Depression and Social Vulnerability to Depression

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Abstract

This study is based on literature regarding depression as an important issue of the public health. It aimed to identify the role of the social factor (social vulnerability), during the occurrence of the depressive episode. Therefore, 139 patients with light and medium intensity depressive episodes were investigated. Positive correlations were found between the age of occurrence and the shortfalls of the familial and social functioning. Negative correlations between the social sensitivity and the time span between the depressive episodes were also found. The results contribute to the elaboration of some appropriate primary and secondary prevention programs focused on the depressive persons’ social support network.

Keywords: Depression; social vulnerability; social factors of depression;

1. Introduction

An increase of the efforts oriented toward the description of the depression phenomenology and of the factors creating it has been noticed in the last quarter of the century. Depression is an important problem of the public health not only because of its frequency, but also because of the malady it concludes, the incapability combined with the possibility of suicide (Elkin, 1985). The mortality by suicide is more increased among those who suffer from depression, reaching 15% of the patients who are hospitalized because of depression (Keller, 1994).

Depression commonly affects the adults during their greatest productivity, when they face great familial or social responsibilities.

Many theories were proposed in order to explain depression through different aspects: biological, psychoanalytic, social, behavioral and cognitive aspects. Traditional studies mention as risk factors for the...
development of depression: genetics, environmental - contextual and personal factors (Richardson and Katzenellenbogen, 2005; Hammen, 2005, 2009; Timmermans et al., 2008).

The psychosocial assumptions contrast heredity by paying attention to the role of the social factors during the whole history of the disease. Older studies emphasized a greater frequency of the bipolar emotional disorder among groups with high social level, but recent studies do not confirm this theory (Stanley-Eitzen et al. 1988).

Many studies show that depression is more common among the divorced persons or among the individuals living separately than among the married ones or those who have never been married (Blatt, 2004, Blazer, 1994). The financial difficulties that may appear due to the incapability of working for a short or long period of time cause problems to the family too (Johnson and Greenberg, 1985). The present study focuses on the important aspects of the history of the depressive disease and on their relation to the social factors.

The current study had two goals: 1) to enhance the understanding of the social factors of depression; 2) to explore the relations between social vulnerability and its dimensions, as well as the aspects of the history of the depressive disorder such as the age of the depression onset, the duration between hospitalizations, the treatment until the next hospitalization, resistance to treatment, the ampleness of the symptomatology and the deficits after the first depressive episode affecting the individual’s social life (interpersonal relationships, behavioral modifications, resort to alcohol and drugs, the collapse of life quality).

Based on the existing conceptual and empirical work, it was hypothesized that: 1) Educational and economic level, marital status and general social vulnerability specifically differentiate the characteristic elements of the depression history; 2) social factors and social vulnerability of depression are positively related to the age of occurrence and to the insufficiencies of the social or familial relationships and negatively related to the time span between the episodes and to the life quality after the first depressive episode.

2. Methods

2.1. Participants and procedure

139 in-patients, who have been hospitalized for four years at the Clinical Ward no. 1 of the « Prof. Dr. Alexandru Obregia » psychiatric hospital, with light and medium intensity depressive episodes, have been investigated. The criteria for entering in the group were: the patients hospitalized in the psychiatric section with depression diagnosis, the essential choice criterion of the subjects was the clinical appearance of the depressive episode without psychotic symptomatology: during the study the subjects were under medical prescription administered by the psychiatrist when they entered the hospital. 84.9% of them were females and 15.1% males, 36.7% lived in the rural environment and 63.3% in the urban environment. As far as the educational level is concerned 21.6% graduated 4-8 grades, 44.6% - 9 – 12 grades and 33.8% more than 13 grades. 60.4% of them are single and 39.6% have a partner. As far as the economical level is concerned, 19.4% report a low level, 66.9% an average one 13,7% - a high one. Participants provided the informed consent and they were interviewed in the hospital. Interviews were conducted with each person and were tape-recorded.

2.2. Instruments

Data were collected by examination of the medical file and other medical-forensic documents, as well as by anamnestic and clinical interview. The interviews were elaborated based on the DSM-IV-R (American Psychiatric Association, 2000) and the Research Diagnostic Criteria (RDC, Spitzer et al., 1978). The social vulnerability was evaluated by groups of items related to education (the number of grades, the type of school and the completeness of studies were recorded), the marital status, the financial level). Based on these items and on the items related to the familial and social support available for the patients, a global index of social vulnerability was calculated.
2.3. Data analyses

The statistical procedures used in this study were: data screening, descriptive statistics, differential (One-way analysis of variance, t-test for independent samples) and correlation analysis (Pearson correlation).

3. Results

3.1. Descriptive statistics

Table 1 presents the main characteristics of the studied variables (categories), the percentage of the sample in those categories and the central tendency of the collected data.

