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The Association Between Depression and Family, Romantic, and Peer Support in Adults

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Abstract:

(Social, Support, Depression)

Low levels of social support in relationships are an important indicator of the risk of the development of depression in adulthood. This study investigated how family, friends, and romantic relationships affected the prevalence of depressive symptoms. This study tested the hypothesis that family relationships would not have significant effect on depression when the effect of romantic relationships and friendships are controlled. Hierarchical multiple regression analyses of responses from participants from the Transition Wave II questionnaire revealed that lower support from family relationships and romantic relationships was significantly associated with higher depression scores, while support from friendships was not. When controlling for support from friendships and relationships, romantic relationships had the strongest effect. This suggests that in adulthood, one's romantic relationships are more indicative of depression than friendships or family relationships.

THE FLORIDA STATE UNIVERSITY
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THE ASSOCIATION BETWEEN DEPRESSION AND FAMILY, ROMANTIC, AND PEER
SUPPORT IN ADULTS

BY

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The Association between Depression and Family, Romantic, and Peer Support in Adults

Numerous studies indicate that poor social support is associated with greater risk of depression across the lifespan. Recent research has found that among adolescent girls, decreases in parental support were the strongest factor in predicting future increases in depression (Stice,

Ragan, & Randall, 2004). This indicates that family support could be a powerful tool in predicting risk of depression in youth. Another study found that adolescents with previous suicide attempts rated themselves as having less family support than adolescents who had not attempted suicide (Sheftall, et al, 2013).

While studies indicate that a lack of family support is associated with higher levels of depression and related outcomes including suicide attempts (Sheftall, et al, 2013; Stice, Ragan, & Randall, 2004), there are also studies that indicate that an increase in or high levels of support from family, friends, or romantic relationships can lead to a decrease in or lower rates of depression. Mohr, Classen, and Barrera (2004) found that after 16 weeks of therapy focusing specifically on social support with multiple sclerosis patients with depression, there were significant increases in perceived support and improvements in depression. This study found that improvements in perceived social support were evident regardless of type of therapy received, indicating that as perceived social support increases, levels of depression decrease. In a separate study assessing African-American women infected with HIV, Vyavaharker and his associates found that the more sources of satisfactory support they endorsed, the less likely they were to display symptoms of depression (Vyavaharkar et al., 2010). While investigating perceived stigma, support, and depression it was found that women who had more social support felt less of a stigma and displayed fewer depression symptoms, indicating that having strong social support helped them deal with the stresses involved with their disorder. A study investigating adults' relationships with their families found that adults with good relationships with their family were more likely to have positive friendships, higher self esteem, and display fewer symptoms of depression than those with negative relationships (Fuller-Iglesias, Webster, & Antonucci, 2013). This indicates that when adults have positive relationships with their families they are then able

to form better relationships with friends. There remains a need to investigate the effects of those friendships on depression.

Peer support has frequently been studied in relation to depression. Stice, Ragan, and Randall (2004) found that while decreases in parental support were predictive of depression among adolescent girls, decreases in peer support were not a predictor of future increases in depression. This suggests that in adolescence, family support may be more important than peer support in predicting depression. This could be because adolescents are dependent on their families for almost all of their needs (e.g. housing, clothing, food,). Adults have typically become independent of their families when they cease living in the family home, and are supporting themselves, and may therefore be less likely to be as strongly affected by parental support. This independence from family could result in an increased dependence on peers for emotional support.

Another form of social support that has been found to have an effect on depression is romantic relationships. In a study of elderly adults (ages 55-85), it was found that in men, lack of a partner in the home was predictive of depression (Sonnenberg et al., 2012). Another study found that middle-aged adults with depression rated themselves as more unhappy with their romantic partners than people who are not depressed (Fiske & Peterson, 1991). There has also been research conducted with adolescents that found that adolescents in sexual relationships with romantic partners were less likely to be depressed than adolescents engaging in sexual activity with nonromantic partners (Mendle, Moore, Ferrero, & Harden, 2013). In this study, nonromantic partners were defined as relationships in which the adolescents would engage in sexual activity, but did not consider themselves to be in any sort of romantic relationship outside of that activity. This indicates that being in supportive romantic relationships is associated with a

reduced risk of depression. The research on romantic relationships and depression is quite extensive, yet gaps remain. For example, it has not been directly compared to the effect of family and peer relationships, and there is also a need to investigate the effect of romantic relationships and depression in young adults, because the current research does not focus on that age demographic.

