

Perceived social support and clinical symptomatology in Italian university students

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Suggested Citation:

Savarese, G., Pecoraro, N., Fasano, O., Mollo, M., Iannaccone, A., Manzi, F. & Curcio, L. (2019). Perceived social support and clinical symptomatology in Italian university students. *Global Journal of Guidance and Counseling in Schools: Current Perspectives*, 9(3), 090–094. <https://doi.org/10.18844/gjgc.v9i3.4121>

Received from January 05, 2019; revised from June 05, 2019; accepted from December 02, 2019.

Selection and peer review under responsibility of Prof. Dr. Kobus Maree, University of Pretoria South Africa.

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Abstract

Social support can influence the perceptions of individual and social well-being for university students. We sought to verify whether the perceptions of social support correlate with the manifestation of clinical symptoms in young university students. A total of 26 participants, 58% *female* and 42% *male*, between the ages of 19 and 27 were included. The following tests were administered: *SCL-90-R* – scale for the self-evaluation of general psychopathology and *MSPSS* – self-assessment scale for the perception of social support. The students who perceived low levels of social support had high levels of clinical symptomatology (especially for internalised disorders). The index for a high intensity of symptoms Positive Symptom Total is correlated with a low level of perceived social support.

Keywords: Clinical symptomatology, perceived social support, university students.

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1. Introduction

High academic performance stress levels have been identified by international literature in university and college students, which have been found to derive from lower levels of social support (Lyrakos, 2012; Misra, Crist & Burant, 2003), low levels of achievement motivation, a low sense of self-efficacy and a poor management of organisational aspects of university life and largely deriving from little interaction with university lecturers (Komarraju, Musulkin & Bhattacharya, 2010).

In particular, social support can influence individual and social well-being. Social support includes both the perceived availability of interpersonal resources to meet the demands raised by stressful events and the extent of the support that assesses a person's degree of integration in a large social network (Cohen & Wills, 1985). Social support can amplify psychophysical effort and can promote physiological adaptation, health, longevity and a sense of well-being (Lyrakos, 2012; Scarapicchia, Sabiston, Pila, Arbour-Nicitopoulo & Guy Faulkner, 2017; Zich & Temoshok, 1987). One's academic career, punctuated by fixed phases such as entry into or exit from academia or critical moments such as a block regarding an exam, can represent an important moment of distress for a student. Its causes can be found both in the academic requirements related to study performance and in the interpersonal and social aspects of student status and, in parallel, of the child and young adult (Baker, 2003; Clinciu, 2013). According to the literature, this distress can be mitigated by meetings with colleagues or in general by the support of people *perceived* as emotionally close (Baker, 2003; Jou & Fukada, 2002).

On this basis, thanks to the clinical practice at the Psychological Counselling Centre of the University of Salerno (Savarese et al., 2013; 2014; 2016), we have extended the breadth of the research to the social support perceived by university students, assuming that social support is a possible competitive factor against psychopathological disorders.

2. Aim

The aim is to verify whether the low levels of perceived social support correlate with the manifestation of clinical symptoms, and of what type, among university students.

3. Methodology

The participants were 26 university students undergoing psychological treatment at the Counselling Centre of the University of Salerno (Italy).

Of the participants, 58% were *female* and 42% were *male*, and ages ranged between 19 and 27; 77% were, in effect, attending a course (registered between the first and second year of the course of studies), while 23% were not. Sixty percent of students lived *in a family*, 12% lived *alone* and the remaining 28% lived *with other students*.

The study was conducted according to the guidelines of the Declaration of Helsinki and the protocol was evaluated for Ethical Committee approval at the University of Salerno, Italy. The study is absent of risk or burden, sponsors, conflicts of interest and incentives for the responding subjects.

Information on study protocol was given and informed consent was obtained before administration of the questionnaire at the first appointment at the Counselling Centre of the University of Salerno.

The questionnaire consisted of three sections: (i) a sociodemographic test; (ii) a *SCL-90-R Test* (Derogatis, 1983), which is a general psychopathology self-evaluation scale that considers a wide range of psychological problems and psychopathological symptoms, measuring both internalised symptoms [depression (DEP), somatisation (SOM), anxiety (ANX)] and externalised symptoms [aggression, hostility (HOS), obsessiveness/compulsiveness (OC)], and it presents some subscales: *SOM; OC; Interpersonal hypersensitivity; DEP; ANX; HOS; Phobic anxiety (PHOB); Paranoid ideation*

(*PAR*) and *Psychoticism (PSY)* and detects three global indices: *Global Severity Index (GSI)*, which assesses the intensity of the level of mental discomfort complained by the subject; *Positive Symptom Total (PST)*, which provides information on the number of symptoms reported and *Positive Symptom Distress Index*, used in evaluating the response style index; and (iii) a *MSPSS* (Multidimensional Scale of Perceived Social Support) test (Zimet, Dahlem, Zimet & Farley, 1988), a self-validating Likert scale that investigates the perception of support coming from three different sources: a) family, b) friends and c) a particularly significant person.

