#### SOCIAL SUPPORT AND MENTAL HEALTH

#### **Qusai Harahsheh**

#### **Correspondence:**

The Hashemite University School of Nursing Jordan

Email: qusaimohad@yahoo.com

## Introduction and Background

When god created humans, human's needs and abilities were identified at the same time Every person has special strength points, characteristics, and qualities. Additionally one of our human needs is social support; at some times every human needs kindness in there relations with others.

In 2013 the WHO defined mental health as a condition of well-being in which all persons realize their own potential, can adapt to daily stressors, can work positively, fruitfully and productively, at the same time this person must be able to make contributions to their community (WHO, 2013).

Mental health focuses on human relationships with others and pays attention to persons who live around this human and focuses on how they can affect this person positively especially when the person is considered a mentally ill patient.

The significance of mental health is focuses on the improvement of quality of life; this improvement results from feeling free from depression, anxiety, addictions and many problems within the psychological dimension. At the same time mental health treatment reduces the medical cost evidenced by medical visits decreased by 90% after psychological treatment, and laboratory costs decreased by 50% At the same time the overall costs decreased by 35% as a whole Moreover mental health support strengthens an individual's ability to make optimal life choices, maintains well-being and physical health and develops healthy relationships (Rhode Island Psychological Associations, 2012).

Regarding social support, the WHO stated that use of social support must be facilitated for people who volunteer thoughts of harming themselves, or people who have plans to harm themselves in the last month or the last year. At the same time social support is defended as a perception and actuality that is someone caring for another, and the care receiver has help available from others. Moreover it is considered as a part of the supportive social network Social support can be formal such as community

resources or informal like family support; on this point people must use the available and appropriate resources (WHO, 2014).

Furthermore social support has a large effect on health especially when we are talking about physical dimension including mortality. Individuals who have missed social support are at higher risk for cancer or cardiovascular diseases and other varieties of diseases which lead to death (Unchino, 2009). On the other hand individuals who have higher levels of social support are at low risk for chronic diseases and have increasing likelihood for survival (Holt-Lenstadetal, 2010).

Moreover the women who don't have social support have higher risk for complications during pregnancy compared with women who have social support (Elsenbruch et al., 2007).

Furthermore, many theories talking about social support link it with health, such as stress and coping social support theory that dominates social support research. It has been developed to clarify the buffering hypothesis (Lakey et al., 2011).

Other theories such as relational regulation theory (RRT) focuses on social support in mental health. It is simple and famous theory, at the same time it is focused on the relationship between perceived support and mental health (Lazarus et al., 1984). On the other hand the lifespan theory has been developed to focus on the support receiver in the caring process (Uchino et al., 2009).

Furthermore, there are many types of social support provided to the individual according to his/her needs, such as emotional support, tangible support, informational support and companionship support. These types are considered as common functions of support within the social field (Uchino, b. 2004).

Moreover social support may be provided from many sources such as family, organizations, pets, friends, coworkers, and neighbors (Taylor, S. E. 2011). On this point family and friends are considered as natural social

support; on the other hand the organizations and the mental health specialists are considered as formal social support (Hogan, et al 2002). It is important to know that social support has many benefits in mental health, but it does not always affect persons positively.

The goal of this paper is to explain the significance of social support in mental health, describing the major theories of social support in mental health, clarifying social support functions, and discussing the advantages and disadvantages of social support under the mental health umbrella.

#### Literature Review

Many studies had been conducted about social support in mental health. The purpose of this literature review is to explain the significance of social support in health, clarify different studies about social support theories, describe the functions which are used in social support in different communities, and discuss the advantages and disadvantages of social support among people who are mentally ill and other healthy people.

The current literature review was organized using a systematic method as following; major theories of social support in mental health, function of social support, the advantages and disadvantages of social support, summary, conclusion and finally the recommendations for application in Jordan.

Social support is considered as a life-saver. Studies have shown that people who are supported by strong relationships with friends, family members, work employees, fellow members of church, or different support groups are at less risk of diseases and early death At the same time studies have shown that people with heart diseases or leukemia have higher survival rates when they are socially supported, moreover there is a strong positive relationship between measures of wellbeing and social support. Persons who have social support will have better coping results with stressors than others who don't. These stressors may include rape, job loss, bereavement and diseases (Salovey, 2000).

Sometimes; health care provides must show a friendly relationships with their patients especially within the early phase of interviews to build trusting relationships and to enhance the quality of information during the assessment process in mental health care (Gurung, R.A.R. 2006).