These studies demonstrate that poor social support is associated with greater risk of depression. The majority of studies conducted on family support focus primarily on adolescents and their risk of depression. The research that has been conducted on adults mostly focused on social support, and does not always specify between peer, romantic, or family support (Fowler, Wareham-Fowler, Barnes, 2013; Jagannath et al, 2011, and Wu, Ge, Sun, Wang & Wang, 2011). Much of the work conducted with adults with depression and social support is also frequently studied in connection with another disease, such as the previously mentioned studies involving multiple sclerosis and HIV, but little research has been conducted on how social support and depression are related in physically healthy adults. It is important to distinguish between depression in physically healthy adults and depressed adults with comorbid physical ailment because having a physical problem can be an important contributing factor to the development of depressive symptoms.

As adults move out of their parents' homes and begin forming critical support systems with friends and romantic partners outside of their immediate family, it is important to be able to distinguish which support group has the largest effect on depression, and if low family support is still a risk factor at this stage of development. The ability to distinguish which support system has the strongest effect on depressive symptoms may shed light on which relationships have the largest capacity to improve depression in adults. Research focusing on this important risk factor

for depression in adults could be valuable knowledge for future changes in how depression is treated.

This study examined the hypothesis that for adults who no longer live with their family, self-reported low levels of familial support will be significantly, positively associated with depressive symptoms. While it is possible that an adult could be living at home and still actively forming social support groups outside of the family, this study focused only on adults who did not live at home, to control for the effect of lower independence from family due to continuing to live at home rather than independently from family. Additionally, this study tested the hypothesis that a lack of social support from romantic partners and friends predicts depressive symptoms. Furthermore, this study tested the hypothesis that when controlling for support from friends and partners any effect of social support from family will no longer be significantly associated with depression symptoms. This is predicted because there is likely an increase in importance of peer and romantic relationships and forming a life apart from parents that accompanies adulthood and living independently.

Methods

Participants:

These hypotheses were tested by analyzing data collected from 1803 participants from a study conducted by Dr. Jay Turner in 2002 that investigated the prevalence of psychiatric disorders in south Florida. The participants consisted of 956 males and 846 females, 93% of which were between the ages of 19 and 21 (Turner & Gil, 2002). All the participants had attended middle school and high school in the Miami-Dade public school system, and had participated in a previous study that investigated their transition from childhood to adolescence. The racial demographic consisted of approximately 25% African American, 25% non-Hispanic

White, 25% Cuban Hispanic, and 25% non-Cuban hispanic.

Participants who still lived with parents or relatives were excluded from the analysis because this study focused on adults who have transitioned to a stage in life where they are living independently from their parents, and are working on forming social support systems apart from their family. After exclusions were taken into account, the total number of participants available for analysis was 556.

Measures:

The participants were asked to answer a number of questionnaires and mental health surveys during Dr. Turners study. For this study, the participants' responses to the Center for Epidemiology Studies Depression Scale (CESD) and responses to perceived family, friend, and romantic support were analyzed. The CESD is a 20 question self-report measure that has participants rate statements such as, "I felt lonely" and "I felt sad" on a 4-item Likert scale that ranges from "rarely" to "most or all of the time". The total scores range from 0-60, with scores of 16 and over being the clinical cutoff for depression, and indicating high levels of depressive symptoms. The CESD is commonly used to measure depressive symptoms, and it has been found to have high validity when compared to other measures of depression, as well as high reliability (Radloff, 1977).

