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# Family Functioning and Social Support in Men and Women Diagnosed with Depression in China

--Manuscript Draft--

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| **Abstract:** | Previous research has demonstrated the association between family functioning and depression. This study evaluated family functioning and perceived social support in men and women in Shanghai who had received a diagnosis of a major depressive disorder (N=100), including sixty-six women and thirty-four men. The relationship between family functioning and social support of outpatients with major depressive disorders was explored using the Chinese Family Assessment Device (FAD-CV) and the Multidimensional Scale of Perceived Social Support (MSPSS). The scores from all dimensions of family functioning for both men and women indicated that depressed men and women all reported experiencing unhealthy family functioning. The clinical implications of these findings for the developing practice of family therapy in China are discussed. |
| **Response to Reviewers:** | Reviewer #1: I am glad that the authors have taken care of the feedback of the two reviewers and revised their manuscript accordingly.<br><br>The present revision is good but please take care of two following minor points.<br><br>(a) Shek's reliability study was conducted in early year and was outdated. Please update the assessment of the reliability of the McMaster Family Assessment Device by reading the following journal paper: Ma, J. L. C., Wong, T. K. Y. & Lau, Y. K. (2009). Sex Differences in perceived family functioning and family resources in Hong Kong families: Implications for social work practice. Asian Social Work and Policy Review, 3:155-174. doi:10.111/j.1753-1411.2009.00031.x<br>The validity and reliability of the Chinese FAD has been demonstrated (Shek, 2001; Shek, 2002; Ma et al., 2009).<br>Ma, J. L., Wong, T. K., & Lau, Y. K. (2009). Sex Differences in Perceived Family Functioning and Family Resources in Hong Kong Families: Implications for Social Work Practice. Asian Social Work and Policy Review, 3, 155-174.<br><br>(b) in discussing the linkage between perceived family functioning and perceived social support it would be more fruitful to discuss the gendered division of labour between men and women at home in Chinese culture.<br><br>In addition, there are some characters in the gendered division of labour between men and women at home in Chinese culture, that men mainly are in charge of “outside” and women mainly “inside”. For example, some research showed that a high degree of gender segregation among rural-urban migrants exists in the urban, that rural women's urban work opportunities are short-limited, and that women migrants are relegated back to the village and to the ‘inside’ (Fan, 2003). Therefore, men could bear more |

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| | burden than women in China, such as economic responsibilities and so on, so that the perceived family functioning of depressed men could not related to their social support.<br><br>Fan, C. C. (2003). Rural-urban migration and gender division of labor in transitional China. International Journal of Urban and Regional Research,27(1), 24-27.<br><br>Reviewer #2: Major questions as followed:<br>1.This research showed no gender differences on both family functions and social support, which is incompatible with former researches that were reviewed. How to explain this?<br><br>Our findings did not reveal any significant differences by gender on perceived family functioning and social support, which is incompatible with former researches, which could be resulted from small sample. We plan to enlarge the sample in the future research.<br><br>2. Discussion:<br>There are no significant differences in every dimension of family functioning and perceived social support, how can we indicate there are a lot of differences between men and women at Page 9? And also, some variables that are not directly related to this article are discussed, like the influence of social norms, and encouraging male to express more emotions, which is not helping to make a clear point of this research.<br><br>Our findings did not reveal any significant differences by gender on perceived family functioning and social support, which is incompatible with former research, which could be resulted from small sample. We plan to enlarge the sample in the future research.<br>3. In this article, we only know depressed people have impaired family function, but we don't know what their social support are like, which is also very important for elaborating the implications of this research. So, maybe we can recruit some non-symptomatic participants to compare with the clinic sample, otherwise, we cannot get the conclusion that depressed people have problems on social support, and may need more help on this.<br>Our previous research showed that depressed patients including men and women both perceived poorer social support compared with healthy controls (Wang, et al., 2012c), and there was a significant difference in perceived social support between depressed patients and normal controls, which suggests patients with depression could need more social support. Also, the perceived social support among the older people with depression was lower than those among healthy older people (Wang & Zhao, 2012a), which suggests that more social support are needed to help improve the quality of life among older people with depression.<br><br>Wang, J., Zhao, X., Liu, L., & Ma, X. (2012c). Family functioning, social support and depression in a Chinese population. Psychopathology, 45, 334-336. |

