<u>ORIGINAL ARTICLE</u>

Perceived Social Support and Psychosocial Problems in Visually Impaired: A Mediating Role of Emotion-Focused Coping

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ABSTRACT

OBJECTIVE: To examine the mediating role of emotion-focused coping in relation with perceived social support and psychosocial problems in individuals with visual impairment.

METHODOLOGY: This cross-sectional research included 559 participants selected by purposive sampling from special educational and integrated institutes of Lahore, Islamabad, and Rawalpindi from January-June 2019. Informed consent was obtained from institutional authorities and each participant as well. Statistical Package for Social Sciences (SPSS) 21 Version was used to analyse data and Hayes Bootstrapping Approach was used to run mediation analysis.

RESULTS: The sample comprised men 62% and women 38% with the age range of 16-28 (M=20.32, SD=3. 51). Results indicate that a significant negative relationship was found among social support, psychosocial problems, and emotion-focused coping. Mediation analysis further shows that emotion-focused coping partially mediates the association between perceived social support and psychosocial problems in a visually impaired sample (β = -.35; p<.001).

CONCLUSION: Social support is usually considered a protective factor against life stressors and is being positively associated with problem-focused coping, yet its positive effect can be mitigated if a person is using emotion-focused perceiving coping. This study highlighted that a person with visual impairment needs not only social support but also active coping skills to handle problems to improve their functioning.

KEYWORDS: Social Support, Coping, Psycho-Social Problems, Visual Impairment

INTRODUCTION

According to World Health Organization, Visual impairment (VI) is defined as visual acuity less than 0.05 (3/60) or a visual field of 10 degrees or less and around 38 million people are blind and 110 have some sort of visual impairment with a majority from developing nations[1]. Individuals with visual impairment (complete or partial blindness) may experience many difficulties in their daily functioning including exclusion from the social world, restricted mobility, lack of support, stigmatization, loneliness, discrimination, fewer opportunities to interact socially with others, and a deep sense of dependency on others[2]. These psychosocial problems further lead to low self-esteem, less life satisfaction, and quality of life, poor body image, anxiety, and mood disturbances.

Living with a chronic illness like visual impairment requires great emotional and social support from family and friends. Social support refers to a sense of emotional warmth, being cared for and valued, feelings of being connected, and also a perception of availability of support in difficult times[3]. Researchers have identified that social support buffer against the adverse consequences of mental and physical disabilities including visual impairment and improves psychosocial well-being, help in better adjustment with chronicity and employing effective coping skills[4]. Whereas, lack of social support is positively related to anxiety, trauma, poor adjustment, ineffective coping, and increased experience of stress.

Visual impairment poses a great demand for adjustment and coping with the restricted and dependent life of an individual. Coping is a combination of cognitive, emotional and behavioural ways to handle a stressful situation generally classified as problem-focused; an active and solution-oriented approach towards stress by changing external environment or learning of new skills to cope, the other is emotion-focused coping denotes to a passive approach of distracting, support seeking and internalized efforts to manage stress[5]. Among many other challenges experienced by VI, restriction in physical mobility causes a greater deal of stress with a limited horizon and social interaction[6].

Some studies have demonstrated that visually impaired individuals tend to withdraw and use emotion-focused coping when exposed to stressful situations as compared to sighted individuals. Moreover, VI tends to use avoidance coping while restricting themselves from social gathering to avoid mobility and transportation issues[7].

There is very little empirical data available on the association of social support, coping mechanisms, and psychosocial problems in individuals with visual impairment especially in Pakistan which is an under developing country with a lack of education, awareness, and a dearth of basic health facilities. The overall prevalence of visual impairment is around 3%, affecting around 1.25 million people, more prevalent in people with increasing age, living in rural areas, and the female population[8]. This research could help practitioners and counsellors to provide young people with visual impairment to learn competencies and skills to deal with the stressors and psychosocial problems and to improve their daily living.

The current study was aimed to identify the mediating role of emotion-focused coping in the association of perceived social support and psycho-social problems in visually impaired.

METHODOLOGY

This cross-sectional research was approved by the Ethical Committee of the local university. The current research was carried out between January-June 2019 in different special education and integrated inclusive educational institutes of three cities of Pakistan. A total of 559 participants (men 62%; women 38%) with the age range of 16-28 (M=20.32, SD=3. 51) were recruited from 11 institutes where they were enrolled for formal education under brail-based teaching system. Individuals having comorbidity with any other sensory impairment were excluded from the study.

