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كلية التربية بالوادي الجديد

المجلة العلمية

**The Relationship between Perceived Social Support and Some
Psychological Mental disorders**

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Abstract:

Lack of perceived social support is an important risk factor for many psychological disorders. The purpose of this study was to examine the link between Perceived Social Support and Some Psychological Mental disorders. A total of 580 participants were administered the Symptom Checklist-90 Revised (SCL-90-r) and the Multidimensional Scale of Perceived Social Support. The data were analyzed using the Pearson-r coefficient. The findings of this study revealed that there were significant negative relationship between perceived social support and psychological disorders suggesting that the lower perceived social support, the higher is the psychological disorder. The findings of the study will be useful in assisting educators, counselors, psychologist, and researchers to develop strategies to enhance student psychological well-being.

المخلص:

يعد انخفاض الدعم الاجتماعي المدرك من العوامل الهامة التي تؤدي إلى نشأة العديد من الاضطرابات النفسية. هدفت الدراسة الحالية إلى فحص العلاقة بين الدعم الاجتماعي المدرك والاضطرابات النفسية والعقلية. تكونت عينة الدراسة من (580) طالب وطبقت الدراسة قائمة الأعراض المعدلة ومقياس الدعم الاجتماعي المدرك. تم تحليل البيانات باستخدام معامل ارتباط بيرسون. وقد كشفت نتائج الدراسة عن وجود علاقة ارتباطية سلبية دالة بين الدعم الاجتماعي المدرك وبين الاضطرابات النفسية مؤكدة أنه كلما انخفض الدعم الاجتماعي المدرك كلما زاد الاضطراب النفسي. وتعد نتائج هذه الدراسة مفيدة في مساعدة المعلمين والمرشدين والأخصائيين النفسيين والباحثين في تطوير استراتيجيات تعتمد على تعزيز الصحة النفسية للطلاب.

Introduction:

Social support has been defined as "those social interactions or relationships that provide individuals with actual assistance or that embed individuals within a social system believed to provide love, caring, or sense of attachment to a valued social group or dyad". This definition eloquently encompasses the two major facets of social support that have dominated research in the last two decades: received social support and perceived social support. Received support refers to naturally occurring helping behaviors that are being provided, whereas perceived support refers to the belief that such helping behaviors would be provided when needed. In a nutshell, received support is helping behavior that did happen, and perceived support is helping behavior that might happen (Norris & Kaniasty, 1996)

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Social support is considered a multidimensional concept that includes structural support or the quantity of social ties that the personal network consists of. Functional social support is measured by a person's assessment of the meaningfulness of interpersonal relationships (Costa-Requena, Ballester, and Gil, 2013).

Lack of social support is an important risk factor for many psychological and mental disorders such as antenatal depression, anxiety, schizophrenia and related disorders (Harvey, Jeffreys, McNaught, et al., 2007, Dibaba, Fantahun, Hindin, 2013, Clinton, Lunney, Edwards, Weir & Barr, 1998). Social support is a multi-dimensional concept; a key distinction has been made between the enacted support an individual receives (that can be externally observed) and the subjective perception of availability and adequacy of support. It is perceived social support that has been most closely associated with mental wellbeing (Haber, Cohen, Lucas, Baltes, 2007).

Social support has also been recognized to have significant impact on the achievement of the students. Since family and friends are the individuals' first source of reference, supports from these two sources have been found to give a significant influence on academic achievement (Cutrona, Cole, Colangelo, Assouline, & Russel, 1994).

Coping behavior and social support structures moderate the effects of stress among students in their academic life (Rawson, Bloomer and Kendall, 1999). Since social support was found to buffering effect of stress, it could decrease the use of harmful disengagement coping strategies such as avoidance, withdrawal, and denial among students. Consequently, it can increase the use of beneficial engagement coping strategies because individuals believe their social network includes someone who is willing to listen (Fleishman, Sherbourne, Crystal, Collins, Marshall, Kelly, 2000). It also influences response to social stressors by providing a basis for positive thinking and cognitive restructuring or by encouraging people to believe they have resources to call on if they wish to distract themselves from a painful situation (Calvete, & Connor-Smith, 2006).

