans' mental health disabilities do not play an important role in the mental health of veterans. Results showed that veterans who use coping methods have better mental health.

A study by Lifi, Kavolla, Dorcher and Rosen (2008) did on the relationship between the symptoms of post-traumatic disorder, social support and resources to support veterans with severe post-traumatic disorder at two time (duration 6 months). They concluded that at the first time, further erosion of perceived support from friends in the symptoms of post-traumatic was predicted.

Ironically, the initial level of perceived support and stressors in the course of chronic symptom of posttraumatic stress disorder were not anticipated.

In this study, we examine the effects of social support and how the coping strategies are used by war veterans of eight years old. We are looking forward to see if there is a relationship between the social support and coping style with the depression of the veterans.

Today, almost all people are familiar with the term stress, because it is as an integral part of human life and humans face stressful situations from their childhood.
Death of relatives, disaster events, unemployment and multiple failures, are situations that lead to stress. However, the sources of stress cannot be eliminated only by recognizing them which can avail ways of effective coping and reduce its negative impact.

One way to deal with stress is social support, which indicates the willingness of people to share problems with others and seek support to deal with the problem (Khodayarifard, Parand, 2011).

The main objectives of the study were to determine the relationship between social support and coping with stress and depression in veterans of eight years old of sacred defense. Secondary objectives include: evaluating the importance and impact of social support and coping with stress on depression of veterans, reduction of the level of depression in veterans by increasing the effectiveness of social support and proper use of coping with stress.

The main hypothesis of this study is that the relationship between social support and ways of coping with stress and depression, and subsidiary hypotheses are as follows:
- There is direct relationship between the social support network and depression.
- There is direct relationship between the social support and depression
- There is direct relationship between the problem-oriented coping and depression
- There is a direct relationship between emotion-focused coping style and depression.
- There is a direct relationship between the avoidance coping and depression.

Research in this paper is descriptive and correlational. The study is applied in terms of purpose. Its population is 21,200 veterans in Guilan.

According to Morgan table, in the sample size of this study, 380 patients were selected. Questionnaires were distributed to 420 questionnaires; finally, 380 questionnaires were completed by respondents and in the final analysis were used.

Data collection method in this survey is field research. In this study, a simple random sampling method is used. Data collection tool is standard questionnaire which is described below.

- **Social support questionnaire of Sarason et al.**

Sarason and his colleagues’ social support questionnaires were completed by the participants and include 27 parts. Each episode consists of 2 questions. The first question, in any
field is related to certain conditions that participant must think and write names of the people who feel under certain conditions can help him/her. They can be up to 9 people.

The third question is related to the satisfaction of perceived social support in certain conditions that is in six-part scale from very dissatisfied to very satisfied.

Sarason et al. (1983) obtained reliability for scale of the size of the social network 0/90 and 0/83 for satisfaction scale. The internal consistency is obtained 0/70.

- Coping stress strategies questionnaire of Endler and Parker (CISS)

This test that consists of 48 articles answered by Likert method from never (1) to always (5) has been determined. Due to the fact that Likert is 5 point, the maximum score for each Article is 5 and the minimum is 1. The range of three behaviors is that the score of each of the three coping behaviors mean problem-oriented, emotional-oriented and avoidance-oriented is from 16 to 80.

In other words, dominant coping style of a person is determined according to the obtained score on the test. It means each of behavior that gains higher score will be considered as individual coping.

To obtain reliability of coping with stress questionnaire in students, Cronbach's alpha was used which in problem-focused coping of boys was 0/92, and girls 0/85, and 0/82 for emotion-focused boys and girls emotion-focused 0/85 and avoidance boys 0/85 and girls achieved 0/82. The reliability coefficient of the stressful was obtained through Cronbach's alpha in high-level research of Qureshi (0/8133).

The validity of the questionnaire also in research in Iran has been fixed. In order to calculate the correlation coping with stress questionnaire factors, the Pearson correlation coefficient was used for the problem-focused 0/58, emotion-focused 0/55 and avoidance was 0/93.

Zung's Anxiety Scale (SAS)

When using this scale respondents will be asked to respond to each of the 20 articles adapted by him/her during the past week. The maximum and minimum scores of this questionnaire is 80 and 20.
Zung's diagnostic criteria for anxiety self-report scale has 5 signs of emotional and 15 physical symptoms. Emotional symptoms of anxiety include:


In Olatonji's study (2006) scale internal consistency, using Cronbach's alpha has reported 81/0. In addition, the correlation of each item with the total score of scale was between 34/0 to 65/0. Sahebi, Asghari and Salari (2005) reported correlation of this scale with the scale of depression, anxiety and stress 0/67.

