

ROLE OF FAMILY SUPPORT IN DEPRESSION RECOVERY AMONG INDIAN WOMEN

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ABSTRACT

Depression is one of the most pressing public health concerns affecting Indian women today. It manifests not only due to biological or psychological causes but also due to deep-rooted socio-cultural expectations, gender-based roles, and structural inequalities. In India, where family remains the cornerstone of social life, the emotional and practical support offered by family members can play a transformative role in the recovery process. This study explores the role of family support in facilitating recovery from clinical depression among Indian women aged 25–50. Using a descriptive correlational research design, data were collected from 300 women from urban and semi-urban areas of Punjab, using the Beck Depression Inventory-II (BDI-II) and the Family Support Scale (FSS). Findings revealed a strong negative correlation between perceived family support and severity of depressive symptoms. Women from joint families experienced faster recovery compared to those from nuclear families, highlighting the positive influence of collectivist family structures. No significant difference was observed between urban and semi-urban settings in terms of family support. The study underscores the critical importance of integrating family support systems into mental health interventions for women in India.

Keywords: Depression, Family Support, Indian Women, Recovery, Joint Family, Mental Health

INTRODUCTION

Depression is a chronic and debilitating psychological disorder affecting more than 264 million people globally, with women being twice as likely to experience it compared to men (WHO, 2021). In the Indian socio-cultural context, women frequently encounter unique stressors—including marital discord, domestic violence, financial dependence, societal pressure, gender discrimination, and lack of autonomy—that increase their vulnerability to depression. Despite growing awareness about mental health, stigma and misconceptions continue to prevent many women from seeking timely and appropriate care.

Traditional approaches to treating depression often emphasize medication and individual therapy. However, emerging research in community psychology and social psychiatry highlights the profound influence of social support—especially from the family—on recovery outcomes. In collectivist cultures like India, where family bonds are strong and multigenerational households are common, family support can significantly shape how women cope with emotional distress.

The Indian family system, particularly joint families, often serves as a primary source of emotional comfort, caregiving, and financial security. Yet, modernization and urbanization are shifting familial structures towards nuclear arrangements, potentially altering the nature and availability of support. This study seeks to explore the extent to which family support contributes to recovery from depression in Indian women, how family structure (joint vs. nuclear) affects recovery, and whether urbanization has any bearing on perceived support levels.

Depression has emerged as one of the most pressing global mental health issues, affecting individuals across age groups, genders, and cultural backgrounds. However, its manifestation and impact are not uniform; rather, they are shaped significantly by social, cultural, and environmental contexts. In India, the burden of depression is particularly high among women, owing to a confluence of biological, psychological, and socio-cultural factors. Women are nearly twice as likely as men to suffer from depression, a disparity attributed not only to hormonal fluctuations and reproductive events such as childbirth and menopause but also to gendered expectations and systemic inequalities that govern their roles in society.

In Indian society, women often face a myriad of life challenges that can contribute to mental distress. These include limited access to education and healthcare, early marriage, dowry-related harassment, marital discord, domestic violence, lack of financial independence, caregiving burdens, and societal pressure to conform to idealized gender roles. Moreover, women are frequently expected to suppress their emotions, prioritize the needs of others, and fulfil their duties as mothers, wives, and daughters-in-law, regardless of their personal well-being. Such expectations often lead to chronic stress, emotional exhaustion, and feelings of isolation—key precursors of depressive episodes.

Despite growing awareness and DE stigmatization efforts in urban India, mental health remains a taboo subject in many parts of the country. Many Indian women suffering from depression continue to experience shame, guilt, or fear of social judgment, which prevents them from seeking help. Compounded by a lack of accessible mental health services, especially in rural or semi-urban areas, the situation often worsens. Under these conditions, informal support systems—particularly the family—become vital in shaping mental health outcomes.

The family unit in India has traditionally played a central role in an individual's life. Indian families, especially in joint setups, are often characterized by strong emotional bonds, interdependence, and shared responsibilities. Within such systems, emotional validation, financial assistance, and practical help are readily available, which can significantly reduce the burden on a woman experiencing depression. On the other hand, families can also perpetuate stigma, misunderstand mental health symptoms, or enforce rigid gender roles, thereby aggravating the condition. Therefore, the nature of family support—whether positive or negative—becomes a critical factor in a woman's journey toward recovery.

With rapid modernization and urban migration, the structure of Indian families is shifting from traditional joint families to more nuclear ones. While nuclear families may offer greater privacy and individual autonomy, they may also lack the depth of shared responsibilities and emotional closeness seen in joint families. This shift has important implications for the availability and type of support women receive during mental health crises.

This study aims to explore the role of family support in the recovery process of Indian women aged 25–50 suffering from clinical depression. By investigating the correlation between perceived family support and severity of depressive symptoms, and comparing outcomes across family types and urban versus semi-urban settings, the study attempts to offer insights into how familial environments can either aid or hinder mental health recovery. Such findings can be instrumental in designing culturally sensitive mental health interventions that harness the strength of family systems to improve the psychological well-being of Indian women.