# Major Theories of Social Support in Mental Health

Many theories talk about social support and give attention to a strong link between health, social support and other many dimensions. The stress and coping social support theory, dominates social support research. It has been developed to clarify the buffering hypothesis (Lakey, B. Orehek, E. 2011).

The stress and coping social support theory focuses on protection of the person from hazardous health effects of stressful situations; at the same time this theory focuses on events which be stressful insofar as persons have bad thought about certain things and cope ineffectively (Lazarus, R.S, & Folkman, S. 1984).

Moreover there is much evidence related to stress and coping social support theory found in articles which assist stress buffering results to perceive social support (Cohen et al., 1985).

On the other hand the major problem of the stress and coping social support theory is that stress buffering is unable to seen by social integration, at the same time the better health outcome is not linked by receiving support (Uchino, B. 2009).

Furthermore, the relational regulation theory (RRT) is one of the most famous theories which was developed to clarify the relationship between mental health and perceived support (Lakey, B., Orehek, E. 2011). At the same time the relational regulation theory (RRT) was developed to cover the main effects of stress on mental health, because the stress and coping theory doesn't cover that; this theory was developed to work complementary with the stress and coping social support theory (Lakey; Orehek, E.2011).

As mentioned above RRT was developed to have both a direct effect and buffering on mental health (Lakey., et al 2011), moreover the hypothesis RRT which shows a relationship between mental health and perceived support came from persons who regulate their emotions by ordinary interviews and establishing group activities and sharing experiences rather than single conversations about how they can cope with their stressors (Lakey, B. 2010). This theory is shown as support perceiving evidence by its relational nature (Lakey, B. 2010).

On the other hand the life-span theory works on clarifying the relationship between health and social support. This focuses on differences between person who deliver the support and the person who receives it. Also this theory concludes that the support is a process grown during the life-span and concentrated within the childhood with parent attachment (Uchino, B. 2009).

During the continuing of life-span, the social support grows into adaptive personality traits, for example; low neuroticism, high optimism, low hostility, and social and coping skills (Uchino, B. 2009).

Furthermore using life-span theory as a compensation with many other aspects of personality provides a large and important effect on enhancing and improving the practice and reducing or preventing health related stressors such as divorce or losing a job (Lakey. B. 2010).

## The Most Common Function of Social Support

Social support may be classified, categorized and measured by many methods. There are four common functions related to social support provided to the patient as needed. The first one focuses on emotions and needs and is called emotional support. It is characterized by giving others empathy, affection, trust and love; at the same time it is considered as the warmth of any relationship, in addition to nurturance provided to the patient (Taylor, S. E. 2011).

On the same point, when emotional support is provided to the patient, providers let the receiver feel that he/she is valued, thus not missing an important element in the community (Slevin et al. 1996). On the other hand the term of emotional support is also called appraisal support (Wills, T.A. 1991).

The second one of the four common functions of social support is called tangible support. This type of support is categorized by monetary assistance, service providing, and material benefits (Heaney ,C.A, & Israel, B.A. 2008). At the same time tangible support is also called instrumental support. It is considered as a direct method between people to help others (Langferd et al., 1997).

The third function of social support is called informational assistance or informational support. In this type of support persons are given advice from other people, guiding them, and providing suggestions or plans to help others to solve their problems independently or to cope with them positively (Langferd et al., 1997).

The fourth function of social support is called companionship support; this type is categorized by the person developing feelings of social belonging; it is also called belonging support (Wills, T.A. 1991).

This type can be seen in the social activities as collaboration between the seeker of support and the provider of it, such as given tasks in working groups. At the same time these tasks must be appropriate to the seeker's abilities (Unchino, B. 2004).

On the other hand there is a distinction between received and perceived support (Taylor, S.E.2011). The judgment is made subjectively from the recipient's viewpoint. If the provider offers help effectively and at the appropriate time (it is called perceived support), on the other hand enacted support is a special supportive action such as reassurance or advice given by providers at the specific time of needs (Gurung, R.A.R. 2006).

Moreover to measure social support, the terms functional support or structural support must be used(Wills, T.A. 1998).

Furthermore the special function provided by members in a social network is considered as functional support. This function could be emotional, companionship, informational and instrumental as mentioned above (Uchino, B. 2004).

## The Advantages of Social Support

The first impression of social support is that it is always positively attached to one person who received it, but after reading many studies the current author concludes that there are many advantages and little disadvantages of social support too.

