Social Support as Coping with Psychological Stress Integrated Biopsychosocial Review

Mohammad Qasem Abdullah*

Clinical Psychology, College of education, University of Aleppo, Syria

*Corresponding Author: Mohammad Qasem Abdullah, Clinical Psychology, College of education, University of Aleppo, Syria.

Social support has been defined as the assistance or comfort to other people to help them cope with a variety of problems. Social support comes from interpersonal relationships, family members, neighbors, religious groups and friends. This support provides positive effect in times of stress. Supportive psychotherapy is the psychological treatment directed at relieving current emotional distress and symptoms without probing into the sources of conflicts or attempting to alter basic personality structure, applied to clients with minor or limited problems or when there is no time for more fundamental treatment (Corsini, 2002). In addition, the support is available to an individual through social ties to other individuals, groups and the larger community. It has also been defined as a network of family, friends, neighbors and community members who are available in times of need to give psychological l and financial help (www.cancer.gov). It is evident that social support is an expansive construct that offers emotional comfort to individuals at the time of adversity. Family, friends and other significant persons in and groups in an individual's life may offer this support (Dollete, Steese, & Mathews, 2006).

The availability of social support from family, friends and professionals may boost the recovery of a person (Seeman, 2008) who has previously undergone trauma of some kind. This support helps the victim to come to terms with certain aspects of their tragedy. The more support an individual receives the more resilient they can become. In studies with children affected by mental disorders, Armstrong., *et al*. (2005) assert that social support contributed to their recovery. Other factors that may promote resilience in individuals include hardiness, autonomy, and self-confidence (Zautra., *et al*. 2010).

Most often social support is referred to as social interactions that provide individuals with actual assistance and embed them into a web of social relationships perceived to be loving, caring, and readily available in times of need. This broad defi¬nition points to three major facets of social support: received support (actual receipt of help); social embeddedness (quality and type of relationships with others); and perceived support (the belief that help would be available if needed). Reviews of literature frequently note the limitations of sup¬portive relationships in times of stress but have generally concluded that social support is beneficial to psychological well-being and physical health. The vast majority of studies that have provided evidence for such conclusions were based on two dominant theoretical formulations: the stress buffer (interactive) model and the main effect (additive) model (Cohen., *et al*. 2000).

Why social support?

First, social support is very much important for individuals in their life. Deficits in social support have been shown to be related to many psychological problems such as depression, loneliness, and anxiety (Eskin, 2003). In addition, social support could help the individuals manage and lessen their psychological problems, and could play significant role in dealing depression, anxiety, and stress is essential.

Second, social support has also been recognized to have significant Impact on the achievement and motivation. Since family and friends are the individuals' first source of reference, supports from these two sources have been found to give a significant influence on academic achievement and effective behaviors.

Third, t has long been recognized that the characteristics and quality of social support are central to the individual's adjustment, and it is described as both a buffer against life stressors as well as an agent promoting health and wellness. The quality of social support perceived and received has been reported by several studies to correlate more positively with mental health than the quantity of support received (Holahan., *et al*. 1995). According to Maddi and Khoshaba (2008), hardiness comprises elements such as finding a purpose in life, and positive and negative experiences that promote growth opportunities. Hardiness also involves one's ability to influence and change their environment. Positive personal identity allows a person to stay focused after the traumatic event. These individuals adapt and adjust to the difficult situations, something that gives them a better chance of coping. Social support is therefore an important factor that boosts recovery after trauma and enables individuals to be resilient.

Biopsychosocial model of illness/health

It was not until the 1980s that both theoretical and empirical research Bionpsychological and social dimensions in somatic diseases started to grow and develop rapidly. The biopsychosocial model of illness by Engel (1977) had a great influence on this research. He evinced the following six basic statements:

1. In the biomedical model, demonstration of a specific biochemical deviation is generally regarded as a specific diagnostic criterion for the disease. Yet in terms of the human experience of illness, e.g., laboratory documentation may only indicate disease potential, not the actuality of the disease at the time. The abnormality maybe present, yet the patient may not be ill.
2. Establishing a relationship between particular biochemical processes and clinical signs of illness requires a scientifically rational approach to behavioral and psychosocial data, for these are the terms in which most clinical phenomena are reported by patients. Otherwise, the reliability of observations and the validity of correlations will be flawed.
3. Conditions of life and living constitute significant variables influencing the time of reported onset of the manifest disease as well as of the variations of its course. Psychophysiological responses to life changes may interact with existing somatic factors to alter susceptibility and thereby influence the time of onset, the severity, and the course of a disease.
4. Psychological and social factors are also crucial in determining whether and when patients with the biochemical abnormality come to view themselves or be viewed by others as sick. Still other factors of a similar nature influence whether or not and when any individual enters a health, care system and becomes a patient.
5. Rational treatment directed only at the biochemical abnormality does not necessarily restore the patient to health even in the face of documented correction or major alleviation of the abnormality.
6. Even with the application of rational therapies, the behavior of the physician and the relationship between the patient and the physician powerfully influence the therapeutic outcome for better or for worse. These constitute psychological effects, which may directly modify the illness experience or indirectly affect underlying biochemical processes, the latter by virtue of interactions between Psychophysiological reactions and biochemical processes implicated in the disease (Maddi, & Khoshaba, 2008, Abdullah, 2014).

Types of social support

Coping is the major determinant in the process from stressful events to adaptational outcome such as psychological symptoms and somatic illness. The concept of coping defined as " the person's constantly changing cognitive and behavioral efforts to manage specific external and internal demands that are appraised as laxing or exceeding the person's resources". (Lazarus, 1993).

According to Lazarus (1993), coping can be divided into eight forms: confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem solving and positive reappraisal. There is some evidence that the main effect of support on major health outcomes is stronger among people who are socially isolated, and weaker among those who already have moderate or high levels of support.

The first, the main effect model, proposes that social resources have beneficial effects irrespective of whether the persons are under stress or not; there is a direct link between social support and diseases. These beneficial effects could occur because large social networks provide regular positive experiences and a set of stable, socially rewarding roles in the Community. This kind of support could provide positive affect, a sense of predictability and stability in one's life situation, and a recognition of self-worth. Integration into asocial network may also help to avoid negative experiences, e.g., economic or legal problems (Zautra, Hall, & Murray, (2010).

The buffering model suggests that social support is related to well-being when person is under stress. This model proposes that support protects persons from the potentially pathogenic influence of stressful events (Cohen, Udewod,., & GottlIeb, 2000).The stressful situations are defined to be those "in which the person perceives that it is important to respond but an appropriate response is not immediately available". Stress appraisal includes negative affect, elevation of physiological response, and behavioral adaptations. have stated, "Although single stressful event may not place great demands on the coping abilities of most persons, it is when multiple problems accumulate, that the potential for serious disorders occurs" (Sambu, (2015). The mechanisms linking stress to illness may include disorders in neuroendocrine or immune systems or changes in health related behaviors (alcohol use, poor diet, deficiencies in exercise patterns, failures in self-care) or a combination of the two. In the buffering model, social support is connected with coping, a person's efforts to manage psychological stress. "The psychological components (of social support affecting health) are dependent on information from the social environment, identity and self-esteem, social influence, and tangible resources. All of these affect health by producing benign appraisal of stressful events, improved coping, prevention of stress-induced biological and behavioral responses that are harmful to health, suppression of neuroendocrine responses to stress, enhanced immune function, increases in healthy behaviors, and health maintenance" (Cohen, Udewod,., & GottlIeb, 2000). Social support can be considered as a modifying factor to the coping processes of stress. Coping can be seen as a complex ongoing process , thus the social support that buffers stress also forms a process. Some authors even count social support as a part of coping, as one social resource of coping (Wallerstein., *et al*. 2013). For more of the connections of social support to coping processes, see the chapter 'Relations between the components in stress processes (Sambu, L. (2015).

Social support can be considered as a modifying factor to the coping processes of stress. In addition social support that buffers stress and forms the process. On the other hand, the psychological components of social support that affecting health, are dependent on information from the social environment, identity, self-esteem, social influence and tangible resources.

Psychological stress and social support

Stress defined as: (1) forces on an organism of a deleterious nature that disturb its normal equilibrium or homeostasis. If excessive or prolonged, stress may overtax the organism's resources and lead to breakdown of organized functioning. Types of stimulus or situations that produce stress include frustration, conflicts, pressures, deprivations, (2) In literature, stress is a state of physical or psychological strain which imposes demands for adjustment upon the individual, (3) Emphasis put on a word or though in speaking or writing (Corsini, 2002).

Stress can be a stimulus or a response. In addition, the new trend indicated that the stress is outcome of the interaction between stimulus and response. This relation is reflected the relationship between person and environment there are dozens of stimulus

positions and situations that lead to stressful events such as: disturbance of social relation/interaction, getting competitive, rigidity, impatience, aggressiveness, being unreflective, overloading of tasks, (Abdullah, 2016).