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Running Head: FAMILY FUNCTIONING

# Family Functioning and Social Support In Men and Women Diagnosed with Depression in China

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## ABSTRACT

Previous research has demonstrated the association between family functioning and depression. This study evaluated family functioning and perceived social support in men and women in Shanghai who had received a diagnosis of a major depressive disorder (N=100), including sixty-six women and thirty-four men. The relationship between family functioning and social support of outpatients with major depressive disorders was explored using the Chinese Family Assessment Device (FAD-CV) and the Multidimensional Scale of Perceived Social Support (MSPSS). The scores from all dimensions of family functioning for both men and women indicated that depressed men and women all reported experiencing unhealthy family functioning. The clinical implications of these findings for the developing practice of family therapy in China are discussed.

*Keywords*: family functioning, major depressive disorder, gender, social support

**Western research on gender differences, social support, family functioning, and depression**

According to the World Health Organization, depression can cause serious outcomes in the population (Gladstone & Beardslee, 2009). Considerable research in the United States has demonstrated that there is strong association between depression and impaired family functioning (e.g., Cummings, Keller, & Davies, 2005; Miller, Epstein, Bishop, & Keitner, 1985; Burt et al. 2005). For example, some U.S. research has demonstrated that early or current family environment, in conjunction with genetic factors, predicts depressive symptoms (Lesch, 2004; Taylor et al., 2006). There is strong evidence indicating the influence of family factors on childhood depression (Restifo & Bögels, 2009). Different levels of the family system such as the whole family system, the spouse subsystem and the parent–child subsystem all contribute to internalizing symptoms such as depression and anxiety (Hughes & Gullone, 2008). Some family factors such as high disagreement and high control predicted childhood depression (Sander & McCarty, 2005). The depression of parents may predict the depression and behavioral problems of children due to family dysfunction and unhealthy parenting styles (Cummings, Keller, & Davies, 2005; Bouma, Ormel, Verhulst, & Oldehinkel, 2008). Depression can be transmitted from parents to children via parent-child relationships in families (Wilson & Durbin, 2010). Some research has suggested that depression in mothers was a risk factor contributing to depression in their children (Milan, Snow & Belay, 2009). Moreover, the children of the mothers with longer depressive episodes were found to be more likely to have internalizing and externalizing symptoms (Foster et al., 2008). However, the treatment of depression in parents could

reduce the risk of depression in children in later years by improving family functioning (Silberg, Maes, & Eaves, 2010). Depression has been shown to have a deleterious effect on many areas of life including marital and family functioning, suggesting that a more complete treatment for depression may also include addressing areas of marital and family life (Herr, Hammen, & Brennan, 2007). This may be even more important in Chinese culture, which is focused on collectivist values and intergenerational family connections (Miller & Fang, 2012). For example, the depressed older patients of empty nest families perceived poorer family functioning than non-empty nest older people (Wang & Zhao, 2012a). Some research has showed that the cost of depression currently represents a significant burden in China (Hu, He, Zhang, & Chen, 2007). Family interventions and improvement of social support are important in reducing depression among elderly patients (Wang & Zhao, 2012b). Some Western research has shown that good social support could offset the negative influence of stress on the family with a depressed family member, and the perception of social support seems to have an important influence on depressive symptoms and could also predict the outcome of depression (Morriss & Morriss, 2000). A research of Chinese sample showed there was a significant difference in perceived social support between depressed patients and community controls, which suggested that depressed patients could be in need of more social support and supported the importance of considering the family context in the treatment of the depressed patient (Wang, Zhao, Liu, & Ma, 2012). Therefore, it is necessary to explore the factors that may influence the development and prognosis of depression in China.

