

THE MEANING OF FAMILY AND PEER GROUP SOCIAL SUPPORT AMONG INDIVIDUALS WITH DEPRESSION DISORDERS

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ABSTRACT

Social support is one of the important factors in creating psychological well-being. This support is usually obtained from close people such as family or peer groups. Many studies have found that social support can affect the recovery of individuals with psychological disorders such as depression. Depression is a mood disorder that makes a person feels unhappy, experiences insomnia, has lack of enthusiasm, and self-pity. This study was designed to examine the description of family and peer group social support from the perspective of individuals with depressive mental disorders. This study uses a qualitative method with an Interpretative Phenomenological Analysis (IPA) approach. The interview process was conducted on 5 individuals who had been diagnosed with depression by professionals. The results showed that each participant received family and peer group support, but there were differences in social support. Those who get a lot of social support tend to develop a sense of being loved, cared, feeling happy and grateful for the presence of loved ones so as to provide strength for them to rise from adversity over their depression. Meanwhile, those who receive little support tend to develop introverted behavior, family avoidance, and a bad perception of the presence of family and peer groups, making it more difficult to recover from depression. However, participants who received little social support but perceived social presence in a positive way from the start were able to develop the same feelings as individuals who received a lot of support and had an equal chance of recovering from depression.

Keywords: Family support, peer group support, depression

1. PREFACE

Mental health is a topic that often arises in society. A person is said to be mentally healthy if he is free from mental disorders, mental disorders are one of the most crippling conditions for life throughout the world [1]. This mental disorder can refer to limitations, disturbances in cognitive, behavior, and emotions. The prevalence of mental disorders related to emotional disorders is indicated by the appearance of symptoms of depression and anxiety. In the range of 15 years and over, this disorder appears to reach around 6.1% of the total population of Indonesia or the equivalent of approximately 11 million people [2]. According to PDSKJI (Association of Indonesian psychiatrist) there is an increase number of cases of depression, by 57.6 percent in this era of the Covid 19 pandemic, at the age of teenagers (15-24 years) the percentage of depression is 6.2%. Major depression will have an impact on Increasing the tendency to self-harm (self-injury) to suicide. 80-90% of suicides are the result of depression and anxiety disorders. There are 10,000 suicide cases in Indonesia, equivalent to one suicide every hour [3]. Depression is a mood or mood disorder that makes a person feel deep unhappiness, loss of enthusiasm, loss of appetite, self-pity, and always feeling bored [4].

Beck defines depression as an abnormal condition characterized by decreased mood, pessimism and distrust, loss of spontaneity, and some vegetative symptoms [5]. There are various factors that can influence the development of depression, such as a lack of social support. Social support is an individual's awareness that other people exist and are willing to provide moral, emotional and other support. This support helps the individual in managing stress. Which is usually obtained

from co-workers, friends, or family and other important people [6]. This social support improves mental health and well-being [7].

Social support will be more meaningful to someone if it is given by people who have significant relationships with individuals such as parents, spouse (husband or wife), children and other family relatives [8]. Lack of family support can trigger individuals to develop depression: Parents don't care about their children's academic achievements and parents' expectations that are too high for their children can trigger feelings of loneliness, unloved and excluded. However, family support, such as attention and affection, can reduce symptoms of depression in children [9].

Research conducted by Chronister et al [10] in describing the dynamics of family social support in the perspective of family members resulted in the discovery of five categories of support, including: (a) person-centered support, (b) autonomy support, (c) community participation support, (d) health management support, and (e) day-to-day living support. Person-centered support is described as communication of signs of acceptance and family awareness of the symptoms, and mental illness as well as recognition of interests, curiosity, and understanding of the individual's experience with the disorder. Autonomy support is described as respecting, supporting individual decisions, supporting the interests and life goals of individuals with disorders. Community participation support is described by facilitating and planning community activities that are in line with the interests of individuals with disorders in the form of offering choices, accompanying individuals in community participation, providing the necessary instrumental support for community participation (such as transportation, money and basic daily necessities), and facilitate participation in family member activities. Health management support is described as support in crisis situations, encouraging adherence to medication, and encouraging healthy living behaviors. Day-to-day living support is described as helping individuals with impairments in accessing their daily living needs related to housing, financial management, appointments, and routine health check-in support.