By having better understanding and knowledge about perceived social support in relation to psychological condition of the students, it could help us to design and organize proper development program to help them to decrease their psychological disorders and may shed light

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on areas for more rigorous research. Based on the available literature, the research predicted that students with psychopathological symptoms would display low levels of perceived social support.

Method

Participants and procedures:

The study was conducted on 580 students from a psychology course at Faculty of Education in Al-Kharga (45.78% men, 54.22% women). The participants' ages ranged from 17 to 19 years ($M = 18.82$; $SD = 1.40$). The participants signed consent forms and were informed that an extra five points would be counted toward their final grades at the end of the semester. They then completed the questionnaires.

Instruments:

- *Symptom Checklist-90-Revised (SCL-90-R)*

The study used Symptom Checklist-90-Revised (SCL-90-R) (Behary, 2005). The SCL-90-R is a 90 item self-report questionnaire that assesses symptoms associated with various types of psychopathology: anxiety, depression, hostility, interpersonal sensitivity, obsessive compulsive symptoms, paranoid ideation, phobic anxiety, psychoticism, and somatization. The instrument's global index of distress is the Global Severity Index (GSI), which is the mean value of all of the items. The SCL-90-R normally requires between 12 and 20 minutes to complete (Derogatis 2000). The SCL-90-R is a well established measure of psychopathology with good internal consistency and test-retest reliability, and demonstrates consistently high validity in multiple studies (Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988; Peveler & Fairburn, 1990).

- *The Multidimensional Scale of Perceived Social Support:(translated by the researcher)*

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988) is used to measure perceived support from three sources: family, friends, and significant others, and is composed of 12 items. Items are scored on 5-point ranging from 1 = very strongly disagree to 5 = very strongly agree. Possible total scores range from 12 to 60, and the higher the score, the higher the level of PSS. The MSPSS has shown high internal reliability and good validity(Stewart, Umar, Tomenson, Creed, 2014).

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The researcher translated the scale into Arabic and then two English major graduates back-translated the Arabic translation into English. The researcher tested the reliability and validity of the Arabic version of the MSPSS with the college students. The Arabic version of MSPSS includes 12 items. In this study, twelve items were judged for its clarity and relevance to the trait being measured using validity of judgments. Percentage of agreement was 85-95%. Table (1) shows mean, standard deviation and the Cronbach's alpha of the perceived social support.

Table (1)
Mean, Standard deviation (SD), and Cronbach's alpha for MSPSS total and subscales (n=580)

Variable	mean	Standard deviation	Cronbach's alpha
family	13.25	3.63	0.889
Friends	11.62	4.33	0.874
significant other	14.41	2.79	0.855
Total	39.29	8.79	0.900

Results:

Correlation coefficient was computed between domains of perceived social support and depression (see table 2). Perceived social support domains were found to significantly and negatively correlate with depression, suggesting that the lower the perceived social support, the higher is the depression.

Table (2)
Spearman Correlations between Social Support Domains and Depression (n=50)

Depression / Social support domains	Correlations	Sig.
Family	**0.310-	0.01
Friends	*0.235-	0.05
Significant other	**0.193-	0.01

Correlation coefficient was computed between domains of perceived social support and anxiety (see table 3). Perceived social support domains were found to significantly and negatively correlate with

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anxiety, suggesting that the lower the perceived social support, the higher is the anxiety.

Table (3)
**Spearman Correlations between Social Support Domains
and Anxiety(n=50)**

Anxiety Social support domains	Correlations	Sig.
Family	**0.310-	0.01
Friends	**0.246-	0.01
Others	**0.289-	0.01

Correlation coefficient was computed between domains of perceived social support and hostility (see table 4). Perceived social support domains were found to significantly and negatively correlate with hostility, suggesting that the lower the perceived social support, the higher is the hostility.