Some authors have found gender differences in how depression is experienced (Herr, Hammen, & Brennan, 2007; Kilmartin, 2005; Mahalik, 2008; Schraedley, Gotlib, &

Hayward, 1999), and gender differences in the relationship between depression and family functioning (Febres, Rossi, Gaudiano, & Miller, 2011; Kendler, Myers, & Prescott, 2005). For example, women were diagnosed with major depressive disorders twice as often as men, while men commit suicide four times more than women (Kilmartin, 2005). Different depressive symptoms were found in men and women with depression (Addis, 2008; Uebelacker, Strong, Weinstock, & Miller, 2009). Some authors maintain that gender differences with regard to depression begin in adolescence and persists through adulthood across many countries (Hankin & Abramson, 2001), and results from both biological and social factors (Boughton & Street 2007). Men and women may also cope with depression in different ways (Boughton & Street, 2007; Mahalik, 2008; Wilhelm, Parker, Geerlings, & Wedgwood, 2008). In Western culture, some authors posit that societal tendencies encourage women to express feelings, while discouraging men from overt expression of feelings. Instead of verbalizing their feelings, these studies suggest that some men may adopt behaviors such as self-destructiveness, drug use, gambling and workaholism to cope with their depression (Kilmartin, 2005).

In addition, cultural influence on depressive symptoms is found to be different with respect to gender expectations (Kilmartin, 2005). Masculine norms may shape the responses to depressed mood in men. Addis (2008) suggested that masculinity, which was associated with antifemininity, competitiveness, homophobia, emotional stoicism, physical toughness and power over women, may induce men to avoid emotional experiences such as sadness. Men may engage in behaviors such as drinking, substance abuse, emotional numbness, over-involvement in work and criminal behaviors to cope with depression (Addis,

2008; Kilmartin, 2005; Wilhelm et al., 2008). Previous studies have indicated that women are encouraged to express their depressed mood with behaviors such as crying, worrying, and talking about their sad experiences (Kilmartin, 2005). Women were more likely to possess emotionally close relationships and tend to seek more social support when they suffered from depression (Boughton & Street, 2007).

A stronger association between depression and marital satisfaction was found in women than men (Herr et al., 2007; Whisman, 2001). For instance, depressed women reported more dysfunction in their marital relationships, while depressed men reported more work impairment (Kornstein et al., 2000). The relationship between family functioning and depression is stronger in women than in men (Sarmiento & Cardemil, 2009). Some research indicated that the depression of women is associated to family factors, while the depression of men may result from other factors such as employment and financial factors (Hovey & Magana, 2000). However, comparable relationships between interpersonal dysfunction and depression was found in both men and women (Zlotnick, Kohn, Keitner, & Della Grotta, 2000).

A strong relationship between social support and depression has been previously proposed (Bildt & Michelsen, 2002). Emotional support has shown to be more of a protective factor for women with depression than for men (Kendler et al., 2005). Schraedley and colleagues (1999) indicated women reported higher levels of social support and depression, and a stronger relationship between social support and depression.

**Chinese research on family functioning, social support, gender differences, and depression**

While there is a plethora of research regarding depression, social support, family functioning, and gender differences in the Western literature, little has been published in these areas in the Chinese literature. Most scholars recognize that culture heavily shapes the expression and experiences of depressive symptoms, and treatment can also be heavily shaped by culture (Kleinman, 2004; Ryder et al., 2008). For example, some research proposed Chinese depressed patients present somatic symptoms as part of the patient role, while Western samples focused on psychological symptoms (Yen, Robins, & Lin, 2000). Another study conducted in China found that less emotional support and more criticism from the family were related to more depressive symptoms in older people, which suggested that elderly people with depression would likely benefit from increased family involvement (Leung, Chen, Lue, & Hsu, 2007).

Moreover, whether a family defines itself or its members " healthy" or "normal" will likely differ in different cultures (Shek, 2002). In Chinese families, harmony is emphasized in healthy family functioning and social relationships (Allison, 1997). The structure of Chinese families is more hierarchical than that of families in Western cultures (Ho, 1996; Shek & Lai, 2000). Chinese families emphasize face-saving (面子*mianzi)* in family or social problem solving (Ting-Toomey, 1988). Some research shows absence of conflict, interpersonal harmony, mutuality, connectedness and positive parent-child relationships as important factors contributing to happy families in China (Shek & Chan, 1998; Shek, 2001). Such research proposes that Chinese families de-emphasize emotional expressiveness and communication as important attributes for a happy family as compared with families in Western culture (Shek & Chan, 1998).

