

# **SOCIAL SUPPORT AND DEPRESSION IN OLD AGE**

*Dissertation submitted to Christ College (Autonomous) in partial  
fulfilment of the requirements for the award of the degree of Bachelor  
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**Submitted by,**

**JOVENA JOSE**

**REG.NO – CCASSPY023**



**BSc PSYCHOLOGY**

**DEPARTMENT OF PSYCHOLOGY**

**CHRIST COLLEGE (AUTONOMOUS), IRINJALAKUDA**

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CHRIST COLLEGE (AUTONOMOUS), IRINJALAKUDA  
DEPARTMENT OF PSYCHOLOGY

2018-2021

BONA-FIDE CERTIFICATE

This is to certify that the dissertation entitled, “SOCIAL SUPPORT AND DEPRESSION IN OLD AGED PEOPLE” is a bona-fide record of research work carried out by Ms. JOVENA JOSE, Register no: CCASSPY023, during the sixth semester of BSc Psychology of the academic year 2018-2021

Ms.Nimy P.G  
HEAD OF THE DEPARTMENT

Ms.Betty Paul  
GUIDE

Submitted for the examination held on .....

INTERNAL EXAMINER

EXTERNAL EXAMINER

## DECLARATION

I hereby declare that the dissertation work entitled “SOCIAL SUPPORT AND DEPRESSION IN OLD AGE” submitted to the University of Calicut, in partial fulfilment of the requirement for the award of the Degree of Bachelor of Science in Psychology is the record work done by me under the supervision of Ms. Betty Paul, Department of Psychology, Christ College (Autonomous) Irinjalakuda. This is not formed as the basis for the award of any degree/diploma (Associate ship) fellowship or other similar title to any candidate of any university.

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Date:

Signature of the candidate

JOVENA JOSE

CCASSPY023

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## **ABSTRACT**

The aim of this study was to explore the relationship between depression and social support in old age. This was a quantitative study and was administered to 60 participants (30 old aged males and 30 old aged females). Convenience sampling technique was used to draw samples from the population. Tools such as Beck Depression Inventory (BDI-II) and Interpersonal Support Evaluation List (ISEL-12 item) were used for collection of data. The result showed that there was no significant difference in depression among old aged males and females and no significant difference in social support among old aged males and females. Negative correlation was found between depression and social support.

# **CHAPTER 1**

# **INTRODUCTION**

Old age is one of the most crucial stages of human life. The environment around a person changes during old age. People who reach old age often don't receive as much as social support and affection due to so many reasons. In old age people lose majority of their skills and abilities and thus are seen to be dependent most of the time on their children, spouse or caretaker. Hence, they are highly prone to depression. The old age is a very important stage of human life. It makes a person undergo a lot of physical and psychological changes. It is ironical that however undesirable the old age, it is bound to come in life. We categorize old age as beginning from early sixties and lasting upto the death of an individual. Indeed, the loneliness and neglect associated with the old age is a phenomenon that is a result of the tradition of joint family system. Growing urbanization and fast-moving modern life have contributed to the problem. Furthermore, the low moral values have also aggravated the situation. Earlier, when life was simpler and values counted for more, those who reached a ripe old age held an enviable place in society. An old person seeks dependence on everyone around them and thus always needs someone to help. This is probably due to their physical infirmities that are quite common at this age. Due to this old people are likely to feel emotionally insecure and thus need someone to be with them and to share their feelings. This poses a problem because people in their sixties will probably have an expired spouse or children who are working and thus having a busy time.

Debilitating body and failing health, makes life difficult for them. Their organs and body systems face issues after being used for so many years. Majority of old people suffer from joint pain, heart disease, diabetes, lung diseases etc. They become highly vulnerable to ailments-minor or major.

Thus, old people take a number of medications for these ailments. They need constant medical assistance.

## DEPRESSION

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. These problems can become chronic or recurrent and lead to serious impairments in an individual's ability to take care of his or her everyday responsibilities.