Demographic information included age, gender, type of blindness and the minimum education of the participants was matriculation (41%) up to the master's level. Among 559 participants 75% were congenitally blind and 25% acquired blindness. Multidimensional Perceived Social Support, a 12-items, Likert type 7-point rating self-report was used to assess the subjective perception of availability of social support systems. The Cronbach alphas for the current research was .78 showing MDPSSS has an internal consistency. Emotion-Focused coping was measured through an indigenously developed scale of Coping Scale for Visually Impaired (CSS-VI), comprising 9-items rated on a 4-point rating scale with Cronbach Alpha .73. The psychosocial problems were measured through a Psychosocial Problem Scale for Visually Impaired (PSPS-VI), a 27-items scale rated on a 4-point rating scale with Cronbach Alpha of .83.

The current research was carried out in an individual setting and participants preferred verbal communication mode to respond on all measures. Informed consent was obtained from institutional authorities and each participant as well. Statistical Package for Social Sciences (SPSS) 21 Version was used to analyse data and Hayes Bootstrapping Approach was used to run mediation analysis.

RESULTS

Inter-Correlations among perceived social support, psychosocial problems, and emotion-focused coping were investigated through the Pearson Product Moment Correlation.

TABLE I: INTER-CORRELATIONS AMONG PERCEIVED SOCIAL SUPPORT, PSYCHO-SOCIAL PROBLEMS AND EMOTION-FOCUSED COPING

Variables	*M*	*SD*	1	2	3
1.PSS	63.81	11.66	-	-.34***	-.12**
2.PSP	37.21	14.35	-	-	.49***
3.EFC	8.48	4.77	-	-	-

Note. PSS = Perceived Social Support, PSP = Psycho-Social Problems, EFC = Emotion-Focused Coping.
***$p < .001$, **$p < .01$, $df = 558$.

Table I depicts that perceived social support is significantly negatively associated with psycho-social problems ($r = -.34$, $p < .001$) and emotion-focused coping ($r = -.12$, $p < .01$). Moreover, Table I also shows a significant positive association between psychosocial problems and emotion-focused coping ($r = .49$, $p < .001$). Hence, it can be suggested that a greater level of perceived social support is associated with a lower level of psycho-social problems and emotion-focused coping, and a higher level of psycho-social problems are associated with a higher level of emotion-focused coping in visually impaired.

Findings of Pearson Product-Moment Correlation confirmed the association among perceived social support, psychosocial problems, and emotion-focused coping. Therefore, the mediating role of emotion-focused coping in the association between perceived social support and psycho-social problems was employed through Hayes bootstrapping approach. Figure I show the results of the mediation analysis. It depicts the significant total effect of perceived social support on psychosocial problems ($\beta = -.41$, $SE = .05$, $p < .001$). Moreover, results also suggested significant direct effects of perceived social support on emotion-focused coping ($\beta = -.05$, $SE = .02$, $p < .01$) and emotion-focused coping on psychosocial problems ($\beta = 1.36$, $SE = .11$, $p < .001$). Results suggested that emotion-focused coping partially mediates the association between perceived social support and psycho-social problems, as after controlling the emotion-focused coping, the direct effect of perceived social support on psychosocial problems is reduced ($\beta = -.35$, $SE = .04$, $p < .001$) and c' path is significant.

FIGURE I: MEDIATING ROLE OF EMOTION-FOCUSED COPING (M) IN THE ASSOCIATION BETWEEN PERCEIVED SOCIAL SUPPORT (X) AND PSYCH-SOCIAL PROBLEMS (Y)
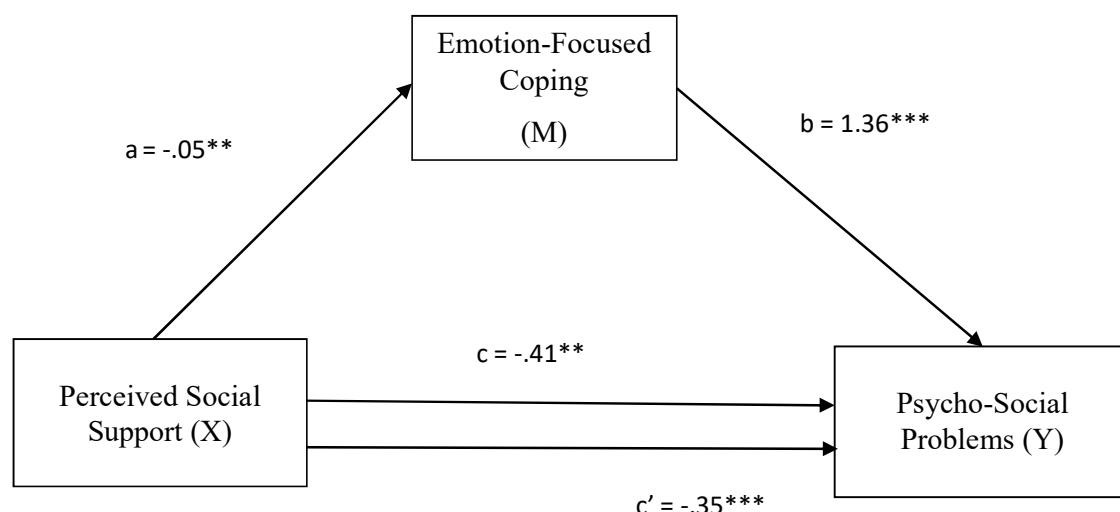