In addition to family social support, peer support is a factor that influences the mental health of individuals with psychological disorders. This group can be a source of affection, sympathy, understanding, and moral guidance to gain autonomy and independence [11]. Peer group social support can be received from peers who spontaneously provide assistance in close relationships and can occur anywhere and anytime when individuals face difficulties through emotional assistance, self-esteem, instrumental support, and informational support [12]. Some forms of social support that can be found according to Cohen and Hoberman [13] include: (a) Tangible Support includes actions or assistance that is seen physically in solving a problem or daily problem; (b) Belonging Support, actions that create a feeling of being accepted as part of a group and the emergence of a sense of togetherness; (c) Self-esteem Support, related to increasing self-esteem and a sense of competence in the group; and (d) Appraisal Support, advisory support related to problem solving and help reduce stress. Based on the information above, it is concluded that social support in which there is family and peer support results in a decrease in depressive symptoms. On the other hand, if support is not felt, the individual may develop depressive symptoms. Therefore, it is important to know how social support is experienced by individuals with depression and what meaning is derived from this experience. So that it can be a source of information that can be given to the community about the importance of social support for individuals with depression.

An Interpretative Phenomenological Analysis (IPA) approach was used in this study. This approach was created based on the concept of Husserl's phenomenological theory [14]. According

to Smith in Bayir and Limas [15], there are several stages in the use of this approach: (a) repeated reading; (b) initial noting; (c) developing emergent themes; (d) searching for connections across emergent themes; (e) moving the next cases; and (f) looking for patterns across cases. Analysis of this approach is used to find out how participants experience social support. The IPA phenomenology approach is considered ideal in finding data information about the description of family and peer group support in individuals with depressive disorders based on several reasons; (a) The experience of social support is a subjectively bound phenomenon; each support provided gives a different meaning for each individual; (b) participants will be more comfortable in explaining subjective phenomena experienced through intimate and neutral interviews so that they can avoid maladaptive behavior from the disorder they have; (c) Providing broad opportunities for participants to explain in depth the meaning of complex phenomena and how phenomena exist in their lives; and (d) As a scientific method, (IPA) can describe a real phenomenon, and the exposure of participants' subjective experiences becomes the main source in explaining phenomena systematically.

2. RESEARCH METHOD

This study uses a qualitative method in understanding the life experiences of individuals with depression related to family and peer group support received.

Participants in the study were 5 individuals with the following criteria: (a) Individuals who are currently or have experienced depression; and (b) Individuals who have or are currently undergoing the process of treating the disorder by a psychologist / psychiatrist.

Information data about participants' life experiences were obtained through semi-structured interviews. The main questions given to participants such as "Can you tell us what family support you felt and experienced, how was the family support provided?" and "Can you tell us what peer support you felt and experienced, how was peer support provided?" then will be continued with In-depth questions from the main question.

3. RESULT AND DISCUSSION

Table 1

Participants' Profile

Code	Sex	Career	Diagnosis	Age	Residence	Other Daily Activity Environment
RZ	M	IT Programmer	Depression Disorder	25	Parent's House	Depression Community
TR	M	Students and Part Time Workers	Depression Disorder	21	Parent's House	Traditional Dance Studio
LD	W	Employee	Depression Disorder	28	Grandparent's House	None
MD	M	Manager	Depression Disorder	36	Indekost	Sister and Brother's Apartment
AS	W	Student	Depression Disorder	17	Parent's House	School

Table 2
Spectrum of Participants' Experience of Family Support Experienced

Theme / Dimension	P1	P2	P3	P4	P5
Person-Centered Support					
Autonomy Support					
Community Participation Support					
Health Management Support					
Day-to-Day Living Support					
Behavioral Adaptation					
Motivational Support					

Note:

Less experienced Very Experienced



The more dimensions of support experienced, the tendency of participants to interpret support positively. Then the fewer dimensions experienced, the more participants tend to interpret negative support. However, support that may be perceived as neutral for one participant can be interpreted as important for another participant. Furthermore, participants' awareness of the support provided is an important factor in interpreting family support. One participant may not be aware of some of the support provided while another participant may be aware of similar support from his or her family members.

