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Research Article

IMPAIRMENT OF BEHAVIOURAL AND AFFECTIVE FACTORS OF SOCIAL FUNCTIONING IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER

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A B S T R A C T

Major depressive disorder is a common disorder but is severe and needs attention. Major depressive disorder is episodic and its clinical feature includes loss of social functioning. Social functioning is a broad concept, embracing all human relationships and activities. Social functioning therefore is multidimensional. The present study was designed to assess the social functioning in Patients with Major Depressive Disorder and to examine the Behavioural and Affective factor of Social Functioning. Method: To meet the objectives of the study, Beck's Depression Inventory and Social Functioning Schedule by Peter Tyrer were used. 30 patients with Major Depressive Disorder were taken as sample from different clinical setup. Result: From the findings, it can be concluded that there is a positive significant relationship between Major Depressive Disorder and Social Functioning; i.e. when depression level goes high, one will have severe difficulties in their social functioning. There were males whose Social Functioning more affected when in Depression.

INTRODUCTION

In order to assess the relationship between patients having Major Depressive Disorder and their Social Functioning. While it has been seen that Major Depressive Disorder is a common disorder it is also quite severe mood disorder. There is a need to draw a striking difference between what is said to be a sad mood of feeling and Major Depressive Disorder because people often assume depression is when people start feeling sad but it is much more than this. Depressive symptoms appear when people often feel numb, empty, hopeless, worthless and feeling of guilt. Their sleeping patterns get changed and they experience weight gain or weight loss and sometimes have suicidal thoughts.

If a person has been experiencing some of the following signs and symptoms most of the day, nearly every day, for one week, they may be suffering from Major depressive disorder:

- Persistent sad, anxious, or "empty" mood
- Feelings of hopelessness, or pessimism
- Irritability
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy or fatigue
- Moving or talking more slowly
- Felling restless or having difficulty sitting still
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite and/or weight changes
- Thought of death or suicide, or suicide attempts
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

Diagnostic Criteria

Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning: at least one of the symptoms is either

1. Depressed mood or
2. Loss of interest or pleasure.

Note: Do not include symptoms that are clearly attributable to another medical condition.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, and hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day

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(as indicated by either subjective account or observation).

3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain.)
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The episode is not attributable to the physiological effects of a substance or to another medical condition.

Note: Criteria A-C represent a major depressive episode.

The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.

There has never been a manic episode or a hypomanie episode.

Note: This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance-induced or are attributable to the physiological effects of another medical condition.

Another variable in the study was social Functioning of patients with major depressive disorder. In this reference social functioning can be defined as an individual's interactions with their environment and the ability to fulfill their role within such environments as work, social activities, and relationships with partners and family. For major depressive patients these activities are disturbed and the individual finds it difficult to carry on normal social and work activities. Task completion becomes a challenge for them and is not able to meet the deadlines Social contact fulfills the personal needs of mentally ill individuals for affection and promotes self esteem. Social contact also contributes to a sense of affiliation in people with mental illness (Corrigan, 2003)

There has been a recent increase in the use of social functioning as an outcome measure in clinical trials of psychotropic drugs. (Weissman 2000)The new antidepressants are more expensive than the older agents, and improvement in social functioning, e.g., return to work, may justify their use. New assessments (e.g., vitality, motivation, and performance) that go beyond symptom reduction may also capture a broader spectrum of outcomes for the newer drugs.

Epidemiological and neurobiological studies have suggested that interactions between biological for example neurotransmitter system dysfunctions, genetic vulnerabilities, psychological factors such as impaired emotion recognition and social factors such as bullying over time explain the risk of developing MDD. According to Kendler *et al*. in the year 2003 genetic factors contribute to the risk of stress exposure, and stressful social events are capable of serving as triggers for epigenetic alterations at specific gene loci, potentially causing long-term changes in brain functioning as reported by Lohoff, 2010.

Objectives and Hypotheses

Objective 1: To find out the level of Social Functioning of Patients with Major Depressive Disorder
Objective 2: To find out the area of social functioning mostly affected by Major Depressive Disorder
Objective 3: To find out correlation between social functioning and Major Depressive Disorder

1. There will be a significant effect on social functioning of Patients with Major Depressive Disorder
2. There will be a positive relationship between the level of Major Depressive Disorder and severity of Social Functioning
3. There will be significant positive relationship between Major Depressive Disorder and Social Functioning
4. Hypothesis 3: There will be no gender difference in Patients with Major Depressive Disorder.

METHODOLOGY

In order to assess the relationship between patients having Major Depressive Disorder and their Social Functioning, 30 patients with Major Depressive Disorder were taken as sample from different clinics of Allahabad city, in the year 2017.

