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## Social Support Reciprocity In Terms Of Psychosocial Variables In Care Taking And Care Giving Processes Of Spinal Cord Injury Patients And Their Care Givers

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### Abstract

The purpose of this study was to investigate the role of social support reciprocity's and different kinds of social support's on the relationship between psychopathology symptoms and illness psychosocial adjustment of spinal cord injury patients. Within the scope of this study Psychosocial Adjustment to Illness Scale Self-Report, The Brief Symptom Inventory, The Inventory of Socially Supportive Behaviors, The Provided Social Support Scale, The Multidimensional Scale of Perceived Social Support were used. The participants were 31 patients who were diagnosed with tetraplegia and paraplegia and received treatment in Physical Medicine and Rehabilitation Units in hospitals in İstanbul and their caregivers. The results showed a negative relationship between psychopathology symptoms and illness psychosocial adjustment. Among the scores of perceived social support, received social support, given social support and the index score of social support reciprocity's common effects on the relationship between level of psychopathology symptoms and illness psychosocial adjustment, only social support reciprocity showed sign moderator effect on the relationship between psychopathology symptoms and illness psychosocial adjustment. According to these results, in patients with low index score of social support reciprocity, a strong relationship was found between psychopathology symptoms and illness psychosocial adjustment.

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## 1. Literature

A person encounters a variety of obstacles and conflicts throughout her/his life, one of which is illness. Illness is one of the common and early experiences in human life it has biological, psychological, environmental, psychosocial and psychosexual dimensions and it's a crisis of life, identity, and existence (Ozkan and Armay, 2007). Chronic illnesses, which are becoming increasingly more prevalent in society, require treatment, but they are rarely treated encompassively, leading to a variety of dysfunctions and disabilities. Chronic illnesses can be caused by congenital factors or traumas. Spinal Cord Injury (SCI) is one of the chronic illnesses that are caused mostly by trauma. National Association of Spinal Cord Injury (2000), defines spinal cord injury as a paralysis in spinal cord or the lesion of the body which resulted loss of sensation. This situation, which causes physical, psychological, social, economical, and occupational losses, affects not only people with spinal cord injury, but also their families. It also causes many social and economic problems at the societal level (Belciug, 2001; Guzel and Uysal, 2004).

SCI can happen suddenly in the most productive period of the individual's life and it is one of the most challenging experiences a person can go through (Kennedy, Evans and Sandhu, 2009). Generally, SCI occurs as a result of motor vehicle accidents, falls from height, violence and sports accidents.

Individuals with SCI have to continue their life under difficult environmental and physical conditions and among people who have no similar physical barriers. Most of these patients believe that they can turn back to their old lives due to lack of information or due to simple denial of truth. However, once they learn the truth about the disease, depression may occur. At the same time, these truths can create aggression in patients against their environment. Some patients exert some effort to not become dependent on others while other patients prefer to get regular support from others (Sengir, 2000). Depression and anxiety are commonly observed in SCI individuals (Aydiner and Kulaksizoglu, 1999; Elliott and Frank, 1996). In the critical first six-month period into the illness, patients show most improvements, so the presence of depression in this period risks individual's adherence (not to use medicine in regularly, not to exercise, not to go to the doctor's control) to much-needed treatment.

Spinal cord injured individuals' better living conditions depend on their compliance with their disease. Some researches, which investigate adaptation after SCI, describe depression and psychological discomfort as normal reactions, and they emphasize that compliance will occur eventually. Therefore, the adaptation of patients with a long history of injury is expected to be better (Buckelew, Frank, Elliott, Chaney and Hewett, 1991). The personalities of individuals and properties for the treatment of disease, evaluation and interpretation form of the events, attention to health care, satisfaction, social environment, close family relationships and sexual relations are closely related factors with adaptation process. One of the most important factors in adaptation is familial and social support. Being understood by the relatives, being assisted by them in a constructive direction, feeling a sense of being not alone, and that someone could get help when it is needed are important factors for adaptation (Hallac, 2010). Studies conclude that the decisive factor in psychosocial adjustment to the illness is social support and presence of social support has been shown to positively affect the adaptation to the illness (Drory et al., 1999).

The individual's most important helper with to cope life challenges is social support (Patterson, 1995). Numerous research investigated the effect of social support on health.. These studies demonstrate that a decrease in social support is connected to an increase in the risk of death of the patient, lengthening of the healing process, and a decrease in psychological health (Annak, 2005, Akt.: Orford, 1992). Positive impact of social support on health is discussed by Cohen and Wills (1985) with regard to two models: buffering effect model and main effect model. According to the buffering effect model, social support in challenging situations reduces negative life events' detrimental impact on the physical and mental health (thus acting as a buffer), or serve a balancing function. According to this model, social support protects people against environmental stress, such as loss of a loved one or divorce, and this acts against stress as a buffer. According to the main effect model, social support has independent effect on the stress levels and suggests that there is a direct relationship between social support and health.

Although social support is a multidimensional variable, it is evaluated under four main headings in the literature (Wills, 1991). These are emotional support, informational support, instrumental support, and accompaniment support. Which types of social support are more effective varies according to the situation. The usefulness of social support is affected immensely by the extent to which the needs of the patient, the type of support offered, and the type of support the caregiver believes herself/himself to be giving are matching. matching needs of the patient characteristics, assistance will be given to patients and care givers characteristics is quite important on being useful

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