Table 3
Spectrum of Participants' Experience of Peer Group Support Experienced

Theme / Dimension	P1	P2	P3	P4	P5
Tangible Support					
Belonging Support					
Self-Esteem Support					
Appraisal Support					
Behavioral Adaptation / Change					
Motivational Support					

Note:

Less experienced Very Experienced



Participants who develop a very closed behavior to the family, tend to get more access to support per group. The participants' impressions are the feeling of not alone, being open to others and being part of a harmonious friendship group.

4. RESULT AND DISCUSSION

The description of depression in this study includes: (a) cognitive aspects characterized by anxiety about the future, loss of hope, negative thoughts about self, environment & social, inferiority, overthinking, and loss of desire; (b) emotional aspects such as being too sensitive, easily sad, and easy to cry. Decreased mood to loss of happiness; and (c) behavioral aspects such as social avoidance, self-closure, compulsions to suicide attempts and self-harm. The reasons behind this aspect vary from individual to individual.

Each participant in this study has similarities in terms of openness to the family about the disorder experienced. This similarity includes closed behavior and is reluctant to tell the disorder and let the family know the condition by itself such as the discovery of psychotropic drugs or uncontrolled maladaptive behavior. This finding led to various responses in family members, two responses that can be observed are: (a) positive responses include changes in behavior, more attention, more frequent visits, and increased communication intensity; and (b) negative responses such as anger. These differences lead to different individual responses. Individuals who get a positive response will feel cared for, not alone, loved so that it allows them to start opening up to their family. These responses are consistent with the study of Chronister et al [10] which describes Person-centered support. However, individuals who receive a negative response will reinforce closed behavior and negative projections of the family. This negative response can be the main reason for the lack of access to family support; Individuals feel that the family does not need to know about the disturbance experienced. Furthermore, family support is strongly influenced by the age of family members. Ages that are too young and too old usually do not have enough information about the disorder so they tend to be less responsive.

Family support such as giving freedom in the development of interests, talents and day-to-day decisions creates a sense of trust. However, the freedom given is very dependent on the wishes and interests of the individual. Individuals who become heads of families tend to have no desire to develop interests and talents. This is due to the demands of work and the primary needs of the family such as financing and daily needs. This information is in accordance with the research of Chronister et al. [10] which describes Autonomy support.

Furthermore, support for family participation in this study includes; (a) Family activities such as sports and routine health check-ups; (b) Support for other external activities includes encouragement of hobbies, interests, talents, and social activities; (c) Giving advice on activities outside the home; and (d) Providing food & money for activity needs. These four things are in accordance with the research of Chronister et al. [10] regarding Community participation support. However, individuals who do not experience this support will develop lying behavior to avoid conflict between family members.

Psychological treatment support in this study is described as support for drug consumption, and accompanying the psychotherapy process. The researcher also found that family members who did not have an understanding of psychological treatment tended to develop a neutral response while

members who were aware of drug use would develop anticipatory behaviors for the effects of psychotropic drugs. Support for a healthy lifestyle is also reflected in this study. These findings are in accordance with the research of Chronister et al. [10] regarding Health management support. Then family support in daily life includes; housing support, participation in paying house bills, household affairs, daily consumption, holiday activities and family events, and other needs related to the family. This information is again in accordance with the findings of Chronister et al. [10] namely Day-to-day living support.

The findings of other dimensions related to family support in this study are divided into: (a) behavioral changes, in the form of changes in attitudes to become more cooperative in order to relieve the psychological burden of individuals. This support can be analyzed based on the participants' description of their experiences; very young family members with limited knowledge of disorders choose to be kind, independent, and slowly leave bad habits in the hope of not burdening the individual's mind with distractions.; and (b) motivational support is related to giving encouragement among family members and encouraging them to be stronger through the day. Individuals who experience this support will develop feelings of being loved, cared for and involved in a harmonious family.