Tools Used to meet the Objectives of the study

1. Beck's Depression Inventory
2. Social Functioning Schedule developed by Peter Tyrer

Description of Tools used

Beck's Depression Inventory and Social Functioning Schedule developed by Peter Tyrer were used to collect data.

The Social Functioning Questionnaire is designed to enable a detailed assessment of an individual's social functioning for both rehabilitation and research purposes. It is divided into 5 sections, each containing 8 items to be completed for each person: Self-care Skills, Domestic Skills, Community Skills, Social Skills and Responsibility. In addition, there are ten 'Index Items' which are asterisked and can be used to derive a global measure of social functioning that enables comparison with populations which have been assessed using the Community Placement Questionnaire (Peter Tyrer)

The Beck Depression Inventory (BDI) is a 21-items, self-report rating inventory that measures characteristic attitudes and symptoms of depression (Beck, *et al*., 1961). The BDI takes approximately 10 minutes to complete, although clients require a fifth – sixth grade reading level to adequately understand the questions. Internal consistency for the BDI ranges from .73 to .92 with a mean of .86. (Beck, Steer, &Garbin, 1988). The BDI demonstrates high internal

consistency, with alpha coefficients of .86 and .81 for psychiatric and non-psychiatric populations respectively.

RESULT AND DISCUSSION

As a part of the study 30 patients were identified and selected for the study by using The Beck Depression Inventory (BDI) which was administered by the researcher. The Beck inventory was also used to find out the level of depression. For the purpose to assess the level of social functioning of the patients with depression, Social Functioning Questionnaire was used.

Table 1 Frequency of Social Functioning of Patients with Major Depressive Disorder

Sr.No.	Social Functioning Interpretation	Frequency	Percentage
1	No-less difficulties in Social Functioning	12	40
2	Average Difficulties in Social Functioning	2	6.67
3	Much-Severe Difficulties in Social Functioning	16	53.33
	Total (N)	30	100

From the findings of the above table it can be concluded that half (53.33%) of the total number of patients with Major Depressive Disorder had Severe Difficulties in their Social Functioning. These were the patients who had much more disturbances and trouble in their daily lives. On the basis of behavioural observation of the patients it can be inferred that those patients also had difficulties in their routine work, in managing things and had more stress than that of others. Next 40% of the patients had No-less difficulties in Social Functioning and 6.67% of the total depression patients had average difficulties in social functioning. These were the patients who had trouble only in one area of their life for example if it was a student they may have problems related with their studies. Those were the patients who had more stress and disturbances in their daily lives but they could manage their difficulties up to a certain level. Depression is associated with social risk factors, social impairments and poor social functioning. Depressive disorders are frequently associated with significant and pervasive impairments in social functioning, often substantially worse than those experienced by patients with other chronic medical conditions (Hirschfeld R. M. A., Montgomery S. A., Keller M. B., *et al*. (2000).

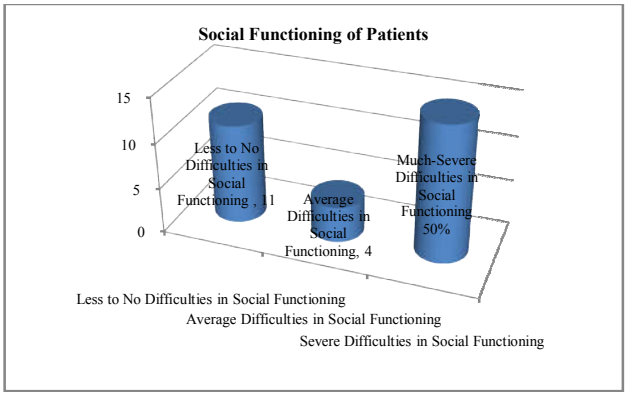

Figure 1 Social Functioning of the Patients with Major Depressive Disorder

Kupferberg et.al found that depression is associated with social risk factors, social impairments and poor social functioning. The paper describes the bio-psycho-social interplay regarding impaired affiliation and attachment, impaired social communication, impaired social perception and their impact on social networks. It describes these dysfunctional social processes at the behavioural, neurological and affective levels and supports the result of the present study.

