

## Functional Social Support Moderates Stress on Depression in Individuals with CID during the COVID-19 Pandemic: A Two-Wave Study.

ELY M. MOAK<sup>1</sup>, GRANT B. MORGAN<sup>2</sup>, RICHARD G. COWDEN<sup>3</sup>, EDWARD B. DAVIS<sup>4</sup>, KEVIN J. GLOWIAK<sup>4</sup>, AUSTIN W. LEMKE<sup>4</sup>, EVERETT L. WORTHINGTON JR.<sup>5</sup>, SANDRA Y. RUEGER<sup>4</sup> & ANDREAS STAMATIS<sup>1</sup>

<sup>1</sup>Exercise and Nutrition Sciences; SUNY Plattsburgh; Plattsburgh, NY

<sup>2</sup>Educational Psychology; Baylor University; Waco, TX

<sup>3</sup>Human Flourishing Program; Harvard University; Cambridge, MA

<sup>4</sup>Counseling, and Family Therapy; Wheaton College; Wheaton, IL

<sup>5</sup>Psychology; Virginia Commonwealth University; Richmond, VA

---

*Category: Undergraduate*

*Advisor / Mentor: Stamatis, Andreas (astam004@plattsburgh.edu)*

### ABSTRACT

Depression is a common psychological experience for those living with a chronic illness and disease (CID). Social support (SS) can influence psychological health by regulating emotional functioning. The functional domain of SS refers to supportive exchange, including the emotional and instrumental functions. Public health measures during the COVID-19 pandemic include social distancing and isolation, which have impacted functional aspects of SS. The health risks of being isolated are comparable to the risks linked to obesity, blood pressure, and cigarette smoking. **PURPOSE:** To investigate the moderating effect of functional SS on the stress-depression relationship on individuals with CID during the COVID-19 pandemic. **METHODS:** Two waves of data were collected from a US sample: Apr. '20: N = 321; Jun. '20: N = 238. Participants completed the Patient Health Questionnaire-9 (depression symptoms), the Medical Outcomes Study-Social Support Survey-8 (perceived social support), and the Perceived Stress Scale-10 (perceived stress). For each wave of data, social support was entered as a moderator of the stress-depression relationship via multiple regression. **RESULTS:** The moderation models were estimated separately by wave. In the first wave, there was a negative but nonsignificant moderating effect ( $b = -0.19$ ,  $p = .10$ ) of social support on the stress-depression relationship ( $R^2 = .51$ ). In the second wave, the moderating relationship of social support doubled in magnitude ( $b = -0.30$ ,  $p = .03$ ,  $R^2 = .57$ ). During the COVID pandemic, functional social support weakened the association between stress and depression. **CONCLUSION:** Given the increased risk for social isolation and negative social exchange among people with CID during the COVID-19 pandemic, practitioners in rehabilitation psychology need to be informed about the potential implications of a lack of SS for the psychological health of the CID clients they work with. Drawing from the stress-buffering model and Lazarus et al.'s stress and coping theory (Lazarus, 1966; Lazarus & Folkman, 1984), our findings indicate that increased levels of perceived support can reduce the effects of stress on depression during the pandemic by contributing to fewer negative appraisals. Interventions targeting the particular functions of emotional (e.g., opportunities for emotional expression and venting) and instrumental (e.g., material aid) support could have immediate implications for facilitating rehabilitation outcomes (e.g., quality of life, interpersonal functioning, psychiatric symptomatology) during this public health crisis.