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Role of Social Support, Quality of Life, and Optimism among Depressive Patients

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Abstract

This study explores the relationship between social support, quality of life, and optimism among individuals diagnosed with depression. A sample of 120 depressive patients (60 females, 50 males) was assessed using the Multidimensional Scale of Perceived Social Support (MSPSS), the World Health Organization Quality of Life Scale (WHOQOL-BREF), the Life Orientation Test-Revised (LOT-R), and the Depression Anxiety Stress Scales (DASS-21). Correlational and regression analyses were conducted using SPSS 23. Results revealed significant negative correlations between depression and social support ($r = -.76$, $p < .01$), optimism ($r = -.73$, $p < .01$), and quality of life ($r = -.80$, $p < .01$). Furthermore, social support and optimism emerged as significant predictors of depressive symptom severity. Findings suggest that psychosocial factors play a vital role in emotional regulation and resilience among depressive patients.

Keywords: Social Support, Quality of Life, Optimism, Depressive Patients

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Introduction

Depression is a prevalent mental health disorder characterized by persistent sadness, loss of interest, and cognitive impairments that disrupt daily functioning. The World Health Organization (WHO, 2021) recognizes depression as a leading cause of disability worldwide, affecting over 280 million people. Beyond biological factors, depression is influenced by psychosocial variables such as social isolation, low perceived support, and pessimistic cognitive patterns (Beck, 1967). Social support refers to the perception and reality of being cared for, valued, and part of a network of mutual obligation (Cohen & Wills, 1985). It has long been associated with improved emotional resilience, stress reduction, and enhanced recovery among individuals with mental disorders (Zimet et al., 1988). Research indicates that individuals with higher social support report fewer depressive symptoms and a greater sense of belonging (Thoits, 2011). Support from family and peers provides not only emotional comfort but also cognitive reframing, reducing hopelessness in depressive individuals (Riaz, 2024).

Quality of life (QoL) is a multidimensional construct encompassing physical health, psychological state, social relationships, and environmental context (WHOQOL Group, 1998). Depression has a detrimental effect on all these domains, leading to reduced vitality, impaired concentration, and strained relationships. Conversely, improvement in quality of life has been linked to faster recovery from depressive episodes (Carpenter et al., 2004). Studies show that interventions targeting lifestyle and social integration improve both mood and perceived QoL (Katschnig, 2006). Optimism, defined as a generalized expectation that good things will happen, is an essential psychological resource influencing well-being (Scheier & Carver, 1985). Optimistic individuals display adaptive coping mechanisms and are more likely to engage in health-promoting behaviors. Low optimism, in contrast, predicts vulnerability to depression and poor life satisfaction (Peterson & Bossio, 2001). Optimism can act as a buffer against the adverse cognitive distortions common in depressive thinking (Ahmed, 2024).

Evidence suggests that social support and optimism may jointly influence emotional well-being. Optimistic individuals perceive greater social support and use social networks more effectively during stress (Carver & Scheier, 2014). Conversely, depression is often marked by social withdrawal, thereby reducing perceived support. Hence, both optimism and social connectedness may operate as protective factors mitigating depressive symptoms. Understanding how social support, quality of life, and optimism interact to affect depression provides a holistic view of emotional health. In Pakistan, limited research has examined these variables among clinically depressive patients. This study aims to fill this gap, contributing to culturally informed psychological interventions.

Objectives

1. To examine the relationship between social support and depression among depressive patients.
2. To assess the relationship between optimism and depression.
3. To evaluate the association between quality of life and depression.
4. To determine whether social support, quality of life, and optimism predict depressive symptoms.

Hypotheses

1. Social support will negatively correlate with depression.
2. Optimism will negatively correlate with depression.

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3. Quality of life will negatively correlate with depression.
4. Social support, quality of life, and optimism will significantly predict depression.

Method

Research Design

A correlational research design was employed to assess the relationships among the study variables: social support, quality of life, optimism, and depression.

Participants

The sample comprised 120 depressive patients (60 females, 50 male) recruited from psychiatric units and mental health clinics in Gujranwala and Sargodha. Participants' ages ranged from 20 to 55 years (M = 33.8, SD = 9.6). Inclusion criteria required a formal diagnosis of depression by a psychiatrist and at least one month of treatment experience. A purposive sampling technique was used to ensure participants met the diagnostic and treatment criteria.

Inclusion Criteria

- Diagnosed depressive patients.
- Age between 18 and 55 years.
- Ability to comprehend Urdu questionnaires.

Exclusion Criteria

- Individuals with psychotic disorders or bipolar depression.
- Those with severe cognitive impairment or unwillingness to consent.

