

## RELATIONSHIP BETWEEN SOCIAL SUPPORT AND RUMINATION-REFLECTION AMONG ADOLESCENTS WITH ORTHOPEDIC AND VISUAL DISABILITIES

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### ABSTRACT

*The aim of the present study is to find out the relationship between social support and rumination-reflection among adolescents with orthopedic and visual disabilities. A sample of 200 adolescents were drawn (125 were orthopedically challenged and 75 were visually challenged), age range between 12 to 18 years. Social support was measured through Social Support Questionnaire developed by Nehra and Kulhara (1998), and Rumination and Reflection were measured through Rumination-Reflection Questionnaire developed by Trapnell and Campbell (1978). Pearson correlation was used to assess the relationship between social support and rumination-reflection among adolescents with orthopedic and visual disabilities. The results revealed negative correlation between social support and rumination among adolescents with orthopedic and visual disabilities. Moreover, relationship between social support and reflection was found to be insignificant in both groups. The findings of the present study suggest that adolescents with orthopedic and visual disabilities benefits from social support. The findings of the present study have implications in terms of using suitable intervention for the rehabilitation of physically disabled people.*

Key words: Social Support, Rumination-Reflection, Disability

### INTRODUCTION

Globally, 180 million young people between the ages of 10-24 live with a physical, sensory, intellectual or mental health disability significant enough to make a difference in their daily lives. The vast majority of these young people, 150 million (80%) live in the developing world (Disability Statistics Compendium, 1990). They are among the poorest and most marginalized of all the world's young people. Of all groups with disability, the groups about which we know the least are disabled adolescents and young adults. This category encompasses both individuals in the age range labeled by UNICEF as "adolescents" (those between age of 10-18) and by the United Nations as "youth" (19-24) (Groce, 2004).

As a demographic characteristic, disability is difficult to define and measure (Heslop & Gordon, 2014). The current definition of disability within the Disability Discrimination Act (DDA 1995) defines a disabled person as 'a person with a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities'. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (Disabled Population of India as per Census 2011).

According to International Classification of Functioning (ICF) and World Health Organization (WHO), 'Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions'. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations (Disabled Population of India as per Census 2011). 'Disability is therefore not just a health problem. It is a complex phenomenon, reflecting the interface between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social hurdles'.

The World Health Organization (1980, 2004) defined the concepts of impairment, disability, and handicap, which are interrelated.

**Impairment:** Impairments are abnormalities in the system or organ functioning, body structure and/or appearance (any loss or abnormality of psychological, physiological or anatomical structure or function). Impairments represent disturbances at the organ level.

**Disability:** The functional consequences of impairments are disabilities (any restriction or lack of ability to perform an activity in the manner, or within the range, considered to be normal for a human being). Disabilities thus represent disturbances at the level of the person.

**Handicap:** The disadvantages experienced by individuals with impairments and disabilities are handicaps (a disadvantage for a

given individual, resulting from impairment or a disability that limits or prevents the fulfillment of a role that is considered normal for that individual).

Figure 1: WHO Model of Disability (WHO, 1980, 2004).

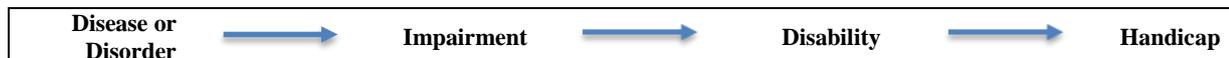
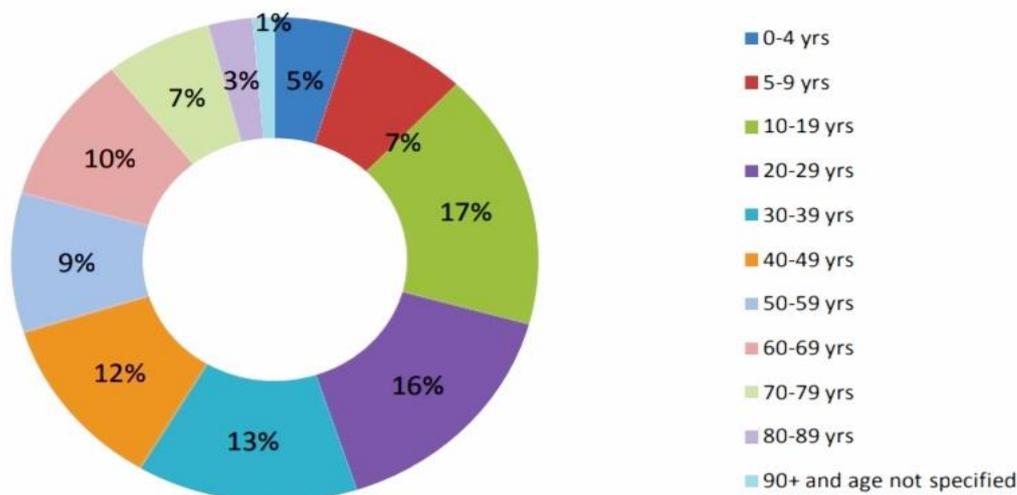


