

Sources of social support as determinants of psychiatric morbidity after severe life events

Prospective cohort study of female employees

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Abstract

Objective: The aim of this study was to study prospectively the associations between sources of social support, life events, and psychiatric morbidity, as explicated in the chronic strain and the stress-buffering hypotheses. **Methods:** Psychiatric morbidity and sources of social support were assessed at Time 1 and 3 years later at Time 2 among 4250 female municipal employees. At Time 2, the participants were also asked about their preceding life events during the year. **Results:** After adjustment for baseline characteristics, low support from one's partner, coworkers, and supervisor at Times 1 and 2 was positively associated with psychiatric morbidity

at Time 2 (OR=1.1–1.6). The support of friends at Time 1 lowered the risk of psychiatric morbidity after death or severe illness in the family and after interpersonal conflict. High postevent network heterogeneity also lowered the risk of psychiatric morbidity after financial difficulty. For the remaining 33 combinations between different sources of social support and life events, no corresponding interactions were found. **Conclusion:** The observed associations support the chronic strain hypothesis, but the support for the stress-buffering hypothesis was limited.

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Introduction

Numerous studies have shown an association between stressful life events and problems with mental health in various populations [1–9]. However, social support is assumed to have an emulative function when a person is under considerable stress [10–13]. For example, the *stress-buffering hypothesis* [14,15] maintains that support from “significant others” should counteract the pathological consequences of such events as divorce, chronic illness, and unemployment, on mental health [16–18], whereas an increased

risk of illness among persons who have recently experienced a serious life event may partly stem from the absence of adequate support sources [19–21]. However, recent longitudinal studies among nonclinical populations have raised doubts regarding the buffering effects of social support between life events and psychiatric ill health [22–25]. Instead, they rather support the *chronic strain hypothesis* [15], which proposes that various long-term stressors such as poor social resources themselves deteriorate mental health. Thus, the findings suggest that life events and social support are independent predictors of psychiatric morbidity.

Although a large body of research has indicated that *sources of social support*, such as partner support or friend support, are associated with mental health [26–29], most of this work has been cross-sectional and therefore has not determined the time order of the associations [30–34]. Such

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evidence is of little help in testing the chronic strain hypothesis and the stress-buffering hypothesis. In the few longitudinal studies, however, both the independent and buffering effects of some individual sources of support, such as friends, coworkers, and relatives, on the maintenance of mental health has been reported [35–37]. Nevertheless, due to several methodological limitations, firm prospective evidence is still lacking regarding the extent to which specific sources of support act as predictors and buffers of mental health changes after critical life events.

One of the problems with the previous research is the lack of control of the initial level of the criterion-dependent variables. Therefore, validity is a concern because, without control of mental health at baseline, the possibility of a reversed association (health affecting social support) cannot be excluded. In addition, the measurement of social support is a weakness. Social support as a buffer against the negative effects of life events has usually been tested only with respect to postevent social support moderators, and the uncontaminated support moderators prior to the event, as suggested by recent methodological studies [38], have been neglected. Hence, researchers have generally focused on the effects of *the mobilization* of support when investigating the associations between severe life events, sources of support, and mental health. To our knowledge, large-scale prospective studies on distinct life events and psychiatric morbidity have not examined the effects of potential pre- and postevent sources of support within the same study. In addition, the study samples have been limited. A considerable amount of research on sources of social support and psychiatric morbidity has been conducted among clinically selected (breast cancer, HIV patients, etc.) or unemployed (elderly persons, adolescents, etc.) populations using rather small samples. Therefore, the possibility to extrapolate the findings to active working populations is limited.

The aim of this study was to investigate the independent and moderating role of preevent and postevent sources of support in relation to psychiatric morbidity in a large-scale sample of employed women. As research on life events has indicated that women are more vulnerable, especially when undesired life events occur to a close person [39–43], we separately studied various types of life events, such as death or illness of a family member, interpersonal conflict with a close person, and serious financial difficulty. Previously, these types of events have been found to be among the most severe life events to occur during a person's life span [2,44–47]. To examine whether the effects of social support are support specific, we studied six common sources of support: partner, relative, friend, coworkers, supervisor, and network heterogeneity. The research questions were as follows: (1) Are the sources of social support independently related to psychiatric morbidity (the chronic strain hypothesis)?; (2) To what extent is preevent social support from various sources able to prevent psychiatric morbidity after different types of life events (the stress-buffering hypothesis)?; and (3) If there are buffering impacts, are the sources

of support preevent (the buffer resource model) or postevent modifiers (the buffer mobilization model)?

Method

Participants

This study is part of the 10-town study [48] coordinated by the Finnish Institute of Occupational Health. In 1997, we sent 11 570 identifiable full-time municipal workers of eight Finnish towns a questionnaire inquiring about sources of support, psychiatric morbidity, and other variables (9615 employees were from a representative sample and 1955 from an additional sample from three towns). Of these, 7732 (67%) agreed to participate in the study and responded to the questionnaire. In October 2000, we sent 6186 participants who still worked in the service of the towns a follow-up questionnaire on their life events in 2000 and psychiatric morbidity. A reminder was sent 1 month later in November. The 4250 women among the 5007 respondents (response rate 80%) formed the final cohort of this study. A detailed description of the sample attrition has been given elsewhere [49].

Life events

The measure of life events was based on a list of 10 undesired life events derived from those used in earlier studies [50,51]. For each event, we obtained information on the time of occurrence. The response format included the following categories: “during the current year”, “earlier”, and “never”. The information on events during the current year was used. The items were classified into the following three categories: (1) death or severe illness of a family member (four items on the occurrence of death or severe illness of one's family member), (2) interpersonal conflict (three items assessing divorce, relational problems with partner, breakdown of some other close social relationship), and (3) severe financial difficulties (three items measuring loss of one's job, unemployment of one's partner, and financial hardship). For each participant, the score was calculated for each event domain (0 = no events, 1 = one or more events; [47]).

Sources of social support

Support from one's partner, relatives, and friends was measured by the Brief Social Support Questionnaire [52]. Social support was assessed by three items, such as “Who can you count on to console you when you are very upset?”, from five different sources (partner, relatives, friends, coworkers, some other close person, no one). A dichotomous measure of a source of social support (yes/no) was indicated by a positive response to any of the items concerning the source. The sum of the sources was used for measuring network heterogeneity (high: 4–5 sources; intermediate: 2–3

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