Few studies have explored whether family functioning and social support differ in men and women with depression in China. The number of patients in China with major depressive disorder is increasing, and depression has been demonstrated to be a very costly disorder in China (Hu, He, Zhang, & Chen, 2007). The application of effective treatments will lead to a significant reduction in the total societal burden resulting from depression. Therefore, it is important to explore the factors that influence the development and prognosis of depression and treatment strategies for depression in China. This study explored perceived family functioning and social support of women and men, and whether there are differences by gender in the relationship between family functioning and social support using the Chinese Family Assessment Device (FAD-CV) and the Multidimensional Scale of Perceived Social Support (MSPSS).

## METHOD

### Participants

The sample consisted of Chinese patients living in Shanghai. Inclusion criteria for all participants included the diagnosis of DSM-IV criteria (American Psychiatric Association, 2000) for "major depressive disorder". The participants were outpatients from the Department of Psychosomatic Medicine at the Shanghai East Hospital. The hospital is affiliated with Tongji University School of Medicine in Shanghai, China. Exclusion criteria for all participants included the diagnosis of other mental disorders, neurological disorders, severe physical problems, and active substance abuse or dependence within the 3 months prior to the study. All patients completed questionnaire booklets including the Chinese version of Family Assessment Device (FAD-CV) and the Multidimensional Scale of

Perceived Social Support (MSPSS). This study was approved by the Institutional Review Board of Tongji University School of Medicine. Written informed consent was obtained from all subjects.

**Measures**

*Chinese Family Assessment Device (FAD-CV)*

The FAD-CV is based on the FAD, a 60-item measure assessing family functioning based on the McMaster model (Epstein, Baldwin, & Bishop, 1983). According to the McMaster Model of Family Functioning (Ryan, Epstein, Keitner, Miller & Bishop, 2005), the FAD assesses six dimensions of family functioning including: problem solving (the ability of the family to resolve problems to a level that maintains effective family functioning); communication (how family members exchange information with each other); roles (how the family allocates responsibilities to ensure fulfillment of family functions); affective responsiveness (whether the family members experience and respond with a full spectrum of feelings experienced by human beings); affective involvement (the family's ability to care about and be interested in each other); behavior control (rules that the family adopts to handle dangerous situations, to meet psychobiological needs and interpersonal socializing behavior within and outside the family); and overall general functioning. The cutoff scores for health/pathology have been established for the FAD for each dimension of family functioning (Miller et al., 1994), with scores above the health/pathology cut-off indicating unhealthy functioning. On the overall general functioning, a score of 2.0 or higher indicates problematic family functioning. The FAD was translated into Chinese, and back translated into English. The back translation was reviewed by the originators of the FAD and items

were retranslated to ensure that they reflected the original meaning. The validity and reliability of the Chinese FAD has been demonstrated (Shek, 2001; Shek, 2002; Ma et al., 2009). The test-retest reliability is 0.53-0.81, and the alpha value of reliability is 0.53-0.94.

*The Multidimensional Scale of Perceived Social Support (MSPSS)*

The MSPSS (Zimet, Powell, Farley, Werkman, & Berkoff, 1990) is a 12-item self-report assessment with a seven point scale (from 1=strongly disagree to 7=strongly agree) that measures perceptions of social support in the areas of friends, family and significant others. The psychometric properties of the MSPSS were previously investigated in a Chinese sample in Hong Kong (Cheng & Chan, 2004; Chou, 2000). The MSPSS emphasizes the subjective feeling of social support which plays a significant role in depressive symptoms. The internal consistency (Cronbach's alpha) of MSPSS was 0.89 (Chou, 2000).

**Statistical analysis**

All analyses were performed using the Statistical Package for Social Sciences (SPSS) software (version 16.0). Chi-square and t-test analyses were performed to determine whether there were significant differences between men and women on demographic variables, the FAD-CV scores and the MSPSS scores. The correlations between FAD-CV scores and MSPSS scores were calculated for men and women separately using Pearson's correlation analysis. For all tests the statistical significance level was set at $p< 0.05$.