Table 2 Area of Social Functioning mostly affected by Major Depressive Disorder

Sr no.	Area of Social Functioning	Mean Scores
*(1)	Employment - behavior	6.70*
**(2)	Employment -stress	7.20**
(3)	Household chores - behavior	4.82
(4)	Household chores - stress	5.00
(5)	Money - behavior	5.64
(6)	Money - stress	6.09
(7)	Self-care	1.97
(8)	Marital relationships	3.14
(9)	Child care	1.38
(10)	Parent-child relationships	2.79
(11)	Patient-parent relationships	3.18
(12)	Household relationships	4.33
(13)	Extramarital relationships	4.00
(14)	Social contacts	3.90
(15)	Spare time - behavior	3.00
(16)	Spare time - stress	3.50

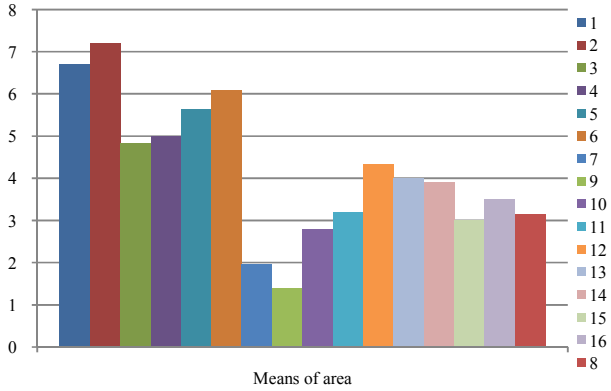

Figure 2 Area of Social Functioning mostly affected by Major Depressive Disorder

From the findings of the above table it can be concluded that the mostly affected area of Social Functioning in Patients having Major Depressive Disorder is Employment-Stress with a mean score of 7.20 and after that Employment- behavior with a score of 6.70. After employment, Money-Stress (mean score 6.09) and Money-Behavior (mean score 5.64) is the third and fourth area affected by Major Depressive Disorder respectively. Supportive study by Lerner D., Adler D. A., Rogers W. H., *et al*. (2010) reveals that that depressed workers had four times the amount of work limitations as controls and 2.5 times the number of absences; these gaps narrowed but never closed. Also, we found, as have others that both the presence of depression and depression symptom severity influence ability to work. There has been a lot of work in the area of workplace stress causing depressive disorders which is due to the growing recognition that depressive disorders are highly prevalent in the workplace and it negatively affects the performance of the people suffering from depressive disorders where major depressive disorder is one of them. The productivity is decreased. According to Bender and Farvolden found that a variety of clinical research with occupational-related samples has helped to define those at risk for

depression and has led to a better understanding of the overlap of the construct of clinical depression with more longstanding occupational health and organizational psychology models such as stress, burnout, and job satisfaction. From an employer perspective, depression's impact remains largely unmitigated due to stigma, uncertainty about treatment's cost effectiveness, and lack of effective interventions delivered in a workplace setting.

Table 3 Correlation table of Depression and Social Functioning

	Social Functioning scores	Depression scores
Pearson Correlation	1	.538
Sig. (2 tailed)		.002
N	30	30

**correlation is significant at the 0.01 level (2-tailed).
NOTE: More scores in social functioning indicate severe difficulties. It mean if the person scores high in Social Functioning, he will have severe difficulties in Social functioning and if he scores less, he has less difficulties in social functioning.

The findings of the above table (Table3) show that there is a significant positive relationship between Major Depressive Disorder and Social Functioning. It is indicating that if Depression scores go high, Social Functioning scores will also go high. The Social Functioning Schedule that had been used to collect data had negative scoring pattern i.e. high scores indicate severe difficulties in Social Functioning and low scoring indicate less or no difficulties in Social Functioning. This result concludes that as the level of depression increases, there will be severe difficulties in social functioning. The finding of the present study is consistent with the study of Steger, M. F., &Kashdan, T. B. (2009). In their study it had been reported that more severe depressive symptoms, the higher will be the negative social interactions and a lesser sense of belonging in social interactions. Another study by Kuferberg, A., Bicks, L., Hasler, G., (2016) revealed that Major Depressive Disorder reduced patients' desire to communicate, increased sensitivity to peer rejection, diminished cooperativeness, alterations in social decision making as well as problems in identifying emotions and understanding how others feel and think. Deficits in performing and fulfilling social roles are major reasons for high levels of stigma and social withdrawal in patients suffering from depression.