Figure 2: Showing percentage of disabled population in different age groups-(Census, 2011).



The number of disabled persons is highest in the age group of 10-19 years (46.2 lakhs). 17% of the disabled population is in the age group of 10-19 years and 16% of them are in the age group of 20-29 years at all India level. Therefore, we can say that majority of disabled population is adolescents.

Over recent decades, several researchers from the social and health sciences have identified the role of social and physical factors in disability (Evers, et al., 2003; McConachie, et al., 2006). **Social support** plays crucial role for the development of disabled as well as normal adolescents. Although disability and its consequences such as inability, depression and isolation are considered as stressful and aggravating conditions, they are not the unavoidable for disabled people (WHO, 2011). These problems of disabled people depend on the strength and efficacy of coping methods, especially social support (Motl, McAuley, Snook, & Gliottoni, 2009).

Social support creates mutual obligations, in which, an individual feels loved, cared for and valued (Gol Aghaei & Rafiei, 2001; Zaki, 2008). Albrecht and Andelman (1987) define social support as “verbal or nonverbal communication between recipients and providers that reduces uncertainty about situation, the self, the other, or the relationship and functions to enhance a perception of personal control in one’s life experience”. Much research links social support to several health outcomes (Albrecht & Goldsmith, 2003; Cobb, 1976; Lyyra & Heikkinen, 2006; Motl, McAuley, Snook, & Gliottoni, 2009; Schaefer, Coyne, & Lazarus, 1981). Social support, as a social determinant of health, plays an important role in enhancing psychosocial conditions in people’s lives (Drageset, et al., 2009; Heidarzadeh, Hagigat, Yoosefi, 2009; Solar & Irwin, 2007). Therefore lack of attention and social support of disabled people may affect on quality of life and increase the problems of this vulnerable group (Motl, McAuley, Snook, & Erin, 2007). Many studies have reported that adolescents with disabilities may receive inadequate social support (Anderson, Clark, & Spain, 1982; Chang & Schaller 2000; Nemshick, Vernon Mc, & Ludman, 1986).

Studies on the social relationships, networks and support of disabled adolescents have indicated that many disabled adolescents have fewer friends, social contacts and smaller social networks than those without disability (Loijas, 1994). Visually disabled adolescents have also been found to be more often lonely and isolated than normal adolescents (Jan, Freeman & Scott, 1997). Their social networks have been reported to consist mainly of family members and relatives (Kef 1999; Loijas, 1994; Nemshick, Vernon Mc & Ludman, 1986; Suokas, 1992). Studies also showed that it is harder for children with disabilities to foster friendships compared to their typically developing peers (Ališauskaitė & Butkienė, 2013; Del Valle et al., 2010; LaBarbera, 2008; Martínez et al., 2011; Popliger et al., 2009; Wendelborg & Kvello 2010; Wendelborg & Kvello, 2010; Zhang et al., 2014).