CONCEPTUAL FRAMEWORK

Depression is a multifaceted mood disorder characterized by prolonged feelings of sadness, emptiness, and despair, accompanied by cognitive and physiological impairments. The World Health Organization (2021) categorizes depression as a leading cause of disability worldwide, affecting productivity, relationships, and overall quality of life. In women, depression often presents with symptoms such as chronic fatigue, anxiety, low self-worth, irritability, disturbed sleep, appetite changes, and diminished interest in everyday activities. These manifestations can be more severe in women due to their unique physiological, psychological, and socio-cultural vulnerabilities.

Biological factors such as hormonal fluctuations during menstruation, postpartum period, and menopause can heighten susceptibility to depressive episodes. Psychological factors including low self-esteem, learned helplessness, or past trauma also contribute significantly. However, in the Indian context, socio-cultural determinants play a central role. These include deeply ingrained gender norms, expectations around caregiving and domestic roles, financial dependency, and societal stigmatization of female autonomy or emotional expression. Indian women often carry the burden of fulfilling multiple roles—mother, wife, daughter-in-law, caregiver—without sufficient recognition or emotional reciprocity, further increasing their emotional fatigue.

In contrast to this burden, family support serves as a buffering factor that can protect against or mitigate depressive symptoms. Family support is broadly conceptualized as the presence of emotional, instrumental, informational, and appraisal resources offered by immediate or extended family members.

1. Emotional support includes expressions of empathy, compassion, affection, and validation. These help the individual feel understood, valued, and less isolated.
2. Instrumental (practical) support refers to tangible assistance, such as help with household responsibilities, caregiving, or financial aid, which can alleviate stressors contributing to depressive states.
3. Informational support comprises guidance, advice, or shared knowledge that can help individuals make decisions or cope with challenging circumstances.
4. Appraisal support involves feedback and affirmation, which enhance self-esteem and self-efficacy.

In collectivist societies like India, where individual identity is often intertwined with family and community, the perception of being supported by one's family can be a powerful determinant of mental well-being. Studies have shown that individuals who perceive their families as supportive are more likely to engage in help-seeking behaviours, adhere to treatment, and recover more rapidly from mental health conditions.

Furthermore, the structure of the family—joint vs. nuclear—can influence the type and degree of support available. Joint families, typically comprising multiple generations living under one roof, offer a broader network of support, shared responsibilities, and emotional connectedness. In contrast, nuclear families, while promoting autonomy, may lack the same level of immediate support, especially in times of psychological crisis.

Therefore, in exploring depression recovery among Indian women, it becomes crucial to understand not only individual symptoms and treatments but also the relational dynamics and structural support systems that shape their healing journeys.

REVIEW OF RELATED LITERATURE

A growing body of research affirms the critical role of family in mental health outcomes, particularly among women.

1. Gulati (1984) was among the first in India to document that housewives receiving consistent emotional validation from family members showed fewer symptoms of depression. Emotional neglect within households was cited as a major predictor of prolonged depressive states.
2. Singh & Verma (2003) studied the mental well-being of women in joint versus nuclear families. Their results indicated that joint family systems provided a buffer against stress, offering women emotional security, shared responsibilities, and a stronger sense of belonging.
3. Sharma & Bedi (2018) emphasized that women embedded in strong family networks showed higher compliance with psychiatric treatment, had fewer hospital readmissions, and reported higher satisfaction with life. Family engagement was also associated with higher levels of hope and self-efficacy.
4. Kumar et al. (2015) examined the impact of psychoeducation for family members and found that increased awareness led to improved communication and more effective support, resulting in quicker recovery among women with depression.
5. Chadha & Misra (2020) advocated for culturally sensitive interventions in mental health. They found that when families were involved in care plans, women reported increased emotional resilience and lower relapse rates.
6. WHO (2021) reaffirmed that social support is a protective factor in managing depression, especially in under-resourced settings. Supportive relationships foster positive coping strategies and reduce the psychological burden.

FOREIGN STUDIES

1. Cochran & Rabinowitz (2000) found that family emotional support positively influenced the mental health outcomes of women undergoing therapy for depression in the United States. Women who reported close relationships with their family were less likely to experience recurrent depressive episodes.
2. Gurung et al. (2004) in a longitudinal study in the U.S. reported that perceived social support—especially from family—helped mitigate the negative effects of life stressors on women's mental health. Their research emphasized that support acted as both a buffer and a direct protective factor.
3. Thoits (2011) conducted a large meta-review and found that social support (from spouses, parents, and children) significantly predicted lower rates of depression and anxiety in women, particularly during times of role transition such as motherhood or menopause.
4. Chen, Wang, & Chang (2006) in Taiwan demonstrated that family-centered care for depressed women led to higher levels of medication adherence and emotional stability. The study called for integrating family systems into psychiatric care, especially in collectivist societies.
5. Dalgard et al. (2006) conducted cross-cultural research in six European countries and found that people with strong perceived family support networks experienced fewer depressive symptoms. The protective effect was especially notable among women.