Family, friend, and romantic support were analyzed using 3 separate questionnaires. The questionnaires ranged from 10-14 questions, with 6 of the questions being the same for each group (Appendix A). The questions asked the participants to rate statements such as "No matter what happens you know that your family/friends/romantic partner will always be there for you should you need them" on a scale from strongly agree to strongly disagree. The questions for family and romantic relationships were scored on a scale from 1-5, with 1 indicating they

strongly agree with the statement and 5 indicating they strongly disagree. These were recoded so that 5 indicated strongly agree and 1 indicated strongly disagree, so that high support was indicated by a high score. The questionnaire for support from friendships was scored on a scale from 1-4. These scores were recoded by multiplying each score by 1.25 so that the scales for all three types of support were the same. It was also recoded so that high scores indicated high levels of support. The questionnaire also assessed how often the participants had contact with friends and family.

Methods:

The original data was collected by participants answering a series of questionnaires during a two-hour interview. The questionnaires asked for information regarding relationships in the participants lives, mental health, and substance abuse. The interviews were conducted in three waves. Data from wave 2 was analyzed in this study because it included the most complete data set, and included the measure for frequency of contact with friends and family.

Data Analytic Strategy

The data were analyzed using hierarchical multiple regression analyses. Block one analyzed the effect of self-reported family support on depressive symptoms, while controlling for gender and frequency of contact with family. In block two, the effect of support from romantic partners and friends was entered, also controlling for frequency of contact with friends. Frequency of contact with a romantic partner was not included in the questionnaire and therefore could not be controlled. It is likely that an adult in a romantic relationship will see or communicate with their partners most days a week, which would make their answer to this

question not particularly informative.

These analyses controlled for the effect of gender due to the disproportionate rates of depression among women (Korstein, 1997). The amount of contact with family and friends was controlled as well, because the effect of low support was likely to be mitigated when limited contact is also considered.

Results

A negative trend was observed for levels of support from family, friendships, and romantic relationships and CESD scores.. As shown in Table 1, mean support was similar for all domains, but romantic support had the highest mean ($M=4.59$, $SD=.52$), followed by friend support ($M=4.34$, $SD=.72$), and family support having the lowest mean ($M=4.33$, $SD=.79$).. The CESD scores obtained in this study ranged from 0-46, with an average of 10.82.

Table 1: Descriptive Statistics of Participants Analyzed

	N	Minimum	Maximum	Mean	Standard Deviation
Family Support	556	1.00	5.00	4.33	0.79
Friend Support	548	1.25	5.00	4.34	0.72
Romantic Support	404	2.17	5.00	4.59	0.52
CESD Score	550	0	46.00	10.82	7.72

Correlational analyses revealed that each of the different types of social support were significantly related to depression scores. Family support ($r = -.286$, $p<0.001$) friend support ($r = -.165$, $p<.001$), and romantic support ($r = -.288$, $p<.001$) were all negatively correlated with depression scores. This means that poor family, friend, and romantic relationships are associated with higher levels of depressive symptoms. Gender ($r = -.144$, $p<.001$) and depression scores were also negatively correlated, indicating that females in this sample were more likely to have higher depression scores than males, as expected.

A two-step hierarchical multiple regression analysis was conducted to determine if family support still had an effect on depression when friend and romantic support were taken into account. Model 1 examined the effect of gender, frequency of contact with family and family support on depression scores, which explained 7.6% of the variance in depression scores. When support from romantic relationships and friendships were added in model 2, additionally controlling for frequency of contact with friends, the predictive power of the model increased to 14.5% ($R^2 = .145$, R^2 change = .071, $p < .001$). Despite expectations, family support still had significant predictive power ($\beta = -.174$, $p = .001$), but romantic support was found to have the highest predictive power ($\beta = -.228$, $p < .001$). Friend support ($\beta = -.101$, $p = .061$) did not have a statistically significant predictive power. Frequency of contact with family ($\beta = -.037$, $p = .63$) and friends ($\beta = .094$, $p = .076$) were not significant indicators of depression. Gender was also a significant indicator in both models 1 ($\beta = -.126$, $p = .011$), and 2 ($\beta = -.137$, $p = .005$).