TABLE II: REGRESSION COEFFICIENTS, STANDARD ERROR, AND MODEL SUMMARY INFORMATION FOR THE PERCEIVED SOCIAL SUPPORT, PSYCHO-SOCIAL PROBLEMS AND EMOTION-FOCUSED COPING

		Consequent						
		EFC (M)				PSP (Y)		
Antecedent		B	SE	p		β	SE	P
PSS (X)	a	-.05	.02	.004**	c'	-.35	.04	.001***
EFC (M)		---	---	---	b	1.36	.11	.001***
Constant	i	11.63	1.12	.001***	i	47.76	3.06	.001***
		$R^2 = .02$				$R^2 = .56$		
		$F (1, 557) = 8.25, p = .001***$				$F (2, 556) = 127.36, p = .001***$		

Note. PSS = Perceived Social Support, PSP = Psycho-Social Problems, EFC = Emotion-Focused Coping.
***$p < .001$, **$p < .01$.

DISCUSSION

Vision is one of the primary sources to obtain and interpret external information and loss of vision creates a great deal of chronic disability that hinders the normal functioning of a person[9]. Throughout the world, a large number of populations are being affected by some sort of visual impairment and the majority belongs to the developing countries[10]. In Pakistan, lack of awareness, cousin marriages, poverty, and lack of basic health facilities are the leading cause of visual impairment[11]. This physical disability may lead to long-lasting negative consequences in the psychosocial, emotional, and economic functioning of not only people with visually impaired, their families but societies as a whole[12,13].

The current research was an attempt to identify the psychological risk and protective factors to promote mental health functioning in individuals with visual impairment. Results are consistent with literature showing a significant negative relationship between perceived social support and psychosocial problems[14,15]. These results affirm that social support is a protective factor against life adversities and helps an individual to utilize social resources in the form of familial and peer support to handle stressful life events[16,17]. Since Pakistan is a collectivistic culture where mutual support, care, and group cohesion is being valued[18]. In this cultural context perception of having someone in need, feelings of being loved, cared and support strengthens an individual with visual impairment to handle the psychosocial stressors of disability[19].

The results further reveal that social support is negatively associated with emotion-focused coping mechanisms. These findings are also in line with previous studies showing that perception of having a social support group encourages an individual to take initiative, action-oriented strategies and tend to face the realities of life with a focus to resolve them[20-22]. The positive association between emotion-focused coping and psychosocial problems also confirms previous findings[23-25]. Emotion-focused coping based on negative emotional state, disregarding practical solutions, disengaged, distract oneself with a great sense of anxiety, and fear of facing life adversities which eventually worsen the psychotic state of a visually impaired.

Mediation analysis highlights a very interesting results showing that when a person with VI is using emotion-focused coping it mitigates and weaken the strength of social support as a protective factor in handling psychosocial stressors. Since visual impairment becomes a constant and chronic feature of one's life, with a lack of social acceptance and stigmatization, lack of basic facilities to support such people, the difficulty is mobility and low self-esteem makes them isolated from the mainstream and social world. Consequently, that leads to a sense of rejection, anger, and frustration which restricts their support seeking behaviour from family and others. This research also highlights that handling the trauma of visual impairment needs a combination of social, familial, personal, and emotional factors.

CONCLUSION

This research is a preliminary attempt to identify the role of psychological factors in dealing with a chronic physical ailment which creates a great deal of distress for the persona and caregivers. This research highlights that handling the psychosocial issues of visual impairment, one needs to learn competencies and use solution-focused strategies rather than feeling negative, embitter, and being isolated from the life. Social support and family involvement are an integral part of rehabilitation and for the empowerment of people with visual impairment but internal strength, resilience, and positive attitude are also important characteristics to deal with the burden of visual impairment.

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AUTHOR CONTRIBUTIONS
Saleem S: Concept, manuscript writing, analysis
Sultana S: Data collection

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