Depression symptoms are many. Feelings of sadness or unhappiness are one of the most common ones. A person suffering from depression shows irritability or frustration, even over small matters. They lose interest in normal activities and have difficulty in sleeping or sleep excessively. People with depression either eat excessively or have a reduced appetite. They show agitation and restlessness, and have episodes of anger outbursts. They also have a slow-paced thinking, speaking or body movements. People with depression fail to make decisions, are easily distracted and have low concentration. They experience tiredness and fatigue even if they are putting in the smallest efforts. Feelings of worthlessness or guilt, fixating on past failures or blaming yourself when things aren't going well are common. They have continuous thoughts of dying and suicide, cry for no apparent reasons and have unexplained physical problems, such as back pain or headaches

Depression is not a normal part of growing older, and most seniors feel satisfied with their lives. However, depression can and does occur in

older adults. Unfortunately, it often goes undiagnosed and untreated. Many adults with depression feel reluctant to seek help when they're feeling down. In older adults, depression may go undiagnosed because of less obvious symptoms. Of all people with depression, older adult men are at the highest risk of suicide.

There are multiple causes to depression some types of depression run in families, indicating that a biological vulnerability to depression can be inherited. Often an external event seems to give the starting point to an episode of depression. Thus, a serious loss, chronic illness, problems in relationship, financial problem, or an unexpected change. Depression can be caused due to the fluctuating levels of the neurochemicals like dopamine, acetylcholine, gamma amino butyric acid, serotonin, norepinephrine etc. Certain medications used for a variety of medical conditions are more likely than others to cause depression as a side effect. Many mental-health conditions or developmental disabilities are associated with depression as well.

## SOCIAL SUPPORT

Social support from others is the feeling that one is loved and cared for, given importance, valued, and is a part of communications and the society around them. Social support can come from parents, a spouse, friends and relatives, contacts, or even pet animals. People with social support experience less stress when they face a stressful experience, cope with it more effectively and experience positive life events better.

Social support can take any of several forms. Tangible assistance includes providing of material support, such as services, financial assistance, or goods. For example, old people have their children and are care givers to provide them food, resources, money. Informational support can be provided by family and friends about stressful events. For example, if an individual is facing an endoscopy a friend can share their experience about the procedure. Emotional support from family and

friends reassures the person that he or she is a valuable individual who is cared for. The affection provided by other people can make a person under stress to approach the stressful event with greater strength.

Many of the benefits of social support arise from the belief that social support is available to us. Simply believing that support is available or the sources of social support are present can give good effects.

Social support can lower the probability of illness, fast recovery from illness or treatment, and reduce the risk of mortality from to serious disease. Research studies of people with both major and minor health disorders show that social support is beneficial and effective.

Social support also typically benefits health behaviors as well. High levels of social support help people stick on more to their medical regimens, and they are more likely to use health services. However, social support can lead to other unhealthy habits, as when one's peer group smokes, /drinks, heavily, or takes drugs or when a lot of social contact is paired with stress. Lonely and socially isolated people practice poorer health habits, which may contribute to risk for poor health.

Need and significance of the study: This study intends to focus on depression and social support particularly in old aged people. Old age is known as that stage of life where a person goes through changes that affect their daily functioning, communication and thought. This could be the reason for increased depression in old age. Social support helps people staying positive about life and aids psychological wellbeing. It is often hypothesized that people with less social support are less affected by changes and problems in their life. This needs to be found in the case of old aged people where social support could be limited due to multiple reasons.

## Aim

To determine whether there is any relationship between depression and social support in old age.

## Objectives

- 1) To find out the level of depression among old aged males and females
- 2) To find out the level of social support among old aged males and females.
- 3) To study the relationship between depression and social support in old aged males and females.

## Hypothesis

There is no significant difference in depression among old aged males and females.

There is no significant difference in depression among old aged males and females

There is no significant relationship between depression and social support.

## Key terms

**Old age:** Old age is the last stage of life and it is characterized by various physical, emotional and psychological changes. It extends from 60 years to the death of a person.

**Depression:** Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. It is characterized by sadness, suicidal thoughts, irritability, loneliness.