The peer group support described in this study varies from individual to individual. Access to support provided depends on the amount of interaction and time spent together. Peer support in this study was provided by: (a) colleagues; (b) education partners; and (c) community partners. The support described includes: (a) Tangible Support, namely support willing to listen without judgment, willing to provide assistance if needed and provide suggestions for solutions to problems experienced; (b) Belonging Support, including encouragement to do activities together, giving each other, giving trust to manage the group so that it creates a feeling of acceptance in the group and reduces lonely thoughts; (c) Self-esteem Support, Encouragement of self-confidence, self-ability, strengthening fellow group members, in the form of giving full trust to the individual which allows the individual to develop feelings of personal pride and increase self-confidence; and (d) Appraisal Support is defined as support for suggestions and solutions to problems related to mental health conditions. Supportive group members will provide support to members who are experiencing stress as well as provide recommendations for access to professional treatment. This finding is in accordance with the research of Cohen and Hoberman [13]. Other findings regarding peer group support in this study include: (a) behavioral changes that are shown to respect, and understand the condition of participants through the creation of new behaviors including tone of voice, behavior, and adapted communication patterns; (b) motivational support, namely group members encourage individuals to be more optimistic in looking at problems to the encouragement of increasing work productivity in daily life which aims to achieve collective goals. The support provided by the peer group produces a feeling of not being alone, being open to oneself so that it creates pleasure and happiness that must be grateful for. The ideal support described according to individuals with disorders in this study include: (a) Mutual respect and care for the condition of fellow family members/peers; (b) Elimination of bad stigma; and (c) Awareness of mental health.

The meaning of social support (family and peer) is strongly influenced by the individual's interpretation of the support itself. Individuals who experience bad family responses will produce bad interpretations that lead to negative meanings of family support that may have been given. On the other hand, participants who interpret positively can create positive meanings and feel feelings of gratitude, being loved and not alone, which will lead to happiness and open opportunities to recover from depression. If we relate it to the concept of phenomenology itself, it can be said that the meaning of support as a phenomenon is based on individual subjectivity. This is in accordance

with Husserl's description in Spiegelberg [16] which states that every phenomenon always consists of subjective activity and the object as the focus. Subjective activity always leads to the object. Then, subjective activity interprets, gives identity, and forms the meaning of the object. Social support as an object is always tied to the subject (individual) who forms the meaning of the phenomena experienced directly.

In Husserl's phenomenology the concept of meaning is very important. "Meaning" is the essential content of human consciousness. This means that every aspect/dimension of the social support provided may be the same, but the meaning of the experience is different for each person. If we relate it to the results of research data, there are two causes of positive meaning based on the description of the participants. The first cause, the individual (subject) who is faced with a lot of support (object) or he often feels, provides a great opportunity to develop positive meaning. Individuals gradually become aware of support; In other words, the more aspects/dimensions of the support received, the more open the opportunity for the individual to get a positive meaning for that support. This can be seen from how individuals are aware that they are not alone, aware that previously they always thought being alone was wrong, and realized that there were people who always cared about and loved them. This awareness is called by Husserl as intentionality, (consciousness that always leads to something) such as awareness of time, awareness of place, and awareness of self-existence, including awareness of social and support that was found. The second cause, individuals who experience aspects / dimensions of support are fewer, but the presence of the family is very meaningful, then the individual has the same opportunity to get positive meaning. This is because from the beginning they were very aware of the existence of the family and the existence of themselves in family relationships. This means that individuals already know the presence of a family that will always be there for them, love them, and accept them. More clearly we can observe directly on some of the participants who explained; Although family support is not felt physically, their presence is a source of strength to rise from problems, creating an equal opportunity to recover quickly from depression (such as cause 1). Because basically (the results of the study) it was found that those who had a more positive meaning of support were indeed better able to overcome their depression problems than those who were less able to interpret social presence/negatively interpret social support (family and peers).