Dadsetan’s (1376), correlation of this scale with Anxiety Rating scale of Hamilton reported 0/75 and has reported internal consistency 0/84. Abolqasemi (2003) also reported Cronbach's alpha to 82.0.

In the present study, questionnaire reliability is calculated by using Cronbach's alpha index. The coefficients calculated for Zung depression questionnaire are presented in the table below.

<table>
<thead>
<tr>
<th>Reliability coefficient</th>
<th>Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>0/71</td>
<td>Emotional and mood</td>
</tr>
<tr>
<td>0/81</td>
<td>Physiologic</td>
</tr>
<tr>
<td>0/78</td>
<td>Psycho-cognitive</td>
</tr>
<tr>
<td>0/89</td>
<td>Total score of depression</td>
</tr>
</tbody>
</table>

According to the above table, reliability coefficient is the components of emotional and mood (0/71), physiological (0/81), psychological (0/78/) and the total score of depression (0/89).
The table of reliability coefficient of the social support questionnaire

<table>
<thead>
<tr>
<th>Reliability coefficient</th>
<th>Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>0/92</td>
<td>network dimension</td>
</tr>
<tr>
<td>0/94</td>
<td>satisfaction dimension</td>
</tr>
<tr>
<td>0/96</td>
<td>Total score of social support</td>
</tr>
</tbody>
</table>

Due to the reliability coefficient table, the components are the network dimension (0/92), satisfaction dimension (0/94), and the total score of social support (0/96).

The table of reliability coefficient of coping stress style questionnaire

<table>
<thead>
<tr>
<th>Reliability coefficient</th>
<th>Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>0/78</td>
<td>Problem-focused coping style</td>
</tr>
<tr>
<td>0/85</td>
<td>Emotion-oriented coping style</td>
</tr>
<tr>
<td>0/79</td>
<td>Avoidance coping style</td>
</tr>
</tbody>
</table>

Due to the reliability coefficient table, the components include problem-focused coping style (0/78), emotion-focused strategies (0/85), and avoidant coping style (0/79).

Analysis of the data will be presented in two parts: descriptive and inferential statistics.
In descriptive statistics, measures of central tendency and dispersion are calculated, and in inferential statistics is to analyze the data, and answer the questions on this research use software SPSS. In the analysis of the obtained data questionnaires are use and to determine the relationship between the variables of research, multiple regression analysis in the stepwise is used. This method of statistical analysis, in addition to determining relationship between variables, as well as answering to question of which is the most powerful predictor factors? Thus, the variables enter the regression with a hierarchical approach in a few steps.

- Analysis

- Inferential findings (The study of hypothesis)
  1) The normality of variables.
     To search for normality, curvature and stretching are used. Its results (-0/84 and -0/83) are in the range of +1 and -1, which indicate that the distribution of scores is normal.
  2) Independence of Errors
The results of errors independence have been reported in the table.

<table>
<thead>
<tr>
<th>Result</th>
<th>Allowed value</th>
<th>The obtained value</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are errors independence</td>
<td>Between 1/5 to 2/5</td>
<td>1/99</td>
<td>Watson camera</td>
</tr>
</tbody>
</table>

According to Table 6, the value of Watson camera statistic in this study is 99/1. Values between 1/5 to 2/5 show independence of errors in the data. So we can say that in this study there are independence errors for multiple variable regression.

3) Summary of stepwise regression model

<table>
<thead>
<tr>
<th>SE</th>
<th>Adjusted R²</th>
<th>R²</th>
<th>R</th>
<th>Predictor variable</th>
<th>Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/57</td>
<td>0/29</td>
<td>0/30</td>
<td>55/0</td>
<td>Satisfaction with social support</td>
<td>1</td>
</tr>
<tr>
<td>6/92</td>
<td>0/41</td>
<td>0/42</td>
<td>65/0</td>
<td>Satisfaction with social support Emotion-focused coping</td>
<td>2</td>
</tr>
<tr>
<td>6/19</td>
<td>0/53</td>
<td>0/54</td>
<td>73/0</td>
<td>Satisfaction with social support Emotion-focused coping Avoidant coping style</td>
<td>3</td>
</tr>
<tr>
<td>6/09</td>
<td>0/55</td>
<td>0/57</td>
<td>75/0</td>
<td>Satisfaction with social support Emotion-focused coping Avoidant coping style Problem-focused coping</td>
<td>4</td>
</tr>
</tbody>
</table>

Criterion variable: depression
The table shows that in the first phase, the correlation of satisfaction with social support and depression is 0/55. In other words, satisfaction with social support predicts only 30% of depression variable.

In the second phase, when variable of emotion-oriented coping strategies is added to model, the value of $R^2$ is increased to 0/42. In other words, 42% of depression changes are dependent on the changes of satisfaction with social support and emotion-oriented coping style that share emotion-oriented coping is 12%.