Table 1. Variables and Descriptive Statistics for the variables

| Variable                                      | Category                  | % from total sample | Mean  | Median | Std. Deviation |
|-----------------------------------------------|---------------------------|---------------------|-------|--------|----------------|
| School - number of grades                     | 4 - 8 grades = 1          | 21.6                | 2.12  | 2.00   | .737           |
|                                               | 9 - 12 grades = 2         | 44.6                |       |        |                |
|                                               | More than 13 grades = 3   | 33.8                |       |        |                |
| Graduation from school - degree               | No = 0                   | 59.0                | 41.0  |        |                |
|                                               | Yes = 1                  |                     |       |        |                |
| Marital status                                | Single =0                | 60.4                | .40   | .00    | .491           |
|                                               | With a partner = 1        | 39.6                |       |        |                |
| Economical level                              | Low = 1                  | 19.4                | 1.94  | 2.00   | .574           |
|                                               | Average=2                | 66.9                |       |        |                |
|                                               | High=3                   | 13.7                |       |        |                |
| Age of depression onset                       | 16 – 40 years old        | 100                 | 25.91 | 25.00  | 6.475          |
| Duration until the next hospitalization       | 3 years                  | 14.4                | 10.41 | 13.00  | 3.910          |
|                                               | 6 years                  | 15.1                |       |        |                |
|                                               | 12 years                 | 9.4                 |       |        |                |
|                                               | More than 12 years       | 61.2                |       |        |                |
| Treatment until the next hospitalization      | Continuous = 3           | 25.2                | 2.71  | 3.00   | 1.098          |
|                                               | Intermittent= 2          | 2.9                 |       |        |                |
|                                               | Precocious interruption = 1| 47.5            |       |        |                |
|                                               | Without treatment= 0     | 24.5                |       |        |                |
| Resistance to treatment                       | No = 0                   | 92.1                | .08   | .00    | .271           |
|                                               | Yes = 1                  | 7.9                 |       |        |                |

3.1.1. Differences in the main aspects of the depression history according to the investigated social factors

The T-test for independent samples showed that the gender statistically differentiated the resort to alcohol and drugs after the first depressive episode ($t = -2.97$, df = 137, $p = .02$) and the duration until the next hospitalization
Men turn more to alcohol and drugs after the first depressive symptom and they have a much shorter duration until the next hospitalization.

Marital status statistically differentiates the age of depression onset ($t = -5.20$, $df = 137$, $p < .001$), the deficits in interpersonal relationships after the first depressive episode ($t = 2.86$, $df = 137$, $p = .006$) and the resort to alcohol and drugs after the first depressive episode ($t = -2.09$, $df = 137$, $p = .047$). The single persons’ mean age of the depression onset is 23.79 years old (SD = 5.58), while the mean age for the persons with a partner is 29.15 (SD = 6.79). The tendency to turn to alcohol and drugs, as well as the deterioration of the interpersonal relationships is more pronounced.

The educational level statistically differentiates the loss of life quality after the first depressive symptom ($t = 2.39$, $df = 137$, $p = .018$). The deterioration of life quality is more pronounced among the persons with a low educational level. The one-way analysis of variance showed that the economical level statistically differentiated the collapse of life quality after the first depressive episode ($F_{(2, 136)} = 3.42$, $p = .03$, $\eta^2 = .03$). The most pronounced collapse of life quality is registered among patients with high economical status.

3.1.2. Relations between the main aspects of the depression history and the dimensions of social vulnerability

The correlation analysis revealed a series of negative correlation between the economical level and the patient’s treatment until the next hospitalization ($r = -.32$, $p < .001$) and the collapse of life quality after the first depressive symptom ($r = -.22$, $p = 01$). The higher the economical level, the more reduced the time span until the next hospitalization and the more decreased the patient’s life quality is. The results showed negative correlations between the social vulnerability and the time span between the episodes ($r = -.21$, $p = .02$): the more increased the social sensitivity is, the more decreased the time span between the episodes is.

The results showed positive correlations ($r = .17$, $p = .04$) between the age of the beginning and the insufficiencies of social and familial relationships. The later the depression onset, the more deteriorated the social and familial relationships. The analysis also revealed a positive correlation ($r = .23$, $p = .01$) between the level of the social adaptation and the time span between the episodes (low level of adaptation means a short time span between the episodes).

4. Discussion and conclusions

The present research tried to approach as strictly and fully as possible the matter of the relation between the social factors of the depression and important elements of the history of this disorder.

The objectives were achieved and the results confirmed the hypotheses. The results sustain the theoretical assumptions of the study. Social factors of depression are related to the social behavior and to relationships.

The age of the depression onset is lower among single persons than among persons who do not live alone and the tendency to turn to alcohol and drugs after the first depressive episode is more pronounced. The loss of life quality after the first depressive episode is more pronounced among people with a low educational level and with a high economical level. The higher the economical level, the more reduced the time span until the next hospitalization for depression and the more decreased the patient’s life quality is. The more increased the social sensitivity, the more decreased the time span among the episodes is. The later the depression onset, the more deteriorated the social and familial relationships are. The lower the level of social adaptation, the shorter the time span between hospitalizations for new depressive episodes is. These results are in accordance with the ones reported in the literature cited as the theoretical groundwork of the study (Beach et al., 1990; Beck 1967; Henslin, 1990; Gastpar et al. 1997; Pettit and Joiner, 2005).

As far as the limitations of the study are concerned, the dimension of the investigated sample and its representativeness should be noted.

Nevertheless, this study contributes to a better understanding of the natural course of depressive disorders and they can contribute to the elaboration of some appropriate primary and secondary prevention programs focused
on the depressive persons’ social support network (family, friends and partners). The social support network offers the individual an amount of resources, which are within his internal world, real resources (understanding, acceptance, advice, new perspectives regarding the situation, care, security and the list can continue endlessly). This network plays a vital role before the appearance of a possible depressive episode (the “immobile” patients within a network cope better with the negative incidents they face), as well as during and after the depressive episode (the support group facilitates the recovery from the depression and the reduction of the symptomatology intensity).

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