The advantage of social support may be seen in stressful events, on this point the social support works to reduce anxiety and decrease the depression status among persons who faced stressors (Tylor, S.E. 2011).

At the same time study has shown that social support is effective during conditions of chronic high stress such as cancer (Penninx et al., 1998). At the same time a study made a comparison between people who had social support and other groups who didn't have it and concluded that the group who had social support has less sub-clinical symptoms of anxiety and depression than the group who didn't have social support (Berrara et al., 1986).

On the other hand a study working on major mental disorders showed that the people who have low social support have a higher rate of major mental disorders including post-traumatic stress disorder, panic disorder, social phobia and major depressive disorder than people who have higher social support (Brewin et al., 2000).

On the other hand, a study on schizophrenic patients showrd that people who have low social support have more symptoms than patients with schizophrenia who have better social support (Norman et al., 2005). Another study worked on the relationship between suicidal attempt and social support showed that people with low social support have more suicidal ideation than others who have higher social support (Casey et al., 2006).

Moreover social support could be affecting addicted persons positively and can work on decreasing the rate of alcohol and drugs addiction. (Stice et al., 2009).

On the other hand a study showed that the different types of social support provided may increase psychological stresses; it may be higher than the wishes of supporting receivers, for example if emotional support was sought, informational support must be given (Horowitz et al., 2001).

## The Disadvantages of Social Support

Many commentators show that the sharing of social support ironically could lead to harmful effects on relational well-being and autonomy. At the same time there is an encapsulate between dependency and autonomy, moreover social support may lead to harmful outcome results and dependence (Albrecht et al., 1994).

Social support may distract the relationships with others especially when the supportive person didn't understand the support which the consumer needs. (Goldsmith, 1992).

Furthermore social support may have higher cost than the support receiver's financial abilities, especially when support is needed over a long period of time (Albrecht et al. 1994).

## **Summary and Conclusion**

Social support is one of the major issues in the mental health and psychiatric field. It protects human from many physical, mental and psychological problems.

Furthermore social support has a positive effect on survival rate from many diseases; at the same time social support is recommended to persons who volunteer thoughts or plans of harming themselves. It is considered as a part of social network.

Many theories pay large attention to social support and developing strong relationships between social support and health. The current author's outlines in the paper, stress and coping supportive theory, relational regulation theory and life-span theory.

Moreover this paper discussed the major types of social support such as emotional, tangible, and informational and companionship support; all of these types are considered as common functions of support among social committees.

Finally, social support reflects a large number of advantages on physical, mental, economical dimensions on human life, but on the other hand a little disadvantage related to the effect of social support and people's relationships and cost issues seen after imbalances between needs seeker and provider abilities.

# Implication and Recommendations

Social support in Jordanian culture is major issue, especially when knowing that most of Jordanian population are Muslims because Islam focuses on social support behaviors such as grief houses after someone's death. On the other hand some people within the Jordanian community consider social support as a weakness in the seeker self especially when we are talking about tangible support.

Moreover there is an excessive using of social support sometimes in the Jordanian community especially when we are talking about governmental issues. In this major issue persons may get a job or many certifications without any qualification and that results in a poor outcome. Jordanian people name this issue as vitamin O or "Wasta".

On the other hand offering educational programs from the Ministry of Health, Ministry of education and others, about the accurate meaning of social support and how it must be done is a positive step. In this point the Jordanian TV can provide help and play a major role by showing many short movies and role plays on Jordanian screens about the correct social support behavior.

Finally, families of patient who complain from mental or psychological illness are responsible for offering the correct support for those under observation from educated and qualified multi disciplinary team; on this point Jordanian Schools and universities are responsible for developing courses about social support because it is an important.

#### References

Albrecht, T.L., Burleson, B. R., & Goldsmith, D. (1994)

Barrera, M (1986). "Distinctions between social support concepts, measures, and models". American Journal of Community Psychology 14 (4): 413-445.

Blake, H. (2012). Physical activity and exercise in the treatment of depression. FrontierPsychiatrist, 106(3), 343-352.

Brewin, C.R.; Andrews, B., Valentine, J.D. (2000). "Metaanalysis of risk factors for posttraumatic stress disorder in trauma-exposed adults". Journal of Social and Clinical Psychology 68: 748-766.

Casey, P.R.; Dunn, G., Kelly, B.D., Birkbeck, G., Dalgard, O.S., Lehtinen, V., Britta, S., Ayuso-Mateos, J.L., Dowrick, C. (2006). "Factors associated with suicidal ideation in the general population". The British Journal of Psychiatry 189: 410-415.