**Social support:** Social support refers to the belief that they are loved, given value, seen as worthy and is a part of the community they live in.

**CHAPTER 2**  
**REVIEW OF**  
**LITREATURE**

A literature review summarizes and collects all the existing scholarly research about a particular topic. Literature reviews present and organize existing research regarding the topic of discussion.

Boyden J Y et al (2020) studied The Association of Perceived Social Support with Anxiety over Time in Parents of Children with Serious Illnesses. It was concluded that over a two-year period, higher levels of perceived social support were associated with lower levels of anxiety in parents of seriously ill children.

Grey I et al (2020) studied the role of perceived social support on depression and sleep during the COVID-19 pandemic. A total of 2,020 participants provided responses to an online cross-sectional survey. From the study it was concluded that social support was found to be significantly associated with elevated risk for depression and poorer sleep quality.

King C A, Wu J, Niranjan S (2014) studied Social Support, Self-Efficacy and Depression of College Students. The study's result of the correlation matrix indicates a significant negative relationship between self-efficacy and depression.

Liu L, Xu N, Wang L (2017) studied Moderating role of self-efficacy on the associations of social support with depressive and anxiety symptoms in Chinese patients with rheumatoid arthritis. From the study it was concluded that there was a high prevalence of depressive and anxiety symptoms in Chinese RA patients.

Liu Y et al (2020) studied The Relationship Between Health Literacy, Social Support, Depression, and Frailty Among Community-Dwelling Older Patients with Hypertension and Diabetes in China. The results suggest that although health literacy is not a direct predictor of frailty, it could impact frailty by intermediating social support and depression.

Piko B F, Pinczés T (2014) studied Impulsivity, depression and aggression among adolescents. Data collection occurred in Debrecen (Hungary) during the first semester of the year 2012, using classes from three high schools (N = 413), 237 boys and 176 girls. From this study they concluded that there are strong interrelationships among depressive symptomatology, aggressive behaviors and impulsivity, and this association may be colored by risk-taking/venturesomeness, empathy, and self-efficacy.

Sekhri R, Lal R (2011) conducted A study on depression and social support among adolescents. The total sample comprised of 150 (85 male and 65 female) adolescents in the age range of 17-20 years was randomly selected. The findings concluded that there is significant gender difference on depression and social support.

Tambag H et al (2018) studied Perceived social support and depression levels of women in the postpartum period in Hatay, Turkey. The research was conducted in Narlıca No. 2 family health center located in the city

center of Hatay with 177 women who have given birth at least 2-4 months before and agreed to participate in the study. This study concludes that as social support levels increase there is a decrease at postpartum depression risk.

Wang X et al (2014) studied whether Social support moderates stress effects on depression. This study examined the moderator effect of social support on the relationship between stress and depression of university students (632). It was concluded that undergraduate students with high stress reported higher scores in depression than those with low stress with low social support level.

Wondimagegnehu A et al (2019) conducted a study on Depression and social support among breast cancer patients in Addis Ababa, Ethiopia. From this study they concluded that Depression is associated with poor social support given by family, friends and significant others.

## **CHAPTER 3**

# METHOD

Methods involves the strategies, processes or techniques that are used in the collection of data or evidence for analysis in order to find out new information or create better understanding of a topic.

Participants – A sample of 60 items were selected for the study. The items were selected randomly. 30 males and 30 females were taken as samples who belong to the age group of 60 years and above.

Breakdown of sample table

SAMPLE	NUMBER
MALES	30
FEMALES	30

Inclusion criteria -

A) Both males and females were included

B) both married and unmarried people were included

C) both people who live with and away from their family were included.

Exclusion criteria -

A) people below 60 years old were excluded.

B) people who suffering from memory impairment.

## TOOLS

### Depression scale

The variable, depression was measured using the Beck Depression Inventory. The Beck Depression Inventory is a 21-item multiple choice self-report inventory widely used measure of the presence and degree of depression in adolescents and adults. The BDI test uses a four-point scale ranging which ranges from 0 (symptom not present) to 3 (symptom very intense). The test takes approximately 5 to 10 minutes to complete. There is a shortened version of the test consisting of 7 items intended to be used by primary care providers.