Table (4)
**Spearman Correlations between Social Support Domains
and Hostility(n=50)**

Hostility Social support domains	Correlations	Sig.
Family	*0.348-	0.05
Friends	*0.347-	0.05
Others	**0.442-	0.01

Correlation coefficient was computed between domains of perceived social support and interpersonal sensitivity (see table 5). Perceived social support domains were found to significantly and negatively correlate with interpersonal sensitivity, suggesting that the lower the perceived social support, the higher is the interpersonal sensitivity.

Table (5)
**Spearman Correlations between Social Support Domains
and Interpersonal sensitivity(n=50)**

Interpersonal sensitivity Social support domains	Correlations	Sig.
Family	**0.193-	0.01
Friends	**0.269-	0.01
Others	**0.349-	0.01

Correlation coefficient was computed between domains of perceived social support and Obsessive compulsive (see table 6). Perceived social support domains were found to significantly and negatively correlate with obsessive compulsive , suggesting that the lower the perceived social support, the higher is the obsessive compulsive.

Table (6)
**Spearman Correlations between Social Support Domains
and Obsessive compulsive(n=50)**

Obsessive compulsive Social support domains	Correlations	Sig.
Family	**0.460-	0.01
Friends	**0.391-	0.01
Others	**0.213-	0.01

Correlation coefficient was computed between domains of perceived social support and Paranoid ideation (see table 7). Perceived social support domains were found to significantly and negatively correlate with Paranoid ideation, suggesting that the lower the perceived social support, the higher is the Paranoid ideation .

Table (7)
**Spearman Correlations between Social Support Domains
and Paranoid ideation(n=50)**

Paranoid ideation Social support domains	Correlations	Sig.
Family	*0.348-	0.05
Friends	*0.347-	0.05
Others	**0.442-	0.01

Correlation coefficient was computed between domains of perceived social support and Phobic anxiety (see table 8). Perceived social support domains were found to significantly and negatively correlate with Phobic anxiety, suggesting that the lower the perceived social support, the higher is the Phobic anxiety.

Table (8)
**Spearman Correlations between Social Support Domains
and Phobic anxiety(n=50)**

Phobic anxiety Social support domains	Correlations	Sig.
Family	**0.417-	0.01
Friends	**0.408-	0.01
Others	**0.413-	0.01

Correlation coefficient was computed between domains of perceived social support and Psychoticism (see table 9). Perceived social support domains were found to significantly and negatively correlate with Psychoticism, suggesting that the lower the perceived social support, the higher is the Psychoticism.

Table (9)
**Spearman Correlations between Social Support Domains
and psychoticism(n=50)**

Psychoticism Social support domains	Correlations	Sig.
Family	**0.460-	0.01
Friends	**0.246-	0.01
Others	**0.289-	0.01

Correlation coefficient was computed between domains of perceived social support and Somatization (see table 10). Perceived social support domains were found to significantly and negatively correlate with Somatization, suggesting that the lower the perceived social support, the higher is the Somatization.

Table (10)
**Spearman Correlations between Social Support Domains
and somatization(n=50)**

Somatization Social support domains	Correlations	Sig.
Family	**0.263-	0.01
Friends	**0.357-	0.01
Others	**0.201-	0.01

The above findings on the relationship between perceived social support and psychological problems indicate that there exist significant negative correlations between perceived social support domains and depression, perceived social support domains and anxiety, perceived social support domains and hostility, perceived social support and interpersonal sensitivity, perceived social support domains and obsessive compulsive, perceived social support domains and paranoid ideation, perceived social support domains and Psychoticism, perceived social support domains and perceived social support domains and Phobic anxiety and perceived social support domains and somatization.

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It was found that the lower the social support, the higher is the psychological problems.

Discussion:

The goal in this study was to investigate the relationship between perceived social support and psychological and psychiatric symptoms. The study was conducted on 580 students from a psychology course at Faculty of Education in Al-Kharga (45.78% men, 54.22% women).