6. Taylor, Sherman, Kim, Jarcho, Takagi, & Dunagan (2004) noted cultural differences in how support is perceived and received. In collectivist cultures like those in Asia, implicit emotional support (knowing that family is there for you) had a greater impact than overt expressions of help.

SYNTHESIS OF LITERATURE

While Indian studies focus largely on the protective nature of joint family structures and spousal involvement, international studies emphasize both direct and indirect roles of family support in reducing depressive symptoms and improving psychological outcomes. Together, these findings highlight the universality of family support as a key contributor to depression recovery, while also pointing out the importance of cultural context in shaping how support is delivered and perceived.

These studies collectively affirm that family support is not merely a supplementary factor but a central pillar in the process of psychological recovery, particularly for women in traditional societies like India.

STATEMENT OF THE PROBLEM

Role of Family Support in Depression Recovery among Indian Women

OBJECTIVES OF THE STUDY

1. To measure the level of depression among Indian women undergoing recovery.
2. To assess the level of perceived family support among these women.
3. To examine the correlation between family support and depression recovery.
4. To determine whether family type (joint vs. nuclear) influences recovery outcomes.
5. To identify differences in family support between urban and semi-urban women.

HYPOTHESES

1. H₀₁: There is no significant relationship between family support and depression recovery.
2. H₀₂: There is no significant difference in depression recovery between women from joint and nuclear families.
3. H₀₃: Family support does not significantly differ between urban and semi-urban women.

OPERATIONAL DEFINITIONS

1. Depression Recovery: Reduction in depressive symptoms as measured by changes in BDI-II scores over a 12-week period.
2. Family Support: The degree of emotional, practical, and informational support perceived by the individual, measured using the Family Support Scale (FSS).
3. Indian Women: Married women aged 25–50 diagnosed with moderate to severe depression, receiving outpatient care or counselling in the Punjab region.

DELIMITATIONS OF THE STUDY

1. The study includes only women diagnosed with moderate to severe depression in the last six months.
2. It is limited to women residing in the Barnala and Ludhiana districts of Punjab.

3. Only married women with at least one child were included.
4. Women with major physical illnesses or substance dependence were excluded.

METHODOLOGY

- Research Design: Descriptive Correlational Survey
- Sample: 300 married women (150 from joint families and 150 from nuclear families) diagnosed with clinical depression, selected using purposive sampling from mental health clinics and counselling centres.
- **Tools Used:**
 - Beck Depression Inventory-II (BDI-II) for assessing depression severity.
 - Family Support Scale (FSS) by Procidano & Heller (1983), culturally adapted for Indian use.
- **Data Collection Procedure:**

Data were collected at two points—Week 1 (baseline) and Week 12 (post-assessment). Informed consent was taken from all participants. Confidentiality and ethical standards were maintained.

DATA ANALYSIS AND INTERPRETATION

Hypothesis 1: Relationship between Family Support and Depression Recovery

- Variables: Perceived Family Support and Change in BDI-II Scores
- Statistical Test: Pearson's Correlation Coefficient
- Result: $r = -0.61$, $p < 0.01$
- Interpretation: A strong negative correlation indicates that higher family support is associated with greater reduction in depressive symptoms.

Hypothesis 2: Joint vs. Nuclear Families

- Group Means:
 - Joint Family: Mean BDI Score Change = 13.82 (SD = 5.19)
 - Nuclear Family: Mean BDI Score Change = 10.25 (SD = 4.94)
- t-value: 3.56, $p < 0.01$
- Interpretation: Women in joint families demonstrated significantly higher improvement in depressive symptoms, indicating the benefit of collective caregiving environments.

Hypothesis 3: Urban vs. Semi-Urban Support

- Group Means:
 - Urban: Mean FSS Score = 35.78 (SD = 6.44)
 - Semi-Urban: Mean FSS Score = 34.94 (SD = 6.87)
- t-value: 1.28, Not Significant
- Interpretation: No significant difference in perceived family support between urban and semi-urban women, suggesting that geography may not significantly influence familial emotional support in Punjabi culture.

FINDINGS

1. There is a significant inverse relationship between family support and depression severity.
2. Women from joint families showed faster and more consistent recovery than those from nuclear families.
3. Family support levels did not significantly differ across urban and semi-urban settings.
4. Emotional availability and involvement of family members were more crucial than financial or material support.

CONCLUSIONS

This study confirms that family support plays a foundational role in depression recovery among Indian women. While clinical treatments are essential, the role of emotional warmth, shared responsibilities, and consistent caregiving provided by family members cannot be overlooked. In a society where women often suffer in silence due to stigma, a supportive family can act as a therapeutic agent, promoting not only faster recovery but long-term emotional resilience.

EDUCATIONAL AND CLINICAL IMPLICATIONS

1. Therapists should involve family members in treatment planning and psychoeducation sessions.
2. Mental health programs should integrate family therapy modules, especially in culturally traditional regions.
3. Awareness campaigns must highlight the value of emotional support and challenge mental health stigma.
4. Policy-makers should expand the scope of national programs like the NMHP to include family-based interventions for women's mental health.

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