### Validity and reliability

Content validity of the BDI-II has improved following item replacements and rewording to reflect DSM-IV criteria for major depressive disorders. Mean correlation coefficients of 0.72 and 0.60 have been found between clinical ratings of depression and the BDI for psychiatric and non-psychiatric populations. Construct validity is high for the medical symptoms measured by the questionnaire,  $\alpha = 0.92$  for psychiatric outpatients and 0.93 for college students. High concurrent validities have been demonstrated between the questionnaire and other measures of depression such as the Minnesota Multiphasic Personality Inventory-D,  $r = 0.77$ . Criterion validity of the BDI-II is positively correlated with the Hamilton Depression Rating Scale ( $r = 0.71$ ) with a high 1-week test-retest reliability  $r = 0.93$  (suggesting robustness against daily variations in mood) and an internal consistency of  $\alpha = 0.91$ .

## Scoring

Scoring is achieved by adding the highest ratings for all 21 items. The minimum score is 0 and maximum score is 63. Higher scores indicate greater symptom severity. In non-clinical populations, scores above 20 indicate depression. In those diagnosed with depression, scores of 0–13 indicate minimal depression, 14–19 (mild depression), 20–28 (moderate depression) and 29–63 (severe depression).

## Social support scale

The variable social support is measured using the interpersonal support evaluation list. It is a 12-item measure of perceptions of social support. This measure is a shortened version of the original ISEL (40 items; Cohen & Hoberman, 1983). This questionnaire has three different subscales designed to measure three dimensions of perceived social support. These dimensions are:

1.) Appraisal Support 2.) Belonging Support 3.) Tangible Support

Each dimension is measured by 4 items on a 4-point scale ranging from “Definitely True” to “Definitely False”.

## Validity and reliability

Reliability of the scale was found using internal consistency reliability and the reliability obtained for undergraduate students  $\alpha = 0.77-0.86$  and for general population,  $\alpha = 0.88-0.90$ . When it comes to validity the scale correlates positively with other support scales (Inventory of Socially Supportive Behaviors) and with the measure of the quality of marital relationships (Partner Adjustment Scale).

## Scoring

The interpersonal support evaluation list short form consists of 12 items. The test uses a 4-point scale. To score the number of the option selected is given as the mark (example 1 mark for 1<sup>st</sup> option) but sum items are reverse scored. Questions 1,2,7,8,11 and 12 are reverse scored (example

4 marks for 1<sup>st</sup> option). Three subscales can be measured by adding the marks assigned to the following questions as mentioned.

Appraisal: item numbers 2, 4, 6, 11

Belonging: item numbers 1, 5, 7, 9

Tangible: item numbers 3, 8, 10, 12

The overall level of social support can be measured by adding the appraisal subscale, belonging subscale and tangible subscale together. Thus, the overall score of social support can be measured.

#### Instructions for Administration

A google form consisting of both beck depression inventory and interpersonal support evaluation list was created and sent to the subjects. The subjects were instructed as follows, "Answer all questions in this form without thinking for a long time about the questions". The subjects were assured that their responses will be kept confidential and will be used only for research purposes.

#### Statistical analysis

Different statistical methods were used to analyze the collected data in order to find out the objectives of study which are described in this section.

The data were analyzed using the following statistical techniques: t-test and Pearson's correlation co-efficient.

Pearson's correlation: Pearson's correlation coefficient can be applied when one wants to study the relationship of one variable to another. If two variables are correlated with each other, there is reason to believe in the existence of common relationship. It may be noted, however the cause-effect relationship cannot be inferred from this alone, additional criterion would be required child, (1990)

The coefficient of correlation is a single number that tells us to what extent two things are related, or in other words to what extent variations in one go with variation in the other Guilford,1965. Karl Pearson Coefficient of correlation is also known as Product Moment Coefficient. It was used for measuring the degree of relationship between two variables. There are some important points to be noted:

There is linear relationship between the two variables.