As predicted, the results indicated a significant negative relationship between perceived social support and psychiatric symptoms. Individuals who reported low levels of social support were more likely to experience anxiety, depression, hostility, interpersonal sensitivity, obsessive compulsive symptoms, paranoid ideation, phobic anxiety, psychoticism, and somatization.. These results were consistent with those reported by Newsom and Schulz (1996), Cohen et al. (1997) and Friedlander et al., (2007) which revealed that perceived social support correlate negatively with psychological problems such as stress, depression and other psychiatric disorders.

The findings of this study coincide with the study of Holahan et al. (1995) which found first-year students with higher levels of perceived parental support were better adjusted (i.e., higher well-being and happiness) and less distressed (i.e., less depression and anxiety) than those with lower levels of perceived parental support.

Depression and anxiety are the most common psychopathology symptoms. Depression includes symptoms such as depressed mood, feelings of guilt and worthlessness, helplessness and hopelessness, loss of appetite, sleep disturbance, and psychomotor retardation (Radloff, 1977). Anxiety includes characteristics such as excessive rumination, worrying, uneasiness, apprehension, and fear about future uncertainties either based on real or imagined events (Salunke, 2013). Social support may directly protect against depression and anxiety, or it may act by buffering the impact of stressful life events.

The experience of somatization might be a result of severe psychological distress, excessive life strain, and a lack of social support in coping with stress among individuals with various sociodemographic characteristics. Individuals with a strong tendency of somatization are aware of and are willing to disclose their affective distress. They have a heightened awareness of their internal (physical and psychological)

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states, which prompt them to more readily seek professional help than their non-somatizing counterparts (Mak, Zane, 2004).

Preliminary evidence of the "jump to conclusions" tendency identified in schizophrenia suggests that the reasoning bias of schizophrenia patients is specifically associated with the way in which they gather data, in that they focus on the initial perception rather than engaging in logical reasoning when processing socially relevant stimuli (Woodward et al., 2009a,b). Patients with schizophrenia would also have some misunderstandings of some pro-social cues which would be expected to improve quality of life and are important to get right in forming a therapeutic alliance. Clinicians need to be aware that patients with schizophrenia may need special attention to avoid misperception of everyday positive cues that help form trusting relationships (Huang, Xu & Chan, 2011). This result supports the results of Clinton, Lunney, Edwards, Weir, and Barr (1998) which indicates that helping people with schizophrenia to build more supportive social networks may not improve their adaptation unless they are also helped to develop more positive perceptions of their lives

This can be partially explained by the fact that college students are in a transition from home to school and from dependence to independence. They aspire to grow more mature and independent, although the process is often difficult, stressful and even anxiety-ridden (Arnett, 2004). Most students live away from their families for the first time in their lives. They need to forge new relationships with their parents and old friends, while simultaneously building networks in a new environment. Their changing self-concept is turbulent in the midst of changes in social support and geographic relocation. Their social support sources change greatly in college, and young adults reconsider to what extent they can or should rely on previous sources. Support from strong social networks is beneficial to young adults. College students' ability to cope with stressful life events is related to their levels of social support (Brissette et al., 2002). With sufficient social support and optimal coping strategies, they are likely to handle life difficulties and better manage their life, including their finances. Positive social support includes a broad spectrum such as seeking advice, asking for assistance, and sharing feelings and concerns. Generally, young adults feel more secure if they have some reliable people with whom they can communicate and share advice (Bryant, 1989). Inadequate social support may cause college students to engage in problematic behavior. Those who have adequate guidance, advice and recommendations from their social networks are likely to manage their health successfully. The

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more social support a college student has, the less likely s/he has psychological and mental disorders.

Conclusion:

Much research has been conducted to discover how social support affects health issues. The major aim of the current study was to understand the nature of the association between perceived social support and anxiety, depression, hostility, interpersonal sensitivity, obsessive compulsive symptoms, paranoid ideation, phobic anxiety, psychoticism, and somatization, in an attempt to understand why quality of social relationships is so beneficial. The finding of the study clearly indicated that there were significant negative correlations between social support and psychological problems. This finding further supports the importance of recognizing and managing social support, so as not to let the psychological problems affect students' academic performance. Students and educators should be aware of the importance of social support and existence of psychological problems so that these problems might be under control.

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