Descriptive statistics were obtained with a *T*-test and the correlation was measured with a Pearson's *R* Test.

The data were analysed using the statistical package SPSS-18.

4. Results

The scores reported in the *SCL-90-R Test Scale* (T points) show that the symptoms with a general level of discomfort beyond the critical attention threshold (T score greater than 65) are *ANX*, *obsessive/compulsive*, *PSY*, *discomfort (GSI)* and *number of symptoms (PST)*. These scales fall within a range of *clinical attention*. The other scales, even if they have a lower score, fall within a *moderate to high* discomfort range. No indicator falls within the *normal* range.

Internalised symptoms prevail over externalised ones.

A correlation analysis (R-Pearson) was performed to detect the relationship with regard to the *correlation between SCL-90-R and MSPSS*.

We highlight that students who have obtained a higher average score in some scales (such as *OC*) reported feeling less *supported by the family* ($R = -0.425$; $p = 0.034$; $df = 26$). Those who had experienced *PHOB* felt less *supported by others* ($R = -0.463$; $p = 0.020$; $df = 26$); students who had high scores on the scale of *PAR* also felt they were not being *supported by others* ($R = -5.34$; $p = 0.006$; $df = 26$) or *by friends* ($R = -5.36$; $p = 0.006$; $df = 26$).

In general, a student who reported a high *number of symptoms (PST)* claimed to not feel socially supported ($R = -4.35$; $p = 0.030$; $df = 26$).

5. Discussion

As reported in the literature (Jou & Fukada, 2002; Winefield, Winefield & Tiggemann, 1992), the perception of social support correlates with a high level of psychological well-being, particularly if such support derives from family and friends. Our results confirm this. In fact, those who perceive good social support, particularly from the family, present a low intensity of clinical symptomatology (especially for internalised disturbances).

In clinical terms, disorders related to *OC*, *PAR* and *PHOB* are reported by students who generally perceive that they are not socially supported.

The index is relative to the high intensity of symptoms (*PST*) present in people with low levels of perceived social support. These data are also in line with existing literature, according to which there is a close relationship between social support and mental health (Cutrona, 1989) and in which clinical symptoms linked to low social support can also generate unhealthy compensatory behaviours (for example, alcohol consumption) (Allgower, Wardle & Steptoe, 2001).

Even with periodic checks, clinical symptomatology generally persists if the contextual conditions, linked in particular to the perceptions of social support, do not change. In this regard, Herman-Stahl and Petersen (1996) conducted a longitudinal study and found that psychiatrically asymptomatic youngsters reported higher levels of optimism, mastery, active coping activities and positive relationships with parents and peers than did symptomatic youngsters. These same characteristics

have distinguished resilient youths from those who are vulnerable. A year later, this situation was unchanged, given the same conditions.

6. Conclusions

This study is linked to the psychological intervention carried out with the individuals interviewed at the Psychological Counselling Centre of the University of Salerno. We have verified that the perception of social support correlates with the manifestation of clinical symptoms, and the duration of the course of psychological counselling is influenced by the perception of social support. In fact, our clinical experience showed that the students who had stated that they felt more socially supported had a shorter resolution of counselling intervention, whereas all students with low levels of perceived social support needed to continue with additional and prolonged psychotherapy.

The study recommended that the distress of the university students' career can be mitigated by the support of people perceived as emotionally close, and this factor has an influence on the students' well-being.

Ethical issues

This study was carried out in accordance with the recommendations of Associazione Italiana di Psicologia (AIP) – Italy, and all the students gave written informed consent in accordance with the Declaration of Helsinki.

New statement

The authors declare that the paper has not been published elsewhere and is not under consideration in any other publication.

Competing interests

The authors declare that there are not any competing interests.

Funding

The authors declare that the financial support they received for the research is 'Fondi SOS Savarese', Department of Medicine and Surgery – University of Salerno (Italy).

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