The two variables are casually related (one independent and other dependent).

A large number of independent causes are operating in both variables so as to produce a normal distribution.

The Pearson correlation coefficient,  $r$ , can take a range of values from +1 to  $-1$ . A value of 0 indicates that there is no association between the variables. A value greater than 0 indicates positive association, that is, as the value of one variable increases, so does the value of the other variable. A value less than 0 indicates a negative association, that is, as the value of one variable increases, the value of other variable decreases.

Interpretation of 'r'

Cohen (1988) presents the following classification for interpreting the value of Pearson 'r':

$r = 0.10$  to  $0.29$  or  $r = -0.10$  to  $-0.29$ (small),

$r = 0.30$  or  $0.49$  or  $r = -0.30$  to  $-0.49$ (medium),

$r = 0.50$  to  $1.00$  or  $r = -0.50$  to  $-1.00$ (large)

T test: A t-test statistical indicates whether or not the difference between two group's averages most likely reflects a real difference in the population from which the groups were sampled. A statistically significant t-test is one in which a difference between two groups is unlikely to have occurred because the sample happened to be atypical.

Statistical significance is determined by the size of difference between the group averages, the sample size, and the standard deviations of the groups. For practical purposes statistical significance suggests that the two larger populations from which we sample are “actually” different.

The t-test is based on t-distribution and is considered as an appropriate test for finding the significance for a sample mean or for finding the significance of difference between the means of two samples in case of sample(s) when population variance is not known.

The test of significance (t-test) for difference means was used to compare the difference between pair of means (Garrett, 1969).

# CHAPTER 4

## RESULT AND DISCUSSION

The aim of the study was to understand depression and social support among old aged people. The samples taken were categorized into male and female. Pearson's correlation was used to determine the relationship between depression and social support. T-test was to understand the difference of depression and social support among old aged males and females.

Table 4.1: shows the mean, SD and t value of depression among old aged males and females.

Variable	Gender	N	Mean	S.D	Sig (2 tailed)	T value
Depression	male	30	11.6000	8.45923	0.428	0.798
	female	30	9.9667	7.34604		

The table shows the mean, standard deviation, and t-value of depression among old aged males and old aged females. In depression, old aged males and old aged females obtained mean scores of 11.6000 and 9.9667 respectively. In the t-test, the p-value is greater than 0.05, the null hypothesis is accepted. There is no significant difference in depression among old aged males and old aged females.

The mean value of depression in old aged males was higher compared to the mean depression of old aged females. The possible reason for this is that in our society men play the role of a social being and breadwinner dominantly as compared to women. When men reach their old age, these roles get comprised and thus they face disappointment within themselves.

Table 4.2: Shows the mean, SD and t value of social support among old aged males and females.

Variable	Gender	N	Mean	S.D	Sig (2 tailed)	T value
Social support	male	30	37.6667	6.43446	0.481	0.709
	female	30	36.5667	5.54408		

The table shows the mean, standard deviation, and t-value of social support among old aged males and old aged females. In social support, old aged males and old aged females obtained mean scores of 37.6667 and 36.5667 respectively. In the t-test, the p-value is greater than 0.05, the null hypothesis is accepted. There is no significant difference in social support among old aged males and old aged females.

The mean value of social support in males and females on has a slight difference indicating that both males and females experience almost same level of social support.

Table 4.3: shows the Pearson correlation coefficient between depression and social support in old aged males and females.

		Depression	Social support
Depression	Pearson correlation	1	-0.297
	Sig (2tailed)		0.21
	N	60	60
Social support	Pearson correlation	-0.297	1
	Sig (2 tailed)	0.21	
	N	60	60

The tables indicates that the correlation coefficient between depression and social support,  $r=-0.297$ . Since this value is lesser than 0 it indicates a negative correlation between depression and social support. Thus, when social support increases depression decreases and vice-versa.

This means that when social support around old aged people is strengthened the probability of them to face depression gets lessened. Thus, good social support can help overcome the depression that possibly could occur in old age. Similarly in old age less social support could be the reason for increased depression in old age.