## RESULTS

*The demographic characteristics among female and male patients with depression*

Preliminary analyses demonstrated no significant differences between men and women with depression on any demographic variables (Table 1). Of the 100 participants, 66% (n=66) were women and 34% (n=34) were men. The mean age for women was 42.38 (SD=16.31) years; the mean years of education (i.e. 1 is equivalent to 1st grade) was 10.70 (SD=3.49) years; forty-five female participants were married for a mean of 18.93 (SD=14.66) years. Also, the mean age for men was 39.38 (SD=13.98) years; the mean years of education was 11.88 (SD=4.18) years; twenty-three male patients were married for a mean of 15.31 (SD=12.98) years. Although no significant differences ($p>.05$) were found between men and women on age of onset of major depressive disorder (MDD), interesting differences did emerge: younger age of onset of major depressive disorder was indicated for men (37.82 years) than women (39.73) and more frequent single and recurrent episodes of major depressive disorder were indicated for women than men (see Table 1).

*Family functioning and perceived social support in women and men with depression*

All dimensions of the FAD-CV scale (problem solving, communication, roles, affective responsiveness, affective involvement, behavioral control, and general functioning) were above the health/pathology cutoff score for both men and women, indicating problematic family functioning. Results also showed no significant differences on all dimensions of the FAD-CV scale scores and MSPSS scores (see Table 2). There were no significant differences of FAD-CV scores and MSPSS scores between men and women.

*Correlation between family functioning and social support in women and men with depression*

The results showed statistical significance in the correlation between FAD-CV scores

and MSPSS scores for women with depression, but not for men (see Table 3). Perceived social support scores showed significant association with family functioning for women, but this was not the case for men. Findings suggested that perceived social support was not significantly correlated with family functioning. Moderate positive correlation ($.3<|r|<.07$) was indicated for the relationship between family functioning and social support of family and significant others in women.

## DISCUSSION

This study extends the research that explores the characteristics of family functioning and social support for depressed men and women. No significant differences by gender and sociodemographic variables were found in the relationship between family functioning and social support. Also, results indicated no significant differences between men and women in perceived family function. However, what is interesting is that the scores from all dimensions of family functioning for both men and women were above the health/pathology cutoff range, indicating that depressed men and women in our sample all experienced unhealthy family functioning. Higher scores indicate a greater degree of dysfunction.

Prior research has indicated differences in affective responses between men and women with depression in the United States. Febres and colleagues (2011) found that the affective response of the FAD scores for men was higher than women, which suggested poorer functioning in this area of family life in men with depression. However, our results are consistent with other research (Zlotnock et al., 2000), which indicated that impaired family functioning influenced by depression does not differ between men and women. Our findings did not reveal any significant differences by gender on perceived family functioning

and social support. Our findings did not reveal any significant differences by gender on perceived family functioning and social support, which is incompatible with former researches, which could be resulted from small sample. We plan to enlarge the sample in the future research.

Our previous research showed that depressed patients including men and women both perceived poorer social support compared with healthy controls (Wang, et al., 2012c), and there was a significant difference in perceived social support between depressed patients and normal controls, which suggests patients with depression could need more social support. Also, the perceived social support among the older people with depression was lower than those among healthy older people (Wang & Zhao, 2012a), which suggests that more social support are needed to help improve the quality of life among older people with depression.

Moreover, men and women with depression differed in the correlations between family functioning and perceived social support. For example, there were positive correlations between family functioning and perceived social support for women. Social support from family and significant others plays an important role in the perceived family functioning for women with depression in China. In Chinese culture, the variable of "significant others" may mean the extended family including the participants' parents, siblings and other relatives. Even adult children still have a close relationship with their extended family (as compared with Western families) and may seek help more readily from them when they face difficulties. Women in our study indicated more emotional bonds and relationships with other people. Previous studies showed women emphasized family

harmony more than men, and they were more influenced by family relationships and family functioning.

