



## THE RELATIONSHIP BETWEEN PERCEIVED SOCIAL SUPPORT AND SOME PSYCHOLOGICAL SYMPTOMS OF STRESS IN A GROUP OF UNIVERSITY STUDENTS

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### ABSTRACT

in the stress literature, there is a great deal of attention on the way individuals cope with stressful situations. There is evidence that social support is an important coping resource in promoting mental health and preventing psychological distress. In this study, specific types of social support that are associated with psychological symptoms of stress were investigated using a sample of 301 university students (184 males and 117 females) with a mean age of 27.3. Data were collected through the use of three instruments: the Perception of Seeking Social Support Inventory (PSSSI) was administered to students to obtain information about need for sources and satisfaction with social support. The Beck Depression Inventory (BDI) was used to measure their level of depression, and the Langner Symptom Survey (LSS) was used to measure their health status. Pearson product-moment correlations were computed between the PSSSI, BDI and LSS and relevant demographic variables to examine possible relationships. Statistical analyses of the data show that the types and sources of social support are significantly related to the psychological symptoms of stress. The results of the study suggest university students' need to maximize the availability of helpful types of social support in their environment.

**Keywords:** Stress, social support, university student

### INTRODUCTION

Stress and coping have been the focus of a considerable amount of research over the several decades. In cognitive-transactional models of stress, coping is conceptualized as the cognitive and behavioral responses that moderate the effects of stress on outcomes (Lazarus and Folkman, 1984). There is almost a consensus that there are at least two fundamental coping strategies, problem-focused coping and emotion-focused coping (Carver et al., 1989). Information seeking, planning, direct action, and seeking instrumental help are believed to be efforts related to problem-focused coping; whereas self-blame, blaming others, focusing on, controlling or venting emotions, fantasy, wishful thinking, seeking emotional support and avoidance are inclusive of emotion-focused coping (Felsten, 1998, p. 289).

The bulk of research has demonstrated the importance of social support in alleviating psychological distress. Across diverse subject samples, seeking social support as well as problem-focused coping have generally been associated with positive outcomes. Social support is also considered to have a stress-buffering effect (Compas et al., 1986).

In general, research indicates that perceived social support and psychological and physical symptoms are negatively correlated and that social support is associated with decreased depressive symptoms (Lin and Ensel, 1984). At this point, there is much convincing evidence that perceived social support has a buffering effect on stressful negative experiences and can moderate negative outcomes. It is also suggested that the individual's perception of support determines the extent to which the effects of stress are moderated (Printz, Shermis and Webb, 1999, p. 716).

According to Barrera (1986), perceived social support is defined as the "cognitive appraisal of the presence and quality of interpersonalities (Brian, Shermis and Webb, 1999, p. 716). The strength of social support is found to be effective of help seeking. Individuals who have close friends and relations accessible to them are less likely to seek professional help and their subjective perceptions of support play an important role in the maintenance of psychological well-being (Phillips and Murrell, 1994, p. 271).



In this study, social support was investigated within the frame of the person-environment (P-E) fit model. According to (P-E) (Brown et al., 1987), "satisfaction with social support is a function of the match between the strength of one's interpersonal needs (ie., requirements for others that persons believe to be critical to their success, survival, or emotional welfare) and the amount of social resources provided to fulfill those needs" (Brown, et al., 1988, p. 472). Within the frame of this mode it is also hypothesized that, dissatisfaction resulting with unmet personal needs would result in behavioral, emotional and physiological strain.

The underlying assumption of the present study is related to the fact that perceived social support is multidimensional and it is important to determine the kind of beneficial support needed to maintain positive self-perception and well-being of individuals. Of particular interest were relationships between the level of need for and satisfaction with social support in association with psychological symptoms of stress.

In this respect, it is hypothesized that the level of need for social support and satisfaction with social support would correlate with of depression and well-being of the individual.

Data obtained from this study were used to develop a social support inventory that could track students' level of need for social support, and satisfaction with social support. This would provide a more complete understanding of the help-seeking process, thus meeting the need of having a diagnostic tool to be used in counseling interventions for university students who have adjustment problems.

It was also hypothesized that the students' preference of their social ties would be associated with the level of their psychological adjustment.

## METHOD

The objectives of this study were two fold. First, given the importance of determining the dimensionality of social support, a new measure, the Perceived Social Support Inventory (PSSI) was developed. The second purpose of this study was to examine the correlations of the measured dimensions with psychological symptoms.