# **CHAPTER 5**

## **SUMMARY AND CONCLUSION**

This study was conducted to find out the difference in depression and social support in old aged males and females. The sample of the study included 30 men and 30 females in Thrissur district, Kerala, India. The respondents of the study were above the age of 60. The Beck depression inventory and Interpersonal support evaluation list was used to measure

depression and social support for this study. The data that was collected was analyzed using statistical techniques such as t-test and Pearson Correlation coefficient. The study showed that there is no significant difference in depression among old aged males and females and there no is significant difference in social support among old aged males and females. The study also shows that there is no significant relationship between depression and social support.

Table 5.1 Tenability table

Hypothesis	Tenability
There is no significant difference in depression among old aged males and females.	Accepted
There is no significant difference in social support among old aged males and females.	Accepted
There is no significant relationship between depression and social support.	Accepted

### Implications of the study

People who approach old age or are going through old age are just as similar as a baby. They lack skills that are required for functioning effectively. Thus, feelings of despair and disappointment increases in old age which could ultimately lead to depression. When they face this challenging part of their life, they need constant support and affection from the people around them. Being an adult the best thing a person can do is to cater to these support needs of elderly people. This will help in preventing or overcoming depression caused in old age. The major sources of support for an old aged person are their spouse, children, grandchildren, friends and community. The study intended to find out

depression and social support in old aged males and females and also to provide any help regarding this.

### Limitations of the study

This study has certain limitations. The generalization about the population was made using a comparatively small sample size. Since this test was administered to old aged people (above 60) data collection suffering limitations such as inability to understand properly and repetition.

### Scope for further study

This study can be taken forward in a larger population as the study used a limited population. Thus, another study can be conducted in continuation. Different variables such as self-esteem and anxiety can be studied. The study can be conducted using various populations like married and unmarried old aged people and old aged people who live with and without their family. By doing so more insight can be gained about the variables in the population.

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# APPENDICES

## BDI - II

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully. And then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