Adolescence has been identified as a critical developmental period for depression symptoms and disorders. Although clinical depression is relatively uncommon in children, depression rates increase in adolescence such that 15–20% of youth will experience an episode of clinical depression before the end of high school (e.g., Kessler, Avenevoli, & Merikangas, 2001). Further, up to 50% of adolescents will experience high subclinical levels of depression (Kessler et al., 2001), which have been shown to be associated with similar impairments as clinical levels of depression (Gotlieb, Lewinsohn, & Seely, 1995). People

who chronically ruminate often behave in ways that dampen their social relationships and in turn may lead to an overall reduction in social support over time. Flynn, Kecmanovic, and Alloy (2010) also suggested contribution of depressive rumination to perceptions of social support, the generation of interpersonal stress, and depressive symptoms among adolescents. According to them ruminators generate stress in their relationships, which results in low social support discontent. They advocated that social support discontent accounted for the prospective association between depressive rumination and dependent interpersonal stress, and that both depressive rumination and dependent interpersonal stress contributed to elevations in depressive symptoms over time among adolescents.

Despite there is increasing body of literature on the concept of social support and its association with well-being among disabled (Campbell & Gilmore, 2014; Guerette & Smedema 2011; Mellvane & Reinhardt, 2002; Papadopoulos et al., 2014; Verena, Cimarolli, & Boerner, 2005; Tough, Siegrist, & Fekete, 2017), but there is gap in knowledge regarding the relationship between social support and rumination-reflection among disabled adolescents.

**Rumination** is an important cognitive factor that has been shown to have negative implications for social support. According to Nolen-Hoeksema et al. (2008) "Rumination is a mode of responding to distress that involves repetitively and passively focusing on symptoms of distress and on the possible causes and consequences of these symptoms" (p.400). A very broad definition is that rumination is the process of repeatedly thinking over one's thoughts (Webster's New Collegiate Dictionary, 1981). According to Martin and Tesser (1996) rumination is a class of conscious thoughts that revolve around a common instrumental theme and that recur in the absence of immediate environmental demands requiring the thoughts. Rumination is characterized by a passive, repetitive focus on one's symptoms of depression, as well as the causes and consequences of these symptoms, with no attempts at problem solving or symptom reduction (Nolen-Hoeksema, 1991). People who are prone to rumination report that it interferes with their problem solving, diminished instrumental behavior, and reduced social support (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008).

Adolescents with low in self-compassion are more worried with how others perceive them, being more prone to ruminate about their limitations, avoid social situations through fear of judgment (Shepherd & Edelmann, 2005) and be less able to behave in a problem-focused way. Furthermore, rumination has been shown to enhance negative thinking and lower mood (e.g., Lyubomirsky & Nolen-Hoeksema, 1995; Watkins & Moulds, 2005), in addition to impairing thinking, effective problem solving, social support, and goal-focused behaviour (Nolen-Hoeksema et al., 2008). Since satisfying social relationships significantly influence psychological well-being, the loss of social support as a result of rumination can prolong distress and inadvertently increase the severity of ruminative thinking (Thamboo, 2016).

A growing body of research has indicated that rumination is not a unitary construct. There is also another form of rumination i.e. self reflection. Trapnell and Campbell (1999) dichotomized self-rumination and self-reflection as two subtypes of self-focused attention, with the latter being the adaptive type. Trapnell and Campbell (1999) defined reflective self-focus as "self-attentiveness," or "reflection on the self motivated by epistemic curiosity" or "pleasurable intrinsic interest in abstract or philosophical thinking" (p.292). Self-reflection as a dispositional measure, accesses individuals' dispositional interest in intellectual learning, challenging experience, and reflective thinking rather than a cognitive or self-attentive response to a negative event or situation. Self-reflection, as defined by Morin (2011), is the "genuine curiosity about the self, where the person is intrigued and interested in learning more about his or her emotions, values, thought processes, attitudes, etc." (p. 809). Unlike self-rumination, self-reflection is linked to a number of positive outcomes such as, increased self-knowledge (Simsek, Ceylandag, & Akcan, 2013), subjective happiness (Elliott & Coker, 2008), and self-regulation (Thomsen, Tonnesvang, Schnieber, & Olesen, 2011). Reflection, refers to the individual's attempt to ponder his or her situation objectively, as well as the individual's attempts to overcome problems and difficulties (Joormann, Dkane, & Gotlib, 2006).