## SAMPLES

Three separate samples were used in different parts of the study (1) 150 students (96 females, 54 males); (2) 92 students (67 females, 25 males) and (3) 301 students (184 females and 117 males). Thus a total of 543 students volunteered to participate in the study.

### Phase 1

Phase I of the study was designed to develop an instrument that would include the level of need and the level of satisfaction with social support.

### PSSI Development

A random sample of 150 students were asked to specify a) their specific need for seeking social support and, b) the way they felt after receiving social support from various sources. Students' responses to two sets of questions were framed in the form of scale items to be tallied. In the selection process, a statement which was mentioned by less than 25 percent of the students was omitted. The list was narrowed down to 25 distinct items, selected to represent both the need to seek social support and the aftermath of social support seeking.



## Phase II

In the second phase of the study, 92 undergraduate students' indicated their responses to the items by means of a 3 point scale (a lot, a little, or not at all). These were then subjected to an item analysis.

There were found to be a total of 4 items in which the item-total correlations were less than .30 and were considered to be non-contributing. This process yielded 21 items to be chosen for the scale.

Factor analyses (principal components extraction with varimax orthogonal rotation) was performed on 21 items using the students' ratings. The two-factor solution yielded factors that accounted for the 33.4% of the common variance. Conclusions about the item content for the two factors were based on both convergent and discriminant validity criteria (Veit and Ware, 1983). Convergent validity was accepted to be satisfactory when an item's loading with a factor equaled or exceeded .40. As far discriminant validity, the criteria was set so that the difference in magnitude between an item's highest and second highest factor loading was greater than .10.

Thus, the criterion for retention was that an item must load .40 or above on one factor and less than .30 on the others. This process left a total of 20 items omitting one item that had a factor loading less than .30. The items of the scale allowed two factors to be found.

The first factor (eigenvalue = 4.93756) was labeled as Need for Seeking Social Support and consisted of fourteen items with factor loadings ranging between .70 and

.41. The second factor (eigenvalue= 2.07316) was labeled as Satisfaction with Seeking Social Support and consisted of six items with factor loadings .78 and .40 in range. Cronbach alpha coefficients indicated acceptable internal consistency for the factors (hereafter called scales .84 and .73, respectively) (Table I).

The scale items are rated on a 3 point scale ranging from "agree" to "disagree" (3 for "agreement", 2 for "not sure" and 1 for "disagreement"). Scores on this instrument may range between 20 and 60 with high scores indicating a positive perception of seeking social support. As for the subscales, the total scores can range between 14 and 42 for the Need for Seeking Social Support and 6 and 18 for the Satisfaction with Seeking Social Support.

## Phase III

The second aim of the study was to investigate the relation between the Need for Seeking Social Support and Satisfaction with Seeking Social Support with level of depression and physical and psychological symptoms of the students. To serve for this purpose the instrument was administered to a total of 301 students from four different academic majors at Buca Faculty of Education. All students filled out the package of the three questionnaires in a row. They were assured of anonymity and informed that completion of the questionnaire was voluntary. The completion of the questionnaires required approximately 35 minutes.

## Measures

In addition to the Perception of Seeking Social Support Inventory (PSSSI) (Aysan, 1998) the Beck Depression Inventory (Beck and Steer, 1987) and the Langner Symptom Inventory (LSS, Langner, 1962) were administered.

The Beck Depression Inventory (BDI) (Beck and Steer, 1987) is a 21-item, self-report inventory used to assess the severity of somatic, affective, cognitive and behavioral symptoms of



depression in adolescents and adults. The items are rated on a 4-point scale (0-3), with higher scores indicating more depression.

Langner Symptom Survey (LSS; Langner, 1962) is a 22-item questionnaire used in research as a measure of psychological distress/impairment. The items of the scale have a unique set of answer choices with some items having answers pertaining to how often a particular symptom is present (e.g., often, sometimes, never) while others simply indicate the presence or absence of a symptom (e.g., yes or no). Symptomatic responses receive a score of one, while nonsymptomatic responses are not scored. Scores may range from 0 to 22 (Piatt, A.L., 1993). The Turkish version of the scale was developed by the author. The scale items were translated to Turkish, and back translation was provided by two bilingual adults of which one was a psychologist. In a sample of 92 (68 female and 24 male) students reliability estimates (coefficient alpha) showed a high internal consistency for the scale ( $\alpha = .90$ ). The item total correlation coefficients ranged between .35 and .60.