Elsenbruch, S.; Benson, S., Rucke, M., Rose, M., Dudenhausen, J., Pincus-Knackstedt, M.K., Klapp, B.F., Arck, P.C. (2007). "Social support during pregnancy: effects on maternal depressive symptoms, smoking, and pregnancy outcome". Human Reproduction 22 (3): 869-877.

Gurung, R.A.R. (2006). "Coping and Social Support". Health Psychology: A Cultural Approach. Belmont, CA: Thomson Wadsworth. pp. 131-171.

Heaney, C.A., & Israel, B.A. (2008). "Social networks and social support". In Glanz, K., Rimer, B.K., & Viswanath, K. Health Behavior and Health Education: Theory, Research, and Practice (4th ed.). San Francisco, CA: Jossey-Bass.

Hogan, B.; Linden, W., & Najarian, B. (2002). "Social support interventions: Do they work?". Clinical Psychology Review 22 (3): 381-440.

Holt-Lunstad, J.; Smith, T.B., Layton, J.B. (2010). "Social relationships and mortality risk: A meta-analytic review". PLoS Med 7 (7). doi:10.1371/journal.pmed.1000316.

"Horowitz, L.M.; Krasnoperova, E.N., Tatar, D.G., Hansen, M.B., Person, E.A., Galvin, K.L., Nelson, K.L. (2001). "The way to console may depend on the goal: Experimental studies of social support". Journal of Experimental Social Psychology 37: 49-61.

House, J.S. (1981). Work stress and social support. Reading, MA: Addison-Wesley.

http://www.who.int/mental\_health/mhgap/evidence/suicide/q5/en/

Lakey, B. (2010). "Social support: Basic research and new strategies for intervention". In Maddux, J.E., & Tangney, J.P. Social Psychological Foundations of Clinical Psychology. New York: Guildford. pp. 177-194.

Lakey, B.; Orehek, E. (2011). "Relational Regulation Theory: A new approach to explain the link between perceived support and mental health". Psychological Review 118: 482-495.

Langford, C.P.H.; Bowsher, J., Maloney, J.P., Lillis, P.P. (1997). "Social support: a conceptual analysis". Journal of Advanced Nursing 25: 95-100.

Lazarus, R.S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer.

Norman, R.M.G.; Malla, A.K., Manchanda, R., Harricharan, R., Takhar, J., Northcott, S. (2005). Social support and three-year symptom and admission outcomes for first year psychosis". Schizophrenia Research 80: 227-234.

Penninx, B.W.J.H.; van Tilburg, T., Boeke, A.J.P., Deeg, D.J.H., Kriegsman, D.M.W., van Ejik, J.Th.M. (1998). "Effects of social support and personal coping resources on depressive symptoms: Different for various chronic diseases?". Health Psychology 17: 551-558.

Salovey, P., Rothman, A., Detweiler, J., & Steward, W. (2000). Emotional States and Physical Health. American Psychologist, 55(1).

Slevin, M.L.; Nichols, S.E., Downer, S.M., Wilson, P., Lister, T.A., Arnott, S., Maher, J., Souhami, R.L., Tobias, J.S., Goldstone, A.H., Cody, M. (1996). "Emotional support for cancer patients: what do patients really want?". British Journal of Cancer 74: 1275-1279

Taylor, S.E. (2011). "Social support: A Review". In M.S. Friedman. The Handbook of Health Psychology. New York, NY: Oxford University Press. pp. 189-214.

Uchino, B. (2009). "Understanding the links between social support and physical health: A life-span perspective with emphasis on the separability of perceived and received support.". Perspectives on Psychological Science 4: 236-255

Uchino, B. (2004). Social Support and Physical Health: Understanding the Health Consequences of Relationships. New Haven, CT: Yale University Press. pp. 16-17.

Supportive communication. In M.L. Knapp & G. R Miller (Eds), (2nd ed ., PP . 419-449). Thousand Oaks. CA: Sage.

Wills, T.A. (1985). "Supportive functions of interpersonal relationships". In S. Cohen & L. Syme. Social support and health. Orlando, FL: Academic Press. pp. 61-82.

Wills, T.A. (1991). "Social support and interpersonal relationships". In Margaret, Clark. Prosocial Behavior, Review of Personality and Social Psychology 12: 265-289.

Wills, T.A. (1991). "Social support and interpersonal relationships". In Margaret, Clark. Prosocial Behavior, Review of Personality and Social Psychology 12: 265-289