In the third stage, when variable of avoidant coping style is added to the model, the value of $R^2$ to 0/54 has increased. In other words 54% of the depression changes are related to changes in 3 variables of satisfaction with social support, emotion-oriented coping and avoidant coping style which the share of avoidant coping style is 12 percent.

In the fourth stage, when problem-oriented coping variable is added to the model, the value of $R^2$ to 57/0has increased. In other words, 57% of the changes of depression are related to changes in four satisfactions with social support, emotion-oriented coping strategies, procedures of avoidance coping and problem-focused coping, whose share of problem-focused coping is 3%.

So it can be concluded that overall 57 percent of depression variance is related to the variable variances of satisfaction with social support, emotion-oriented coping strategies, avoidance coping and problem-focused coping.

Based on the results, the table was selected according to the explanatory power ($R^2=57$) as the final model that is shown in variance analysis test for its significance.

**Variance analysis test table for meaningful final regression model**

<table>
<thead>
<tr>
<th>Significance level</th>
<th>F</th>
<th>Mean of square</th>
<th>Df</th>
<th>Total squares ss</th>
<th>change Sources</th>
<th>Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.001</td>
<td>0.03</td>
<td>1445/43</td>
<td>4</td>
<td>5781/71</td>
<td>Regression</td>
<td>4</td>
</tr>
<tr>
<td>0.03</td>
<td></td>
<td>36/11</td>
<td>195</td>
<td>4369/09</td>
<td>The remaining</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>199</td>
<td>10150/80</td>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

Predictor variable: satisfaction with social support, oriented-emotion coping strategies, avoidance coping and problem-focused coping
The criterion variable: depression
As the table shows variables in the regression model, the satisfaction with social support, emotion-oriented coping strategies, avoidance coping and problem-focused coping significantly (0001/0 > P and 03/40 = 195, 4F) predict variable of depression. The table shows regression coefficients.

<table>
<thead>
<tr>
<th>The level of significance</th>
<th>T</th>
<th>Standardized coefficient (β)</th>
<th>SE</th>
<th>Regression coefficient (B)</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>/0001 0</td>
<td>00/103</td>
<td></td>
<td>70/4</td>
<td>47/04</td>
<td>Fixed amount</td>
</tr>
<tr>
<td>0/01</td>
<td>-2/52</td>
<td>-0/54</td>
<td>/04/0</td>
<td>-0/100</td>
<td>1. The satisfaction of social support</td>
</tr>
<tr>
<td>/0001 0</td>
<td>06/8</td>
<td>0/35</td>
<td>/07/0</td>
<td>0/56</td>
<td>2. oriented-emotion coping style</td>
</tr>
<tr>
<td>/0001 0</td>
<td>51/3</td>
<td>-0/28</td>
<td>/05/0</td>
<td>-0/19</td>
<td>3. Avoidant coping style</td>
</tr>
<tr>
<td>/0001 0</td>
<td>-2/95</td>
<td>-0/25</td>
<td>/07/0</td>
<td>-0/20</td>
<td>4. Problem-focused coping style</td>
</tr>
</tbody>
</table>

The regression results show that among the five factors of predictive variables, satisfaction with social support has the largest beta coefficient 54 / 0- for depression which shows that this variable provides the strongest share for explaining the criterion variable.

**Discussion and conclusion**

The main hypothesis: there is relationship between social support and coping with stress and depression.

To test this hypothesis, the Pearson correlation coefficient was used. According to the analysis, there is relationship between the predictive variables and depression.

That is, there is a significant negative relationship between the social support network, satisfaction of social support, problem-focused coping style and avoidance coping with depression (0/01 > P). Also, there is a positive and significant relationship between the variable of emotion-focused coping with depression, (0/01 > P).
By advancements in science, more complex individual and social life and the subsequent increase in stress of individuals, need to pay attention to mental and emotional stresses of humans is felt more than ever (Kaplan et al., 2003). On the other hand, according to researchers, many of these issues can be found at the beginning of adulthood, which may cause some diseases and mental disorders.

Social support can be considered as a strategy for coping with stressful life by calling for help from one of the social networks (Totis, 1995). In other words, when the levels of support received from friends and colleagues are increased, levels of satisfaction with life of veterans are increased.

The results of the hypothesis are consistent with study results of Abrahimi and colleagues (2002), Bakhshani et al. (2003) and Tabatabai et al (2013).

To explain these findings, we can say that negative life events affect the onset or exacerbation of depression and social support has moderator affect in the development or aggravation it. Also, there is a significant relationship between perceived stress, perceived support and depression.

First subsidiary hypothesis: There is a direct relationship between the social support network dimension and depression.