The scale items were subjected to factor analysis (principal components extraction) with varimax rotation. Examination of the scree plots indicated the presence of one factor with eigenvalue greater than 1. The one-factor solution was retained and accounted for 28.2% of the variance. The concurrent validity of the scale was studied through the use of Beck Depression Inventory (BDI) The Satisfaction with Life Scale (SWLS) (Diener, et. al., 1985) and State Trait Anxiety Inventory (STAI-T) (Spieberger, 1980). The findings showed that LSS was correlated with BDI at a relatively high level ( $r_s = .77, p < .007$ ) whereas the correlation coefficients for STAI-T were higher ( $r_s = .79, p < .0000$ ). As was expected, SWLS correlated negatively with LSS ( $r_s = -.74, p < .002$ ). It was concluded that LSS was a valid scale that could measure psychological distress for adolescent populations.

## RESULTS

The main research questions were addressed in various statistical analyses. The factor loadings, item-subscale and item-total correlations of the items of the Perception of Seeking Social Support Inventory (PSSSI) are presented in Table I. The independent variables of the study were identified as gender, age, the type of source of social support and the problem areas reported by the students. In phase III, of the 301 undergraduate students, 61% were females and 39% were males. The mean age of the students was 21.3 ( $sd = 1.61$ ).

In looking at the PSSSI, chi square analyses were computed to determine whether the proportion of the type of social support would differ by gender. 61% of the students (115 female and 70 male) sought social support from their peers of the same sex; 12% of the students (20 female and 15 male) talked to their peers of the opposite sex; 17% of the students (41 female and 11 male) received support from their family members; and 10% of the students (8 female and 21 male) sought no help from others when they had problems. The result of the chi square analysis showed that there was significant difference between the genders in their choices of social support sources ( $\chi^2 = 20.92, df = 3, p < .001$ ). Females were much more likely to seek social support.

The students reported to have seven problem areas that they usually talk about with the social support sources they had identified. 25% of the students (47 female and 27 male) had relationship problems, 17% of the students (26 female and 25 male) had future concerns, 16% of the students (38 female and 10 male) had problems with personality; 10% of the students (16 female and 14 male) had problems with sexuality, 8% of the students (13 female and 13 male) had familial problems 3% of the students (4 female and 5 male) had financial problems and finally 21% of the students (40 female and 23 male) did not choose to talk about their problems. Chi square analysis showed that there



was only a slight difference at the significant level between genders in the problem areas ( $\chi^2= 1229$ ,  $df= 6$ ;  $p= .0559$ ).

Spearman correlation coefficients were computed to measure the correlations among the PSSSI, BDI and LSS. The results are presented in Table 2.

As can be seen in the table, the correlation between the total score of PSSSI and the Need for Seeking Social Support is quite high ( $r_s= .94$ ,  $12<.001$ ); whereas the correlations between Satisfaction with Social Support and the PSSSI were significant at a moderate level ( $r_s= .57$ ,  $11<.001$ ). The correlation between Need for Seeking Social Support and Satisfaction with Social Support was at significant and relatively low level ( $r_s= .27$ ,  $12<.001$ ).

The correlations of PSSSI total scores with external scales such as BDI and LSS were not at significant levels. In other words, perception of seeking social support was not correlated with symptomology. On the other hand, Satisfaction with Seeking Social Support was negatively correlated with depression ( $r_s= -.23$ ,  $Q<.001$ ) and the Langner Symptom Survey ( $r_s= -.17$ ,  $Q<.05$ ) at significant levels. In other words, as the level of satisfaction with social support gets higher, the level of symptomology gets lower. The relatively high correlation between LSS and BDI ( $r_s= .79$ ,  $12<.001$ ) may suggest that these two scales have common elements of symptomology.

Spearman correlation coefficients between age and the dependent variables were computed. Age was negatively correlated with Need for Seeking Social Support and Seeking Social Support (total) ( $r_s= -.15$ ,  $Q<.05$  and  $r_s= -.17$ ,  $12<.05$ , respectively). In other words, as the age of the students got higher, the level of need for seeking social support got less. On the other hand, the correlations between age and satisfaction with seeking social support, depression and symptom were negative but not at a significant level ( $r_s= -.09$ ,  $p>.05$ ;  $r_s= -.06$ ,  $12>.05$ ; and  $r_s= -.02$ ,  $Q>.05$ , respectively).

t-tests were computed to compare the students' scores on the scales by gender. The findings regarding the comparison of the students' scores on the scales by gender are presented in Table 3.