There are only few studies, which assessed the relationship between social support and rumination (Nolen-Hoeksema, 2008; Nolen-Hoeksema, Wisco & Lyubomirsky, 2008; Shepherd & Edelmann, 2005; Thamboo, 2016) but they were not specific to physically disabled adolescents. Present study intends to fill this gap in knowledge about the relationship between social support and rumination as well as reflection among physically disabled adolescents. Our study is the first attempt, which assess the relationship between social support and rumination-reflection among physically disabled adolescents.

**Objectives:** Most of the previous studies in social support and rumination were not specific to physically disabled adolescents. Present study intends to fill this gap in knowledge about the relationship between social support and rumination-reflection among physically disabled adolescents. Therefore, following objectives were formulated-

- 1) To examine the relationship between social support and rumination-reflection among physically disabled adolescents.
- 2) To examine the relationship between social support and rumination-reflection among orthopedically disabled adolescents.
- 3) To examine the relationship between social support and rumination-reflection among visually disabled adolescents.

## **METHOD**

**Design:** In the present research correlational research design was used.

**Sample:** The present research was conducted on physically disabled adolescents (orthopedically disabled and visually disabled). The sample was drawn through purposive sampling technique. A sample of 200 adolescents was taken (125 were orthopedically disabled and 75 were visually disabled). Orthopedically disabled and visually disabled subjects were taken from different special schools and NGO of Delhi. Age range of disabled children lies between 12 to 18 years.

**Tools:**

- A. **Social Support Questionnaire** was used to measure social support. It was developed by Nehra and Kulhara (1998). PGI Social Support Questionnaire is an Indian adaptation of the Pollack and Harris scale (Pollack and Harris, 1993) to measure the perceived social support. The questionnaire consists of 18 statements. It is reliable and valid measure of perceived social support. A higher score indicates more perceived social support.
- B. **Rumination and Reflection Questionnaire (RRQ):** The RRQ was developed by Trapnell and Campbell (1999). RRQ is a 24-item self-report questionnaire assessing both self-rumination and self-reflection, with 12 items corresponding to each subscale. Higher subscale scores indicate higher degrees of self-rumination or self-reflection. Trapnell and Campbell (1999) found that the two subscales adequately measure two distinct and independent constructs. The RRQ has been reported to have acceptable discriminant and convergent validity, as well as acceptable reliability (.90) for both subscales.

**Data collection:**

After obtaining the administrative permission, the researcher approached the study subjects, explained the purpose of the study. All the subjects were contacted through face to face interview. Investigator contacted all the subjects individually, investigator read each question aloud then mark the response according to the subjects in each questionnaire. Subjects took 20 to 30 minutes to complete the questionnaire. After collecting the data subjects were thanked for their cooperation and some reinforcement was also given to the subjects for their participation.

**Voluntary Participation, Confidentiality, Anonymity and Withdrawal:**

Investigator established rapport with the subjects and requested them to participate voluntarily and cooperate in the data collection process. Subjects were assured that their responses will be kept strictly confidential and would be utilized for research purpose only. Informed consent was taken from all the subjects. All the subjects participated voluntarily; no one was forced to participate. All the subjects were free to withdraw anytime without any penalty.

**Data Analysis:** Data were analyzed by means of Product moment correlation method and Linear Regression analysis.

**RESULTS:**

**Table 1: Showing Correlation between Social Support and Rumination-Reflection among Physically Disabled adolescents.**

Correlation		Social Support	Rumination	Reflection
<b>Social Support</b>	Pearson Correlation	1	-.247**	-.087
	Sig. (1-tailed)		.000	.109
	N	200	200	200

\*\* . Correlation is significant at the 0.01 level (1-tailed).

\* . Correlation is significant at the 0.05 level (1-tailed).

Table 1 showed that social support is negatively and significantly correlated with rumination ( $r = -.247, p < 0.01$ ) among physically disabled adolescents. While, correlation between social support and reflection was found to be insignificant ( $r = -.087, p > 0.05$ ) among physically disabled adolescents. Thus it is suggested that when rumination increases social support decreases among physically disabled adolescents.

Linear regression analyses was employed, in order to identify the significant predictor of social support and rumination as criterion variable among physically disabled adolescents.

