
Getting the Right Kind of Support: Functional Differences in the Types of Social Support on Depression for Chinese Adolescents



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The present study adopted a prospective design to explore relationships among various types of social support and depression. Four types of social support, namely network support, instrumental enacted support, socioemotional enacted support, and perceived support, were assessed in a sample of Chinese adolescents. Results revealed that perceived support was related to a reduction of subsequent depression for both male and female adolescents. In addition, instrumental enacted support was a significant predictor of subsequent depression for male adolescents, whereas socioemotional enacted support was a significant predictor of subsequent depression for female adolescents. Functional differences in the types of social support for Chinese male and female adolescents, as well as implications for clinical intervention, are discussed. © 1998 John Wiley & Sons, Inc. *J Clin Psychol* 54: 845-849, 1998.

Recent Chinese research revealed that more than 20% of Chinese adolescents experienced depressive symptoms (e.g., Boys' and Girls' Clubs Association of Hong Kong, 1992; Shek, 1991a). In light of the especially strong needs for attachment during adolescence for Chinese youngsters (Ko, 1974), it is not surprising that depressed Chinese adolescents commonly reported having problematic family and peer relations (Liang, Zhao, & Zheng, 1992). Because the impact of social relations is especially strong for Chinese adolescents, the influence of social support on Chinese adolescents should be investigated.

Reviewing previous literature on social support, support provided by social others was influential in alleviating depression (e.g., Barrera & Garrison-Jones, 1992; Cohen & Hober-

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man, 1983). According to Cohen and Wills (1985), emotional support and instrumental support were two major types of social support. Consistent with the Western findings, Chinese research (e.g., Chan, 1983; Huang, Hwang, & Ko, 1983) also revealed significant inverse relationships between social support and depression in Chinese samples.

The nature of social support is widely conceptualized as a multifarious and complex construct (e.g., Cooke, Rossmann, McCubbin, & Patterson, 1988; Vaux, 1987). The metaconstruct of social support encompasses three major components, namely (a) network support, which refers to both the structure of one's social network and relational ties; (b) enacted support, which refers to the actual supportive behaviors rendered by social others; and (c) perceived support, which refers to expectations and appraisals of supportiveness of social others. These facets of social support were found to be relatively independent (Barrera, 1981; Sandler & Barrera, 1984). Assessing dissimilar aspects of social support may show that distinct types of social support may serve different functions in mitigating depression for individuals with diverse characteristics. This study thus aimed at exploring the relationship between various facets of social support and changes in depression scores within a 6-month time lag in a sample of Chinese adolescents.

METHOD

Research Participants

Participants were 172 Chinese junior and senior high school students, aged 12 to 17 ($M = 14.87$, $SD = 2.16$). After discarding five incomplete questionnaires, 167 questionnaires completed by 67 boys and 100 girls were usable.

Measures

Network support. Two major aspects of social network, namely size and access to social contacts, were assessed. Network size was tapped by the number of members in various social relations. Access to social contacts was measured by the frequency of contact with network members, the frequency of participation in social activities, and the extent of involvement in various social relations.

Enacted support. Enacted support was measured by the Inventory of Socially Supportive Behaviors (ISSB; Barrera, Sandler, & Ramsey, 1981). Participants reported the frequency with which they received both socioemotional and instrumental supportive behaviors within the past month. The Chinese version of the ISSB displayed adequate reliability (Ma, Chan, Chi, & Sham, 1990).

Perceived support. The Social Support Appraisals Scale (SS-A; Vaux, 1987) was employed to tap perceived support. Perception of the extent of being loved, respected, and involved with social others was assessed. The Chinese version of the SS-A had adequate reliability (Cheng, 1997).

Depression. The Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) was adopted for measuring depression. Four domains of depressive symptoms, namely affective, cognitive, motivational, and physiological aspects, were assessed. The Chinese BDI displayed adequate reliability and criterion validity (Shek, 1990, 1991b).

Procedure

Questionnaires were administered in class during a regular lesson by a research assistant who oriented participants with instructions. Participants were allowed to take as much time as needed. To examine changes in depression levels over time, the BDI was readministered to the same participants 6 months later.