According to the results of the analysis, the relationship between the social support network and depression (-0/53), is negative and at (0/01) significant level. According to the findings, the hypothesis is confirmed. This finding suggests that whenever the person has more social network, his/her depression will be less and whenever devotees have more social network, their depression will be higher.

Social network support considers the extent to which the individual formally or informally helps person when needed.

Social support and its amount are functions of social relations. The context in which these relationships are provided for a person is the community. The community is the precursor and the substrate forming relationships that person can have.

One through social interaction with others and other through social membership in the association, they confirm the relationship with the community and the social relations of the individual to obtain community support. Reducing this range reduces the amount of social support.
In explaining this hypothesis, it can be said that people who have received social support from family, friends, significant others and coworkers, suffer less from depression. Therefore, it is essential that the social protection interventions include emotional support to improve their social health. The results are consistent with research of Zahedi et al (2014), Chenari and colleagues (2013) Clarice and his colleagues (2006).

The second subsidiary hypothesis: there is a direct relationship between the satisfaction of social support and depression.

Referring to the results of the analysis of the data, we find that the relationship between satisfaction with social support and depression (-0/55), is negative and at (01/0) significant level. According to the findings, the hypothesis is confirmed.

This finding shows that whenever a person has much more satisfaction of social support, he/she will be less depressed and vice versa. However, devotees who have less satisfaction of social support will be much more depressed.

Satisfaction and happiness are the result of human perception based on a positive assessment of environmental and personal experience to their community. In other words, satisfaction is the outcome of feelings and a positive attitude toward their position in society, so that this positive state leads to physical, mental, and organic health. If the satisfaction is created in correct form, it can lead to a higher level of social commitment, which is sustained and has loyal attitude to the community.

Man can be satisfied while he is consistent with the unpleasant factors and environmental pressures. So, happiness can cause compatibility, but compatibility does not necessarily lead to happiness.

Findings suggest that structural and material supports are significant predictors for people with anxiety and material supports are significant predictors for depressed people. The results suggest that social factors play an important role in determining mental disorders. The results of the study are consistent with Vilkas (1981) and Ali Pour et al (2009).

The third subsidiary hypothesis: There is a direct relationship between problem-focused copings and depression.
According to the results of the analysis of data, the relationship between problem-focused coping and depression (-0.44), is negative and at (0/01) significant level. According to the findings, the above hypothesis is confirmed.

Problem-oriented approach is required to obtain information about a stressful situation and its possible consequences. People, who use this strategy, try to prioritize their activities according to their importance and by time management activities.

In explaining this hypothesis, it can be said that whenever the person uses more problem-focused coping methods, his/her depression will be less, and conversely. However, devotees who use less the problem-focused strategies, their depression will be higher.

The results are consistent with research of Parsa Manesh and colleagues (2011) and Akuchekian et al. (2008) and Halamandrs (1999) et al.

Fourth subsidiary hypothesis: There is a direct relationship between emotion-focused coping and depression.

According to the results of the data analysis, the relationship between emotion-focused coping with depression (0.46), is positive and at (0/01) significant level. According to the findings, the above hypothesis is confirmed.

Coping strategy involves finding ways to control emotions and trying to be hopeful when facing stress-inducing situations. People, who use this strategy, while they have control over their emotions, may show feelings like anger or frustration.

In explaining this hypothesis, it can be said that whenever the person uses more emotion-focused coping, his/her depression is more. However devotees who use less emotion-focused coping, their depression will be less.

The results are aligned with the research of Rudy et al. (2013) and Bombardier et al. (1990).

Fifth subsidiary hypothesis: There is a relationship between the oriented-avoidance coping and depression.

According to the table of data analysis, the relationship between avoidance coping and depression (-0.32), is positive and at significant level (01/0). According to the findings, the above hypothesis is confirmed.
Oriented-avoidance strategy requires the denial of or undermining the stressful situations. People, who use this method, carefully get rid of stressful thought and replace them with other things.

In explaining this hypothesis, it can be said that whenever a person uses less avoidant coping style, his depression is much more. Conversely, however, devotees who use more avoidant coping style, their depression will be less.

The results are consistent with research of Shabanzadeh et al. (1392) and Aflaksyr et al (2010).
References


- Bakhshani, Nour Muhamad, (2013), the relationship between perceived social support and stressful life events with depression. Quarterly of Thought and behavior, ninth year, 2: 55-49.


- Shoa Kazemi, Mehrangize, Haqqani, Saida, Masoume, Saadati, Khawajavand, Arame, (2013), the relationship between social support of family and coping style in the prognosis of breast cancer patients, Quarterly's breast disease, the sixth year, The fourth number.

- Salehi, Lily (2007), the relationship between religious belief and locus of control with mental health of students with MA thesis, Qazvin University of Medical Sciences.