**Table 1 (a): Linear Regression Analyses: Rumination as a predictor of Social Support among Physically Disabled adolescents.**

Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	52.415	3.253		16.113	.000
	Social Support	-.232	.065	-.247	-3.581	.000

**Table 1 (b): F- value of Social Support and Rumination among Physically Disabled adolescents.**

ANOVA					
Model	Sum of Squares	df	Mean Square	F	Sig.

	Regression	797.689	1	797.689	<b>12.82**</b>	<b>.000</b>
1	Residual	12319.591	198	62.220		
	Total	13117.280	199			

\*\* . Correlation is significant at the 0.01 level (1-tailed).

\*. Correlation is significant at the 0.05 level (1-tailed).

Table 1 (a) and (b), showed that rumination emerged as significant predictor of social support among physically disabled adolescents. Rumination is accounted for a significant amount of variance in social support ( $R = -.247$ ,  $F = 12.82$ ,  $p < 0.01$ ). Thus it can be inferred that rumination had 24.7% variance in social support of physically disabled adolescents.

**Table 2: Showing Correlation between Social Support and Rumination-Reflection among Orthopedically Disabled adolescents.**

Correlation		Social Support	Rumination	Reflection
<b>Social Support</b>	Pearson Correlation	1	<b>-.292**</b>	<b>-.069</b>
	Sig. (1-tailed)		<b>.000</b>	.223
	N	125	125	125

\*\* . Correlation is significant at the 0.01 level (1-tailed).

\*. Correlation is significant at the 0.05 level (1-tailed).

Table 2 also showed negative correlation between social support and rumination ( $r = -.292$ ,  $p < 0.01$ ) among orthopedically disabled adolescents. While, correlation between social support and reflection was again found to be insignificant ( $r = -.069$ ,  $p > 0.05$ ) among orthopedically disabled adolescents. Therefore, it can be safely concluded that when rumination increases social support decreases among orthopedically disabled adolescents.

Again linear regression analyses was employed in order to identify the significant predictor of social support and rumination as criterion variable among orthopedically disabled adolescents.

**Table 2 (a) Linear Regression Analyses: Rumination as a predictor of Social Support among Orthopedically Disabled adolescents. Coefficients**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	
	B	Std. Error	Beta			
1	(constant)	55.919	4.171		13.408	.000
	Social Support	-.278	.082	-.292	-3.382	.001

**Table 2 (b): F- Value Social Support and Rumination among Orthopedically Disabled adolescents.**

ANOVA						
Model	Sum of Squares	df	Mean Square	F	Sig.	
1	Regression	676.786	1	676.786	<b>11.43**</b>	<b>.001</b>
	Residual	7278.206	123	59.172		
	Total	7954.992	124			

\*\* . Correlation is significant at the 0.01 level (1-tailed).

\*. Correlation is significant at the 0.05 level (1-tailed).

Table 2 (a) and (b), showed similar findings as found among physically disabled adolescents i.e., rumination emerged as significant predictor of social support among orthopedically disabled adolescents. Rumination is accounted for a significant amount of variance in social support ( $R = -.292$ ,  $F = 11.43$ ,  $p < 0.01$ ). Therefore, we can suggest that rumination had 29.2% variance in social support of orthopedically disabled adolescents.

**Table 3: Showing Correlation between Social Support and Rumination-Reflection among Visually Disabled adolescents.**

Correlation		Social Support	Rumination	Reflection
<b>Social Support</b>	Pearson Correlation	1	<b>-.217*</b>	<b>-.136</b>
	Sig. (1-tailed)		<b>.031</b>	.123
	N	75	75	75

\*\* . Correlation is significant at the 0.01 level (1-tailed).

\*. Correlation is significant at the 0.05 level (1-tailed).

Table 3 showed negative correlation between social support and rumination ( $r = -.217, p < 0.05$ ) among visually disabled adolescents. While, correlation between social support and reflection was again found to be insignificant ( $r = -.136, p > 0.05$ ) among visually disabled adolescents. Therefore, it can be inferred that when rumination increases social support decreases among visually disabled adolescents.

Linear regression analyses was employed, in order to identify the significant predictor of social support and rumination as criterion variable among visually disabled adolescents.