RESULTS

Multivariate analysis of variance (MANOVA) was employed to examine between-participant effects of gender and grade on network support, socioemotional and instrumental enacted support, and perceived support, as well as Time 1 and Time 2 depression. Significant main effects were only found for gender, $F(1, 164) = 7.57, p < .001$, but not for grade. Post-hoc univariate ANOVAs revealed significant gender differences in all these measures, $F_s(1, 163) > 4.94, p_s < .05$. The means and standard deviations of the variables for both genders are shown in Table 1.

Regression analyses, with data standardized and transformed into z -scores, were conducted separately for male and female adolescents. For male adolescents, after controlling for the initial (Time 1) depression levels, both perceived support [$\beta = -.25; F(1, 61) = 14.33, p < .001$] and instrumental enacted support [$\beta = -.25; F(1, 61) = 8.46, p < .001$] were significant predictors of Time 2 depression. These results indicate that, for male participants, higher levels of perceived support and instrumental enacted support were related to lower depression levels over time and vice versa. For female adolescents, after controlling for the initial depression levels, both perceived support [$\beta = -.27; F(1, 94) = 15.45; p < .001$] and socioemotional enacted support [$\beta = -.25; F(1, 94) = 11.14, p < .01$] were significant predictors of Time 2 depression. These results indicate that, for female participants, higher levels of both perceived support and socioemotional enacted support were related to lower depression levels over time and vice versa.

DISCUSSION

As shown in the results, perceived support was associated with a reduction of subsequent (Time 2) depression for both male and female adolescents. Such results suggest that the mere expectation that social others will provide support when in need for Chinese adolescents is as useful as, if not more useful than, enacted support actually received from social others.

Table 1. Means and Standard Deviations of the Major Variables for Chinese Adolescents

Variable	Males ^a		Females ^b		Cronbach's α
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Network Support	35.51	4.04	32.44	3.83	.61
Instrumental Enacted Support	49.96	15.37	46.14	13.11	.88
Socioemotional Enacted Support	40.58	12.14	45.61	14.98	.90
Perceived Support	38.33	11.63	44.08	11.77	.91
Time 1 Depression	8.84	6.15	11.01	6.18	.78
Time 2 Depression	9.09	6.48	11.08	6.58	.80

^a $n = 67$. ^b $n = 100$.

For enacted support, instrumental enacted support was inversely related to subsequent depression for male adolescents, whereas socioemotional enacted support was inversely related to subsequent depression for female adolescents. Such a gender difference in functions of enacted support may be attributable to distinct levels of affiliative needs for the genders. The study of Hill (1987) revealed that individuals with high affiliative needs derived gratification directly from social relations, whereas individuals with low affiliative needs utilized social support as a resource for tackling problems. As shown in previous Chinese studies (Chu, 1980; Hchu & Yang, 1972), Chinese female adolescents had significantly higher affiliative needs than did Chinese male adolescents. However, Chinese male adolescents had significantly higher achievement needs than did Chinese female adolescents. In this respect, Chinese male and female adolescents, having distinct levels of affiliative needs, may benefit from different types of social support. Specifically, instrumental enacted support is especially effective for Chinese male adolescents who have higher achievement needs, whereas socioemotional enacted support is especially effective for Chinese female adolescents who have higher affiliative needs.

The present results may have implications for counseling mildly depressed adolescents. Recognizing that the availability of perceived support was consistently related to a reduction of depression over time for both genders, counseling sessions aimed at alleviating depression should involve changing the cognition of depressed adolescents from having a pessimistic view to having an optimistic expectation that someone will show concern about them. Moreover, the present results also showed that instrumental support is beneficial for male adolescents, whereas socioemotional support is beneficial for female adolescents. In this respect, counselors should take into account the adolescent's gender so as to provide different types of support accordingly to gratify each gender's distinct needs.

Several caveats are noteworthy regarding the present study. Because no previous research has distinguished the functions of distinct types of social support on adolescents, the present results should only be regarded as exploratory. Another primary concern is that all the variables are tapped by self-reports that may be subject to distortions in recall. Further research using ratings by social others (e.g., parents, teachers, peers) may alleviate this problem. Finally, it is important to reiterate that the participants in this study are adolescents. Therefore, cautions should be taken to avoid generalization of the present findings to participants of all ages, especially the clinical population.

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