As can be seen in the table, there are no significant differences between the female and the male students in terms of the level of perception of seeking social support, depression and symptom. A significant difference was found on satisfaction with social support, Females reported that they felt better after seeking social support ( $F= 2.83$ ,  $Q<.01$ ).

Anova was used to compare the students of the four groups on their level of seeking social support, depression and symptom (Table 4). Duncan tests were computed to indicate the differences between the groups. The analysis indicated significant differences among the groups on each of the scales except for the LSS. As was expected, the mean scores of the students who reported that they had no source of social support were the least on the Need for Seeking Social Support [ $E(3,297)=2.7639$ ,  $p<.05$ ], Satisfaction with Social Support [ $E(3,297)=7.655$ ,  $11<.001$ ] and the Social Support Total [ $E(3,297)=5.3578$ ,  $11<.01$ ]. Their mean scores of depression were significantly higher than all the other groups [ $E(3,297) = 9.81512$ ,  $11<.0001$ ]. Those students who were not satisfied with the level of social support in their lives had higher levels of depression as compared with those who were satisfied. Students not satisfied with their social support also reported higher levels of physical and psychological symptoms but the difference between the two groups was not significant [ $F(3,297)=2.1731$ ,  $p>.05$ ].

The results of ANOVA showed that there were no significant differences on the mean scores of the scales of the groups whose problem areas were

- a) personal,



- b) relationship,
- c) future concerns,
- d) sexuality,
- e) financial,
- t) familial, and
- g) none (Table 5).

As can be seen in Table 5, the students' scores did not differ significantly on Need for Social Support [ $t(6,294)=-3.410, p<.05$ ]; Satisfaction with Social Support [ $F(6,294)=.6929, p>.05$ ]; Social Support Total [ $F(6,294)=.2534, p>.05$ ]; Depression [ $F(6,294)=1.4483, p<.05$ ] and Symptom IE [ $F(6,294)=1.4097, p>.05$ ].

Stepwise multiple regression was used to evaluate how well need for social support, satisfaction with social support, and symptom predicted depression by entering NFSS, SWSS and LSS as independent variables (Table 6).

As can be seen in Table 6, LSS (entering to the equation at step one) and SWSS (entering to the equation at step two) together explained 63% of the variance. Symptom accounted for the most variance (62.79%).

When gender is examined separately, only LSS was predictive of depression both for males and females ( $r^2=.66018, p<.0000$ ) and ( $r^2=.64320, p<.0000$ ) respectively.

## DISCUSSION

The purpose of the study was to explore the factor structure of the PSSSI scale and to see if there was a correlative relationship between perceived social support and psychological symptoms of stress. The factor analytic investigation revealed that the PSSSI was made up of two factors. The first factor appears to measure the degree to which the person's needs are met by seeking social support. The second factor appears to assess the degree to which the person's feelings of satisfaction is provided by seeking social support. These factors are neither tied to a specific stressful circumstance nor do they measure any kind of instrumental need. They rather appear to reflect self-identity needs (i.e., needs for feedback about aspects of self) (Brown, et. al., 1988, p. 477). The scale does not consist of wide range of component social support functions. Therefore, the results should be interpreted within the limitations of the study.

Overall findings are consistent with the contention that need for seeking social support and satisfaction with social support are different constructs of social support. It was found out that satisfaction with social support was negatively correlated with symptomology whereas need for social support correlated positively with symptomology. Although the correlations were at low levels; it is suggested that *all* types of social support can not be conceptualized as beneficial interpersonal transactions. In the literature this is supported in the finding that perceived social support is associated with the distress underlying help seeking (Phillips, 1994, p. 274). It is also reported that dissatisfaction with relationships where support is received contributes to negative affect such as feelings of guilt and dependence and is related to inflated feelings of anxiety (Lu and Argyle, 1992). On the other hand, there are other research findings suggesting that perceived social support is negatively correlated with physical and psychological symptoms (Billings and Moos, 1981; Lin and Ensel, 1984).

There is also supporting evidence in the research literature that receiving support can pose a threat to one's self-esteem and self-confidence, can evoke feelings of helplessness and is related to feelings of dependence and guilt (Lu, 1997, p. 618). In this respect, seeking help from others can



be costly and can have some negative effects on well-being of a person. In the current study, factors related to personality were not explored, therefore, the negative impact of social support seeking needs to be explained with future research on trait and personality. As for the sociodemographic variables related to the help seeking process, the findings show that the need for seeking social support got less as the age of the students got higher. This finding is supported by a study done by the author. The university students' need for social support may get less as they adopt to the university life (Aysan, 1988).