For men with depression, the results showed there were no correlations between the FAD-CV scores and MSPSS scores, which suggest the perceived family functioning by men with depression was not directly associated with their perceived social support. Previous studies proposed that men are more likely to be socialized to avoid introspection, feelings of disempowerment, and discouraged to recognize mental health problems (Kilmartin, 2005). The depression of men may stem from financial factors more than from family issues (Sarmiento & Cardemil, 2009), and men may tend to focus on their own individual abilities rather than the social support from others. Social norms may influence the expression of depression for men and their subjective understanding of depression (Mahalik, 2008). For example, men do not tend to experience some depressive symptoms such as talking about feeling sad and crying, and may think they are not depressed but just stressed or angry (Mahalik, 2008). Men may have less knowledge and more misconceptions about depression, leading to a higher degree of stigma (Wang, Fick, Adair, & Lai, 2007). Women with depression tend to have a negative view of self, compared with men (Sakamoto, 2000), and a more relational concept of self than men (Seidlitz & Diener, 1998). Women also tend to put more emphasis on relationships (Cyranowski, Frank, Young, & Shear, 2000). In addition, women may be more influenced by problematic relationships than men (Hammen, 1999). Marital conflict may have more of an impact on women due to greater interpersonal connectedness, and men may be less impacted by conflictual relationships (Seidlitz & Diener, 1998; Boughton & Street, 2007). Generally speaking, social support may have less

influence for men than for women (Barnett & Gotlib, 1990). Thus, women with depression may benefit more from addressing social support in the treatment of problems such as depression (Nolen-Hoeksema, Larson, & Grayson, 1999).

In addition, there are some characters in the gendered division of labour between men and women at home in Chinese traditional culture, that men mainly are in charge of "outside" such as earning money and women mainly "inside" such as household. For example, some research showed that a high degree of gender segregation among rural-urban migrants exists in the urban, that rural women's urban work opportunities are short-limited, and that women migrants are relegated back to the village and to the 'inside' (Fan, 2003). Therefore, men could bear more burden than women in China, such as economic responsibilities and so on, so that the perceived family functioning of depressed men could not related to their social support.

Our findings indicate clinicians in China should consider including some family interventions when treating depression, because only targeting depressive symptoms may not ameliorate the family problems these patients are experiencing. This supports the findings of Leung, Chen, Lue, and Hsu (2007) regarding the importance of family involvement in treatment of depression symptoms in older people in China. Western versions of family therapy were introduced in China in the early 1980's (Glick, 1982; Hampson, & Beavers, 1989) and many versions of Western family therapy have been adapted for the Chinese context (Yang & Pearson, 2002). The research and practice of family therapy has undergone rapid development in the last decade (Miller & Fang, 2012; Deng, Lin, Lan & Fang, 2013). The improvement of family functioning is likely to be a significant aid in the

effort to provide effective treatment for depression in Chinese patients. Also, family dysfunction for women may be related to their social support from significant others such as extended family members including parents, siblings and other relatives. Because women more often seek emotional and social support and the Chinese culture emphasizes the whole family, including the extended family in treatment plans will more likely facilitate successful outcome. On the other hand, our review of the literature and the results of our study indicate that men tend to hide their emotions and that the social norm in China may not encourage the expression of fragile emotions (Cheung & Chan, 2002; Wang. & Crane, 1994). Our findings also indicate that it may be important for Chinese clinicians to consider ways to encourage their depressed clients to explore new ways to share their feelings with family members and significant others.

The present study has several limitations. The sample is limited and the study did not assess the severity of depression, which could influence family functioning for depressed patients. Participants were selected from one hospital in Shanghai, and therefore limit the generalizability of the findings, although the population of Shanghai is comprised of people from across China. Shanghai is the largest industrial and commercial city in China, with over 18.8 million people (Shanghai Municipal Government, 2009). Future studies should enlarge the sample and include assessing the severity of depression. The authors hope that the findings can draw some implications for the treatment of depression for men and women, and generate valuable insights regarding the relationship between family functioning and social support. Other Chinese scholars have emphasized the likelihood that family therapy and family based interventions have special applicability in the Chinese context when

compared with Western treatment strategies due to the more collectivist nature of the culture (Miller & Fang, in 2012; Liu, Zhao, & Miller, 2012).

It is important to assess various dimensions of family functioning for depressed patients because they provide specific information on how depression influences family dysfunction. Clinicians may focus on different points of patients' perceived social support in men and women with depression. It is necessary to replicate these findings and further explore possible explanations for the relationship between family functioning and social support for depressed patients in China.