Table 4 Mean Difference of Depression Inventory Score on the basis of Gender

N=30

	Gender of patient	Mean	Std. Deviation	F-Value	Significance
Depression Inventory Score	Female	30.42	12.31	1.928	.176
	Male	30.67	8.83		

Above table shows the mean difference of Depression Inventory scores on the basis of gender. The findings of the table show that the female patients have the mean score of 30.42 (Std. Deviation=12.31) and male patients have the mean score of 30.67 (Std. Deviation= 8.83) with F-value 1.928 and significance level .176, which is not significant. There is a slight difference between the mean score of both the genders. This concludes that there is no role of gender in Major Depressive Disorder. Anyone regardless of what their gender may be affected by Major Depressive Disorder. There are several studies that report women have a prevalence rate for Depression up to twice that of men (Bebbington, 1996; Nolen-Hoeksema, 1987). Kessler *et al*. (1994) reported that women in the United States are about two-thirds more likely than men to be depressed. National psychiatric morbidity survey in Britain reported a similar greater risk of depression for women (Meltezer *et al*. 1995). According to W H O more researches are needed to specify the role of gender in Depression. In India it is difficult to determine that depression is more in a certain gender. It is due to few reasons, one is that Indian Society is still male dominant and in some places in India it is still believed that male should be the one to get most of the facilities like education, nutritious food, medical facilities etc. In addition to this, women, themselves want to stay inside the walls of house and do not go for medical help and even if they want to, they do not provide with any. In the present study the sample size was small and cannot clearly found out the gender difference in the patients with Major Depressive Disorder.

CONCLUSION

- Patients with Major Depressive Disorder had Severe Difficulties in their Social Functioning. Most affected area of Social Functioning in Patients having Major Depressive Disorder is Employment-Stress with a mean score of 7.20 and after that Employment- behavior with a score of 6.70
- A significant positive relationship between Major Depressive Disorder and Social Functioning was found to exist
- Areas of marital relationships child care parent-child relationships patient-parent relationships are all areas where both affective and behavioural factors of socially healthy relationship are required is found affected.
- Since social contact in major depressive disorder patients is affected therefore it can be concluded that social functioning is impaired in such patients.
- The present study provides directions for future research in the area of affective and behavioural deficits of such patients.

Suggestions and Recommendations:

- Since social factors are importantly involved in the cause and the consequences of depression, contribution to better diagnostic assessments and concepts, treatments and preventative strategies should be encouraged.
- A message for others to understand the problems of their near ones suffering from major depressive disorder is needed
- Clinical research with occupational-related samples would help to define those at risk for depression
- Effective interventions should be delivered in a workplace setting, home and in social relations thereby removing uncertainty about the future life of the patients with major depressive disorder.
- Efforts to reduce work-impairment and interpersonal relationship problems secondary to depression is the need of the time.

References

1. Beck, A.T., Ward, C.H., Mendelson, M. J., Erbaugh, J. (1961). An inventory for measuring depression Archives of General Psychiatry Jun;4:561-71.

2. Beck, A. T., Steer, R. A., & Garbin, M. G. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review, 8*(1), 77-100.
3. Bender, A., Farvolden, P. (2008) Depression and the workplace: a progress report Current Psychiatry Reports. 10(1):73-9.
4. Chandra P., Desai A., Subbakrishna, D (1998) Anxiety and depression among HIV-infected heterosexuals - A report from India Journal of Psychosomatic Research 45(5):401-409
5. Corrigan, P.W. (2003) Towards an integrated, structural model of Psychiatric Rehabilitation. Psychiatric Rehabilitation Journal, 26, 346-360
6. *Hirschfeld*, *R., Montgomery, M.A.*, *Keller*, *M.B.*, *et al*. (*2000*). Social Functioning in Depression: A review. Journal of Clinical Psychiatry, 61, 268-275
7. Kendler, K.S., Hettema, J.M., , Butera, F., Gardner, C.,O., Prescott, C.A (2003) Life event dimensions of loss, humiliation, entrapment, and danger in the prediction of onsets of major depression and generalized anxiety Arch. Gen. Psychiatry, 60 (2003), pp. 789-796
8. Kupferberg, A., Bicks, L., Hasler, G. (2016) Social functioning in major depressive disorder Neuroscience Biobehaviour Rev. 69:313-32. doi: 10.1016/j.neubiorev
9. Lerner, D. A., Rogers, W.H., Chang, H., Lapitsky, L., McLaughlin, T., Reed, J. (2010) Work performance of employees with depression: the impact of work stressors. American Journal of Health Promotion; 24(3):205-13. doi: 10.4278/ajhp.090313-QUAN-103.
10. Lohoff F, W. (2010) Overview of the genetics of major depressive disorder Curr. Psychiatry Rep., 12 (2010), pp. 539-546, 10.1007/s11920-010-0150-6
11. Rosalie A, K. (2010) in Brocklehurst's Textbook of Geriatric Medicine and Gerontology (Seventh Edition)
12. Tyrer, P. Social Functioning Schedule
13. *Weissman,* M.M., *Markowitz* J.C., *Klerman,* G.L. (*2000)* Comprehensive guide to interpersonal psychotherapy. New York: Basic Books

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