There were no differences found between genders regarding the need for social support and the

symptom measures. This finding is not generally supported by others in the research literature. Most find that women are more likely than men to seek social support (Aysan, 1988; Gary, F., 1998; Lu, L., 1997; Phillips and Murrell, 1994). The level of satisfaction with social support was higher in female students than it was male students. This finding is supported with another research report suggesting that positive mood, desire for control, optimism, seeking support and being a woman are reliable determinants of receipt of and satisfaction with social support (Aspinwall and Taylor, 1992, p. 1000).

In this study, it was found that having no social support source is related to poorer psychological well-being of the students. In an attempt to put forth an alternative to the buffering model of social support it was found that lack of perceived or actual social support is not a manifestation of depression itself, but that lack of social support contributes to the creation of depressive symptoms (Aneshensel and Stone, 1982, p. 1392). This finding is supported by other research findings in the literature. It is reported that individuals with relatively strong social support are less likely to seek psychological help as compared to ones who had not strong social support systems (Birkel and Reppucci, 1983; Linn and McGranahan, 1980).

Research suggests that social support varies in effectiveness depending on its source (Mallinckodt, 1989, p. 170). In this study, the findings show that having social support from different sources did not make any change on the scores of symptom measures. But it should be noted that, this finding can not be generalized as the effects for specific types of support weren't measured (i.e., reliable alliance, attachment, guidance, reassurance of worth).

It is concluded that satisfaction with social support may be predictive of depression and that this may be further investigated.

The limitation of this study was its reliance on self-report measures to assess the construct of social support. In addition, assessments of other variables such as types of support, personality and other forms of symptomatology should be included.

The assessment of social support should prove especially helpful to counselors working at the university counseling centers. Students exhibiting symptoms of adjustment problems can be offered social skills training to enhance their availability of beneficial types of social support in their environment.

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Table 1. Factor Loadings on the Two-Factor Perception of Seeking Social Support Inventory (PSSSI)

Factor scale/item summary	Item-subscale	Total/Scale total	I	II
I Need for Seeking Social Support	fs	fs		
Feel stronger (14)	(.6894****)	(.6777****)	.69693	.11340
Know that I'm not alone (9)	(.6545****)	(.6403****)	.65801	.03967
Get encouragement (11)	(.6648****)	(.6004****)	.65315	.05062
Feel more self confident (16)	(.5032****)	(.6315****)	.63626	.00568
Get motivated (10)	(.6333****)	(.5873****)	.60557	.19231
Make healthier decisions (6)	(.4720****)	(.4750****)	.55488	-.03430
Face reality and see things more clearly (20)	(.5367****)	(.5104****)	.54812	-.06510
Follow after a model (5)	(.5066****)	(.4848****)	.53966	.04902
See optimism in the future (3)	(.5058****)	(.5035****)	.51927	.04168
Be more aware of my problems (8)	(.5004****)	(.4683****)	.49292	.15397
Solve conflicts (7)	(.5395****)	(.4700****)	.49143	.10512
Feel understood (15)	(.4499****)	(.4467****)	.46826	.10174
See things from different perspectives (12)	(.3800****)	(.3898****)	.46372	.28043
Get things out of my chest and feel better (13)	(.4534****)	(.4143****)	.40972	.16347
II Satisfaction with Seeking Social Support				
Feel defensive and uncomfortable (21) (-)	(.4671****)	(.2010**)	.05944	-.77740
Feel had about not having good problem solving skills (17) (-)	(.4503****)	(.1643**)	.07438	-.70519
Feel not ok to be in need of others all the time (19) (-)	(.4640****)	(.1869**)	-.05577	-.60610
Feel accepted by the others (1)	(.4401****)	(.3540****)	.32196	.50403
Feel the pressure of talking for a short period of time (18) (-)	(.2969****)	(.3384****)	.27757	.46581
Feel loved after talking (2)	(.4240****)	(.3656****)	.23369	.4026
(-) Reversed items				

\* $n < .05$

\*\* $n < .01$

\*\*\* $n < .001$



Table 2. Spearman correlation coefficients among social support, symptom and depression

Variables	Need for social support	Satisfaction with social support	Social support (total)	Depression
Satisfaction with social support	.2712***			
Social support (total)	.9361***	.5663***		
Depression	.0956	-.2326***	.0011	
Langner Symptom Survey	.1704**	-.1446*	.0964	.7853***

N = 301  
\*  $p < .05$   
\*\*  $p < .01$   
\*\*\*  $p < .001$