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**Table 1.** *Sociodemographic characteristics*

| Items | Women | Men | Total | P |
|---|---|---|---|---|
| N | 66 | 34 | 100 | - |
| Age, mean (SD) | 42.38(16.31) | 39.38(13.98) | 41.36(15.55) | 0.364 |
| Education, mean (SD) | 10.70(3.49) | 11.88(4.18) | 11.10(3.76) | 0.136 |
| Married (%) | 45(68.2) | 23(67.6) | 68(68.0) | - |
| Separated (%) | 2(3.0) | 0 | 2(2.0) | - |
| Single (%) | 15(22.7) | 11(32.4) | 26(26.0) | - |
| Widowed (%) | 4(6.1) | 0 | 4(4.0) | - |
| Years married, mean (SD) | 18.93(14.66) | 15.31(12.98) | 17.74(14.15) | 0.262 |
| MDD, single episode, n (%) | 32(48.5) | 13(38.2) | 53(53.0) | - |
| MDD, recurrent, n (%) | 34(51.5) | 21(61.8) | 47(47.0) | - |
| Age of onset of MDD, mean (SD) | 39.73(15.96) | 37.82(14.04) | 39.11(15.22) | 0.575 |

MDD indicates Major Depressive Disorder

**Table 2.** *Family functioning and perceived social support in women and men with depression*

| Items | Women (n = 66), Mean (SD) | Men (n = 34), Mean (SD) | t | p |
|---|---|---|---|---|
| Family functioning | | | | |
| PS | 2.49(0.32) | 2.47(0.27) | 0.339 | 0.735 |
| CM | 2.46(0.38) | 2.50(0.33) | 0.468 | 0.641 |
| RL | 2.39(0.31) | 2.40(0.24) | 0.133 | 0.894 |
| AR | 2.46(0.42) | 2.58(0.30) | 1.456 | 0.149 |
| AI | 2.23(0.48) | 2.31(0.45) | 0.740 | 0.461 |
| BC | 2.68(0.25) | 2.60(0.28) | 1.464 | 0.147 |
| GF | 2.35(0.37) | 2.36(0.29) | 0.150 | 0.881 |
| MSPSS | 48.24(14.47) | 50.06(12.87) | 0.617 | 0.539 |
| Family | 14.00(5.83) | 15.21(3.58) | 1.102 | 0.273 |
| Friend | 21.21(6.29) | 20.44(5.77) | 0.597 | 0.552 |
| Significant others | 13.23(5.84) | 14.71(5.33) | 1.234 | 0.220 |

PS=Problem Solving; CM=Communication; RL=Roles; AR=Affective Responsiveness; AI= Affective Involvement; BC=Behavioral Control; GF=General Functioning. MSPSS= Multidimensional Scale of Perceived Social Support. Underline indicates above the health/pathology cut-off score. (Above cutoff score indicates problematic family functioning).

**Table 3.** *Correlation coefficients on the relationship between family functioning and social support by gender*

| Item | Women (n = 66), Mean (SD) | | | | Men (n = 34), Mean (SD) | | | |
|---|---|---|---|---|---|---|---|---|
| | MSPSS | Family | Friend | Significant others | MSPSS | Family | Friend | Significant others |
| PS | .301* | .379** | .022 | .355** | .105 | .148 | .034 | .020 |
| CM | .455** | .536** | .101 | .518** | .087 | .057 | .140 | .085 |
| RL | .266* | .343** | .029 | .358** | .072 | .010 | .145 | .118 |
| AR | .458** | .577** | .055 | .543** | .019 | .165 | .169 | .052 |
| AI | .239 | .437** | .229 | .423** | .159 | .222 | .133 | .160 |
| BC | .469** | .382** | .384* | .385** | .163 | .209 | .189 | .029 |
| GF | .430** | .594** | .077 | .570** | .048 | .230 | .127 | .176 |

PS=Problem Solving; CM=Communication; RL=Roles; AR=Affective Responsiveness; AI= Affective Involvement; BC=Behavioral Control; GF=General Functioning; MSPSS= Multidimensional Scale of Perceived Social Support

*p＜0.05; **p＜0.01