**Table 3(a): Linear Regression Analyses: Rumination as a predictor of Social Support among Visually Disabled adolescents.**  
**Coefficients**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (constant)	48.541	5.033		9.644	.000
Social Support	-.192	.101	<b>-.217</b>	<b>-1.895</b>	<b>.031</b>

**Table 3(b): F- Value of Social Support and Rumination among Orthopedically Disabled adolescents.**

ANOVA					
Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	224.220	1	224.220	<b>-3.59</b>	<b>.031</b>
Residual	4557.860	73	62.436		
Total	4782.080	74			

\*\* . Correlation is significant at the 0.01 level (1-tailed).

\*. Correlation is significant at the 0.05 level (1-tailed).

Table 3 (a) and (b) revealed that rumination emerged as significant predictor of social support among visually disabled adolescents too. Rumination is accounted for a significant amount of variance in social support ( $R = -.217, F = -3.59, p < 0.05$ ). Therefore, we can suggest that rumination had 21.7% variance in social support of visually disabled adolescents.

Overall, Similar results were found in all three conditions namely, among physically disabled, orthopedically disabled and visually disabled adolescents. The findings revealed significant negative correlation between social support and rumination among all three conditions while correlation between social support and reflection was found to be insignificant (i.e., among physically disabled, orthopedically disabled and visually disabled). Additionally, the findings also suggests that rumination was found to be a significant predictor of social support among physically, orthopedically and visually disabled adolescents.

**Discussion:** The current study examined the relationship between social support and rumination-reflection among adolescents with orthopedic and visual disabilities. Similar results were found in all three conditions, namely, among physically disabled (orthopedically and visually), as well as among orthopedically disabled and among visually disabled adolescents separately. The findings revealed significant negative correlation between social support and rumination among all three groups of disabled while correlation between social support and reflection was found to be insignificant among over all physically disabled, orthopedically disabled and visually disabled. The findings of the present study are in expected direction.

The findings suggest that social support is generally helpful for adolescents with physical disabilities to decrease rumination. This finding suggests that cognitive risk factors such as rumination may have important implications for adolescents' abilities to use social support effectively, and highlight the importance of social support among physically disabled adolescents.

The findings of the present study can be corroborated by Flynn, Kecmanovic, and Alloy (2010), they also suggested contribution of depressive rumination to perceptions of social support, the generation of interpersonal stress, and depressive symptoms among adolescents. Similar association between social support and rumination was also suggested by other researchers (Nolen-Hoeksema, 2008; Nolen-Hoeksema, Wisco & Lyubomirsky, 2008; Shepherd & Endelmann, 2005; Thamboo, 2016).

**Strength:** Most of the previous studies in social support and rumination were not specific to physically disabled adolescents (Nolen-Hoeksema, 2008; Nolen-Hoeksema, Wisco & Lyubomirsky, 2008; Shepherd & Endelmann, 2005; Thamboo, 2016). Present study intends to fill this gap in knowledge about the relationship between social support and rumination among physically disabled adolescents. Our study is the first attempt, which advocates association between social support and rumination among physically disabled adolescents.

**Implications:** The findings suggest many implications for future research, intervention development, and clinical practice. First, this study highlights the importance of considering cognitive, behavioral, and interpersonal habits (such as a tendency to ruminate) when studying social support among disabled. Although social support is typically conceptualized as a protective resource, risk factors such as rumination may impede disabled individuals' abilities to use their social support resources effectively.

Findings can help practitioners in clinical settings. They must ensure that physically challenged adolescents should use their support systems in effective ways. They should identify the presence of cognitive risk factors like rumination to help them to meet this goal. For adolescents with high levels of rumination, clinicians should directly address rumination prior to encouraging them to seek out support, and help them to enhance adolescents' interpersonal skills use their support networks effectively. Addressing factors such as rumination and social support in physically challenged adolescence specifically may be particularly important for prevention efforts, for depression and related conditions during the transition to adolescence to adulthood.

**Limitation:** Despite many implications of the study, one limitation of the present study is that we have not assessed depression among the participants, while rumination is a marked characteristic of depression. This study is only confined to orthopedically and visually challenge adolescents therefore the present findings cannot be generalized to other disabled groups. Another limitation is exploring developmental shifts in the relations between social support, rumination, and reflection even within adolescence (early-mid-late) as well as gender differences would yield richer information about how these relations unfold over time and across groups.

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