### 1. Sadness

0. I do not feel sad.

1. I feel sad much of the time.

2. I am sad all the time.

3. I am so sad or unhappy that I can't stand it.

### 2. Pessimism

0. I am not discouraged about my future.

1. I feel more discouraged about my future than I used to.

2. I do not expect things to work out for me.

3. I feel my future is hopeless and will only get worse.

### 3. Past Failure

0. I do not feel like a failure.

1. I have failed more than I should have.

2. As I look back, I see a lot of failures.

3. I feel I am a total failure as a person.

### 4. Loss of Pleasure

0. I get as much pleasure as I ever did from the things I enjoy.

1. I don't enjoy things as much as I used to.

2. I get very little pleasure from the things I used to enjoy.

3. I can't get any pleasure from the things I used to enjoy.

#### 5. Guilty Feelings

0. I don't feel particularly guilty.

1. I feel guilty over many things I have done or should have done.

2. I feel quite guilty most of the time.

3. I feel guilty all of the time.

#### 6. Punishment Feelings

0. I don't

1. I feel I may be punished.

2. I expect to be punished.

3. I feel I am being punished.

#### 7. Self-Dislike

0. I feel the same about myself as ever.

1. I have lost confidence in myself.

2. I am disappointed in myself.

3. I dislike myself.

#### 8. Self-Criticalness

0. I don't criticize or blame myself more than usual.

1. I am more critical of myself than I used to be.

2. I criticize myself for all of my faults.

3. I blame myself for everything bad that happens.

## 9. Suicidal Thoughts or Wishes

0. I don't have any thoughts of killing myself.

1. I have thoughts of killing myself, but I would not carry them out.

2. I would like to kill myself.

3. I would kill myself if I had the chance.

## 10. Crying

0. I don't cry anymore than I used to.

1. I cry more than I used to.

2. I cry over every little thing.

3. I feel like crying, but I can't.

## 11. Agitation

0. I am no more restless or wound up than usual.

1. I feel more restless or wound up than usual.

2. I am so restless or agitated, it's hard to stay still.

3. I am so restless or agitated that I have to keep moving or doing something.

## 12. Loss of Interest

0. I have not lost interest in other people or activities.

1. I am less interested in other people or things than before.

2. I have lost most of my interest in other people or things.

3. It's hard to get interested in anything.

## 13. Indecisiveness

0. I make decisions about as well as ever.

1. I find it more difficult to make decisions than usual.

2. I have much greater difficulty in making decisions than I used to.
3. I have trouble making any decisions.

#### 14. Worthlessness

0. I do not feel I am worthless.
1. I don't consider myself as worthwhile and useful as I used to.
2. I feel more worthless as compared to others.
3. I feel utterly worthless.

#### 15. Loss of Energy

0. I have as much energy as ever.
1. I have less energy than I used to have.
2. I don't have enough energy to do very much.
3. I don't have enough energy to do anything

#### 16. Changes in Sleeping Pattern

0. I have not experienced any change in my sleeping.
  - 1a I sleep somewhat more than usual.
  - 1b I sleep somewhat less than usual.
  - 2a I sleep a lot more than usual.
  - 2b I sleep a lot less than usual.
  - 3a I sleep most of the day.
  - 3b I wake up 1-2 hours early and can't get back to sleep.

#### 17. Irritability

0. I am not more irritable than usual.
1. I am more irritable than usual.
2. I am much more irritable than usual.

3. I am irritable all the time.

### 18. Changes in Appetite

0. I have not experienced any change in my appetite.

1a My appetite is somewhat less than usual.

1b My appetite is somewhat greater than usual.

2a My appetite is much less than before.

2b My appetite is much greater than usual.

3a I have no appetite at all.

3b I crave food all the time.

### 19. Concentration Difficulty

0. I can concentrate as well as ever.

1. I can't concentrate as well as usual.

2. It's hard to keep my mind on anything for very long.

3. I find I can't concentrate on anything.

### 20. Tiredness or Fatigue

0. I am no more tired or fatigued than usual.

1. I get more tired or fatigued more easily than usual.

2. I am too tired or fatigued to do a lot of the things I used to do.

3. I am too tired or fatigued to do most of the things I used to do.

### 21. Loss of Interest in Sex

0. I have not noticed any recent change in my interest in sex.

1. I am less interested in sex than I used to be.

2. I am much less interested in sex now. 3. I have lost interest in sex completely.

### Interpersonal support evaluation list (ISEL -12item)

Instructions: This scale is made up of a list of statements each of which may or may not be true about you. For each statement circle "definitely true" if you are sure it is true about you and "probably true" if you think it is true but are not absolutely certain. Similarly, you should circle "definitely false" if you are sure the statement is false and "probably false" if you think it is false but are not absolutely certain.

1. If I wanted to go on a trip for a day (for example, to the country or mountains), I would have a hard time finding someone to go with me.

1. definitely false 2. probably false 3. probably true 4. definitely true

2. I feel that there is no one I can share my most private worries and fears with.

1. definitely false 2. probably false 3. probably true 4. definitely true

3. If I were sick, I could easily find someone to help me with my daily chores.

1. definitely false 4. definitely true 2. probably false 3. probably true

4. There is someone I can turn to for advice about handling problems with my family.

1. definitely false 2. probably false 3. probably true 4. definitely true

5. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.

1. definitely false 2. probably false 3. probably true 4. definitely true

6. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.

1. definitely false 2. probably false 3. probably true

7. I don't often get invited to do things with others.

1. definitely false 2. probably false 3. probably true 4. definitely true  
definitely true

8. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.).

1. definitely false 2. probably false 3. probably true 4. definitely true

9. If I wanted to have lunch with someone, I could easily find someone to join me.

1. definitely false 2. probably false 3. probably true 4. definitely true

10. If I was stranded 10 miles from home, there is someone I could call who could come and get me.

1. definitely false 2. probably false 3. probably true 4. definitely true

11. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.

1. definitely false 2. probably false 3. probably true 4. definitely true

12. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.

1. definitely false 2. probably false 3. probably true 4. definitely true