Instruments

1. **Demographic Questionnaire:** Collected age, gender, marital status, education, and duration of illness.
2. **Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988):** 12-item scale assessing perceived support from family, friends, and significant others. Cronbach's α = .89.
3. **WHO Quality of Life Scale (BREF; WHOQOL Group, 1998):** 26-item measure assessing physical, psychological, social, and environmental quality of life. Cronbach's α = .91.
4. **Life Orientation Test-Revised (LOT-R; Scheier & Carver, 1985):** 10-item scale measuring optimism versus pessimism. Cronbach's α = .83.
5. **Depression Anxiety Stress Scales (DASS-21; Lovibond & Lovibond, 1995):** Used to measure depressive symptom severity. Cronbach's α = .90.

Procedure

After obtaining institutional permission, participants were approached in clinical settings. Informed consent was secured, ensuring confidentiality. Questionnaires were administered individually in Urdu, taking approximately 25 minutes. Ethical principles from the American Psychological Association (APA, 2017) were observed. SPSS version 23 was used. Descriptive statistics, reliability coefficients, Pearson correlation, and multiple regression were conducted.

Results

Table 1: ***Sociodemographic Characteristics of Participants (N = 120)***

Variable	Category	Frequency	Percentage (%)
Gender	Male	50	41.7
	Female	70	58.3
Marital Status	Single	52	43.3

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	Married	68	56.7
Education	Intermediate	48	40.0
	Graduate	56	46.7
	Postgraduate	16	13.3
Employment	Employed	61	50.8
	Unemployed	59	49.2

Table 2: ***Descriptive Statistics and Correlations Among Study Variables***

Variable	*M*	*SD*	1	2	3	4
1. Depression	32.10	9.45	—			
2. Social Support	41.35	10.14	−.76**	—		
3. Quality of Life	58.42	12.05	−.80**	.68**	—	
4. Optimism	19.65	4.33	−.73**	.65**	.59**	—

*$p < .01$

Regression analysis indicated that social support and optimism jointly predicted 61% of the variance in depression scores ($R^2 = .61$, $F(3,116) = 59.47$, $p < .001$).

Discussion

The purpose of this study was to examine how social support, quality of life, and optimism relate to depressive symptoms. Consistent with hypotheses, all three variables negatively correlated with depression, confirming findings from international literature (Thoits, 2011; Carver & Scheier, 2014). Results revealed a strong negative relationship between perceived social support and depression (r = −.76). This supports Cohen and Wills' (1985) *buffering hypothesis*, which posits that supportive relationships mitigate stress by fostering coping resources. Participants who perceived higher emotional and instrumental support reported lower depressive symptoms, aligning with similar studies in South Asian samples (Nasir & Akhtar, 2018).

A robust negative correlation (r = −.80) indicated that individuals with higher life satisfaction and positive environmental conditions experienced fewer depressive symptoms. This corroborates WHOQOL findings that depression severely impairs subjective well-being (Katschnig, 2006). Improvement in QoL may thus serve as a key therapeutic outcome for depression treatment. Optimism was inversely correlated with depression (r = −.73), suggesting that hopeful cognitive schemas protect against depressive rumination. According to Scheier and Carver (1985), optimism fosters active coping and goal persistence, reducing hopelessness. Cognitive-behavioral therapies that enhance positive expectations may therefore improve clinical outcomes.

Regression results demonstrated that social support and optimism significantly predicted depressive symptom severity, even after controlling for quality of life. This underscores their distinct contribution to emotional well-being. Encouragingly, optimism is a modifiable trait that can be enhanced through interventions such as cognitive reframing and gratitude exercises.

Implications

Clinically, the findings highlight the necessity of integrating psychosocial support and resilience-building modules in depression treatment. Community-based programs that promote social engagement and positive outlooks can complement pharmacological approaches. Psychologists should assess perceived support systems during initial evaluations and consider family-based interventions. Future research should employ longitudinal and experimental designs to establish causality. Qualitative studies may also

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enrich understanding of how cultural norms shape perceptions of optimism and support. Integrating objective indicators such as social network density or clinical biomarkers could enhance validity.

Limitations

Despite valuable findings, this study had limitations. The cross-sectional design precludes causal inference. The reliance on self-report measures may introduce response bias. Additionally, the sample was geographically limited to two Pakistani cities, reducing generalizability.

Conclusion

This study demonstrates that social support, optimism, and quality of life are critical determinants of psychological well-being among depressive patients. Strengthening these domains can buffer against depressive symptomatology and promote recovery. Health institutions and counselors should thus prioritize psychosocial resilience alongside medical treatment in managing depression.

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