Table 2: Regression Table of Independent Variables

Model	Variable	B	Std. Error	β	Sig.
1					
	Gender	-1.91	.748	-.126	.011
	Family Support	-2.18	.474	-.232	<.001
	Frequency of Family Contact	-.284	.387	-.734	.463
2					
	Gender	-2.06	.725	-.137	.005
	Family Support	-1.63	.470	-.174	.001
	Friend Support	-1.38	.735	-.101	.061
	Romantic Support	-3.319	.718	-.228	<.001

	Frequency of Family Contact	-.368	.379	-.048	.333
	Frequency of Friend Contact	.853	.479	.094	.076

Discussion

The findings show that romantic support from romantic relationships has the strongest effect on depression in young adults who live outside of their parents' homes. Family support is still a significant indicator of depression when considered by itself, and when controlling for the effect of romantic relationships and friendships. Participants who had less contact with family and lower levels of social support had higher depression scores. As expected, in model 1 low levels of perceived family support were associated with higher levels of depression. When friendships and romantic relationships were taken into account, romantic relationships were the best indicator of depression, but family support was still relevant. In model 2, support from friendships did not have a significant effect on depression levels.

Contrary to the hypothesis, family support was still a significant predictor of depressive symptoms when friendships and romantic relationships were taken into account. It was predicted that family support would have the smallest effect on depression when romantic relationships and friendships were also analyzed. It was surprising that family relationships had a larger effect on depression than friendships in individuals that do not live with their families. Research has shown that family relationships are more indicative of depression than friendships in adolescence (Stice, Ragan, & Randall, 2004), and the results of this study would indicate that the same is true in adults.

Romantic relationships had the strongest effect on depression. This, in union with the rest of the findings of this study, suggests that young adults find the greatest amount of support from

romantic relationships in their lives, and that the amount of support from romantic relationships is the best indicator of depression. These results make the lack of research on depression in young adults, as it relates to romantic relationships, even more surprising. There is an obvious connection between support from romantic partners and levels of depression in young adults that could be the focus of much future research.

There were some limitations to this study. Because it was a secondary analysis of previously collected data, there are some missing pieces that could have improved the validity of the study. One piece of information that would be useful to know is whether the participant was still financially dependent on his/her family. If an adult is living outside of their parent's home but having their parents pay their rent or bills, it could be considered a confounding variable. The sample size was also relatively small compared to the original study after the study restrictions were applied. The original study had 1,803 participants, but this study had only 556. Having an increased sample size could further normalize the data and if the same results were found a larger sample size it would be stronger evidence that romantic and family relationships are connected to depressive symptoms. Another limitation was the relatively few overlapping questions in the family, friend, and romantic relationships questionnaires. Family support had a total of 14 questions regarding the family relationship dynamic, while relationships with friends had 8 and romantic relationships only had 6, so only 6 questions were used in the analysis. If the same 14 questions were asked of each social relationship and then analyzed in the same way it would represent broader aspects of all the relationships studied. Another limitation of this study is the different scales used to measure different forms of support. Future research should be sure to use comparable scales to evaluate similar variables of interest.

Conclusion

The findings in this study show a strong association between perceived support in relationships in one's life and depression. Support from romantic relationships and family are the strongest indicators of depression when compared to friendships. While this is not what was hypothesized, it does create more questions about the effects that romantic and family relationships have as one gets older and starts forming a life outside of the immediate family. This study could provide a basis for new research on social relationships and depression in adulthood. This research could become a starting point in investigating how young adults in romantic relationships cope with depression when compared to young adults not in romantic relationships. It could also lead to research investigating the amount of family support and satisfaction with romantic relationships in young adults, and how that affects their depressive symptoms.

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Appendix A

The 6 questions asked regarding family, friends, and romantic partners:

Instructions: For each of the statements below, indicate the number on the scale below that best describes you.

1= Strongly agree

2=Agree

3=Neither agree nor disagree

4=Disagree

5=Strongly disagree

1. You feel very close to your family/friends/romantic partner.
2. You have family/friends/a romantic partner who would always take the time to talk over your problems, should you want to.
3. Your family/friends/romantic partner let you know that they think you are a worthwhile person.
4. When you are with your family/friends/romantic partner you feel completely able to relax and be yourself.
5. No matter what happens you know that your family/friends/romantic partner will always be there for you should you need them.
6. You know that your family/friends/romantic partner have confidence in you.