Another finding related to the meaning of support in this study is the existence of a negative meaning of support which contains a bad perception of social presence. Individuals who from the beginning already have a bad perception of the existence of family/peers, tend to strengthen closed behavior so that it inhibits social access in providing support. This creates a lack of social awareness of individual conditions. Individuals will always deny the presence of support even though it is possible that social support is actually provided. The thing behind the emergence of this bad perception is a bad response to the individual's initial experience. When referring back to Husserl's concept of intentionality, the initial negative response creates a negative understanding of support. This means that the individual may imagine other negative responses that may be given by the social in the future. This leads to individual avoidance, self-closure, and distrust of social. Back to Husserl, meaning can be conceptual, which is deeper than the sensory experience itself such as imagination, thoughts, desires, or specific feelings when individuals experience personal experiences. Then how can these individuals change negative meanings into positive meanings of social support? To answer it, we can use individual subjectivity which contains thoughts and knowledge.

Understanding and knowledge are important in interpreting the support received. Therefore, knowledge must be sufficient for this change to occur. Here's a possible way that can be taken; (a)

educate the individual. Individuals are guided to gain knowledge of social support (what, how, how much) so that it will form a new awareness of what they have actually experienced so far which then creates the cause 2. Of course, this must be accompanied by a strong intention to recover from the disorder; and (b) Education for support providers (family and peers). If the support providers have adequate knowledge of social support, they can create new experiences for individuals by providing the amount of support based on the aspects/dimensions of social support. This new, better experience may form a new, more positive meaning that creates causal 1. These collections of knowledge must be clear and effective. Therefore, in order to achieve this, this research was conducted. The use of the phenomenological method is also very ideal, because all the data obtained from the perspective of individuals who have experienced the phenomenon directly. And the use of (IPA) participates in describing knowledge systematically based on structured analysis on the themes (aspects/dimensions) that appear in the phenomenon (social support) [17].

In describing the experience of which support among family or peers was felt the most, the researchers found that there were quite clear differences; Younger participants tend to interpret peer support more meaningfully while older participants tend to choose family support. If it is associated with age between the two groups, it will be found that the younger participants are teenagers and young adults (17-25 years). This age is strongly influenced by peers so that peer support becomes more intense and most felt [18]. Adolescents have a wider social environment so that opinions from meaningful people other than parents, such as peer groups, have a great influence on their sense of self-worth and competence [19].

Another finding relates to where each participant lives; even though one of the participants lived alone, it did not make a difference to individuals who lived with their families. This may be influenced by good communication patterns and closeness between family members; still keep in touch and see each other. Even though family members are far apart, the existence / presence of the family is still felt.

This research also contains limitations; (a) lack of information regarding the support of extended family members, because this research is more directed at the closest family (nuclear family); (b) some associated disorders such as panic disorder, insomnia, and bipolar disorder were not studied further due to time constraints of the study; (c) The researcher also only chooses the peers who are closest to the participants, information on the support of other peer groups that may be owned has not been clearly described; and (d) Gender is not analyzed, the role of gender in defining social support is not well defined; there may be a gender factor in interpreting the support experienced. Therefore, researchers hope that this research can continue to be developed in various perspectives, so as to obtain more information about social support and in more detail.

5. CONCLUSION AND RECOMMENDATIONS

Each participant received family and peer group support, but there were different aspects/dimensions of the support obtained, giving rise to various meanings developed by the participants. Those who get a lot of social support tend to develop a sense of being loved, cared, feeling happy and grateful for the presence of loved ones so as to provide strength for them to rise from adversity over their depression. Meanwhile, those who receive little support tend to develop introverted behavior, family avoidance, and a bad perception of the presence of family and peer groups, making it more difficult to recover from depression. However, participants who received little social support but perceived social presence in a positive way from the start were able to

develop the same feelings as individuals who received a lot of support and had an equal chance of recovering from depression.

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