Stressful events may be negative or positive, and not all negative events will have negative consequences. Individuals may consciously and deliberately bring about negative events (e.g. divorce, being fired) to solve otherwise intractable problems. Thus, some supposedly: undesirable events" are not stressors but instead problem-solving acts. The second implication is that individuals are changing, changeable, and thus less predictable than we typically assume. If people observe and learn from their experiences, then they can decide to bring about change in themselves or their lives. Childhood traumas and subsequent stressful life experiences in adolescence or early adulthood may actually result in improvement in physical and emotional wellbeing in later life stage, not because people have become inoculated by or inured to or even more adept at managing stressors, but because they have decided and then acted to change things for the better direction. The third implication is that, because individuals are motivated to protect and promote wellbeing and adaptation, they may deliberately engineer positive events in their lives to counteract or counterbalance those aspects, which are negative. Findings have been showed that new job eliminate the negative physical and psychological effects of unemployment. Thus, positive events may be just as important as negative ones for health and wellbeing, but their effects may not be seen unless they are directly linked to preceding negative ones.

A related factor that can affect the well-being of children is the social skills deficits (Sarkova., *et al*. 2013). The literature also describes studies on the influence of marital separation and/or remarriage in parenting practices, which indirectly affects the well-being of the children (Wallerstein., *et al*. 2013). Other studies found that the well-being of adolescents from families that experienced marital separation and the subsequent remarriage of the parents was not associated with the type of family but with the quality of the relationships among family members (Joronen & Astedt-Kurki, 2005).

Individuals who receive social support after trauma become more resilient than those who do not receive any support. Male respondents receiving social support record a higher resilience scale score than the female respondents who receive social support. Besides, older respondents who receive social support have higher resilience than the younger individuals accorded the same social support. Social support is, therefore, an important feature in promoting resilience among victims of violence who have undergone trauma (Sambu, 2015).

In sum, the results and consequences of social support and the factors influencing in psychological stress processes, and the relationships between these factors, indicated that, experienced social and stressors have an influence on coping with illness, stressful events and health. More social support lead to more using of other coping skills and promoting wellbeing.

References

1. Abdullah MQ. "Introduction to mental health". Amman: Dar Alfiker, Jordan (2016).
2. Abdullah MQ. Psychotherapy. Aleppo University Press. (2014).
3. Armstrong MI., *et al*. "Pathways between social support, family well-being, quality of parenting and child resilience". *Journal of child and family studies* 14.2 (2005): 269-281.
4. Cohen S., *et al*. "Social support measurement and intervention: A guide for health and social scientists. New York: Oxford University Press (2000).
5. Corsini, R. "The dictionary of psychology. Brunner –Routledge". New York (2002)
6. Dollete M., *et al*. "Understanding/girls, circles as an interview on perceived social support, body image, self-efficacy, locus of control and self-esteem". *Adolescence* 41 (2006): 55-74.
7. Eskin M. "Self-reported assertiveness in Swedish and Turkish adolescents: A cross-cultural comparison". *Scandinavian Journal of Psychology* 44 (2003): 7-12.
8. Joronen K and Astedt-Kurki P. "Familial contribution to adolescent subjective well-being". *International Journal of Nursing Practice* 11.3 (2005): 125-133.

9.   Holahan CJ., *et al*. "Parental support, coping strategies, and psychological adjustment: An integrative model with late adolescents". *Journal of Youth and Adolescence* 24.6 (1995): 633-648.

10. Lazarus RS. "Coping theory and research: past, present and future". *Psychosomatic Medicine* 55.3 (1993): 234-247.

11. Maddi SR and Khoshaba DM. "Hardiness Training Managing Stressful Change (4thEd.). Irvine, California: The Hardiness Institute Inc. (2008).

12. Sambu, L. "Social support in promoting resilience among the internally displaced persons after trauma: A case of klambaa village in Uasin Gishu County, Kenya". *British Journal of Psychology Research* 3.3 (2015): 23-34.

13. Sarkova M., *et al*. "Associations between assertiveness, Psychological well-being and self-esteem in adolescents". *Journal of Applied Social Psychology* 431 (2013): 147-154.

14. Seeman T. "Support and social conflicts. Section one - social support. Research psychosocial notebook.

15. Wallerstein J., *et al*. "Mothers and their children after divorce: Report from a 25-year longitudinal study". *Psychoanalytic psychology* 30.2 (2013): 167-184.

16. Zautra AJ., *et al*. "A new definition of health for people andcommunities. Handbook of Adult Resilience". New York: Guilford (2010).