

Mediating Roles of Hopelessness and Resilience in the Relationship between Perceived Social Support and Depressive Tendencies among Some Nigerian-Libya Returnees

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Abstract

Most studies conducted on depression, social support, resilience and hopelessness tend to focus more on cancer and HIV victims thus, less attention has been on the mediating role of hopelessness and resilience in the relationship between social support (rehabilitation) and depressive symptoms among victims of traumatic life events. This study therefore investigated the mediating role of hopelessness and resilience on the relationship between perceived social support and depression among Nigerian Libya returnees. Using a cross-sectional survey involving 251 returnees (male=128; female=123) whose ages ranges between 23 and 48 years (mean=30.13; SD=5.27) randomly selected across three Nigerian cities (Lagos=91; Porthacourt=76 and Benin=84). Five hypotheses were tested using simple regression, multiple regression and Sobel test analysis. The result revealed that perceived social support predicts resilience [$\beta = .46, p < .001$], hopelessness [$\beta = -.22, p < .001$] and depression [$\beta = .46, p < .001$] such that social support lead to an increase in resilience but reduces hopelessness and depression. Social support and hopelessness jointly predicted depression [$R = .43, R^2 = .18, F(2,248) = 16.29, p < 0.01$], social support and resilience jointly predict depression [$R = .47, R^2 = .20, F(2,248) = 74.67, p < 0.01$]. Lastly mediation analysis showed that hopelessness ($Z = -7.64, P < .001$) and resilience ($Z = -7.49, P < .001$) mediate the relationship between social support and depression. Conclusively, the relationship between social support and depression is affected by the inclusion of the mediating variables resilience and hopelessness. We recommended a proper rehabilitation system to boost victims' resilience trait which will inversely serve as a counter measure against depression and hopelessness.

Keyword: Rehabilitation, perceived social support, resilience, hopelessness, depression

Introduction

The nexus of insecurity and mental health is as complex as it is important. Insecurity is best described as the fear of not being saved or loved in one's environment and it is characterized by self-doubt and vulnerability (Nnaemeka, Chukwuemeka, Tochukwu & Chiamaka 2015), which could present itself in either a social, political or economic form .Nnaemeka et.al (2015)

asserts that the problem of insecurity presents itself as a leading factor in environmental conditions (stressor) causing mental health issues.

Most individuals who suffers from Boko Haram insurgence, Fulani herdsmen, and Libya human trafficking (Nigerian Libya returnee) happens to be the major victims of Nigeria's social, economic and political insecurity. For the purpose of this study this individuals are considered as victims of traumatic life event (VTLE). Quite a number of these VTLE especially the returnees' happen to witness horrible life experiences which includes all but not limited to starvation, victimization and raping. In fact chances are slim that any of the victims made it out of Libya without any physiological (disabled/ handicap) or psychological scars (Vasudevan 2018). Vanguard Newspaper of December 3, 2017 reported a high level of psychological unrest among female returnees' who were pregnant for unidentified men and among other returnees' who were left physiologically and financially handicapped. Some of the returnees' were reported to have lost some of their body parts in the course of struggles to survive or return, also some have had series of depressive episodes and have been reported to have a high rate of financial incapacities resulting from wastage investment to seek greener pastures.

A study conducted in the University of Liverpool (2013) found that depression is the most common psychological outcome among victims of traumatic life events; such experienced by Nigerian-Libya returnees. VTLE manifest depressive symptoms (e.g. hopelessness, helplessness and worthlessness) in so many ways ranging from sadness, frustration, guilt, lack of confidence, insomnia to suicidal ideation to actual suicide. This is seen as the height of depressive episode. The reaction and behaviour of VTLE are important to determine their perception and interpretations of such experience. Apart from traumatic life events, researches (Fasce, 2008; Lee, Detelis, Rotheram-Bons, Duan & Lord, 2007) have shown that many other psychological factors like social support, resilience and hopelessness have been associated with depression. Considering the fact that increasing number of Nigerians are victims of different kinds of traumatic life events like the Boko-Haram crises in the North, Fulani herdsmen crises, kidnapping and of recent, the Libya human trafficking crises (Nigerian-Libya returnees).

The aim of this study therefore, is to investigate the mediating role of resilience and hopelessness (considered in this study as depressive symptoms) on the relationship between

social support and depressive symptoms among victims of traumatic life event (Nigerian Libya returnees') and the need for proper rehabilitation system in Nigeria. This study focused on VTLE because of their bio-psychosocial vulnerability which makes them highly in need of social support and rehabilitation to integrate properly into the society.

Researchers have shown perceived social support (PSS) as an important factor for rehabilitating psychologically distressed people (Roberts, Cox, Shannon, & Wells, 1994; Zumrut, Mehtap & Hatice, 2013; Somasundaram & Devamani, 2016). Cohen (2004) defined social support as the resources of social network that provide material that help individuals handle stress. Cohen and Wills (1985) theorized that social support can work as a process in two separate ways which is to provide individual with sense of identity and safety and to work as a buffer if an individual encounter potential stressful event; of such kinds experienced by Nigerian Libya returnee, Chibok girls and victims of Boko Haram and Fulani herdsmen. Hann, Oxman, Ahles, Furstenberg and Stuke (1995) found that social support has been negatively associated with fewer psychological and emotional symptoms and positively associated with greater psychological well-being. Rodin, Walsh, Zimmermann, Gagliese, Jones & Shepherd, (2007) corroborated Hann et al. (1995) findings and concluded that social support help individuals fair better when faced with difficult situations.

Other researchers (e.g. Lee, et.al, 2007; Fasce, 2008) found that social support negatively correlates with depression. Accordingly, Abramson, Metalsky and Alloy (1989) theory of depression explains that an individual who has a tendency towards making negative attribution when faced with stress is at greater risk of depression. The theory also stated that hopelessness mediate the relationship between social support and depression. In addition, other researchers have shown that depression and hopelessness were positively related to each other. Thus, hopelessness plays an important role in alleviating depressive symptoms among VTLE (Zumrut et.al 2013). In Panzareus, Alloy & Whitehouse, (2006) explanation of social support, they reported that it functions in a way that, increases in social support (from significant others, e.g. family and friends) decreases negative attribution about negative life experiences.

Somasundaram and Devamani (2016) found that social ties of friends and families with benefit of emotional and practical support were associated with slight reduced risk of depression.

Also the lack of intimacy with friends or relative with respect to the death of a family member is more likely to cause depression in women. Gladstone, Parker, Malhi and Wilhelm (2007) found that within people experiencing depression, low social support was related to maintaining depression. Likewise, Whitbeck, Mcmorris, Hoyt, Stubben, and Lafromboise (2002) found that perceived social support and participating in traditional activities served as protective factor against depression among VTLE.

Despite such horrible experience, resilience could be a personal resource or tool that will help VTLE bounce back from such overwhelming life experiences. Resilience in its broadest term is the ability to recover quickly from disruption in functioning that result from stress appraisals and return to equilibrium level of functioning (Carver in Somasundaram et.al 2016). Hou, Law, Yin & Fu (2010) reported that individuals with high resilient trait use positive coping technique that result in better quality of life and lower physiological distress. This distress is frequently observed among victims of traumatic events. The prevalence of psychiatric disorders (e.g. depression and hopelessness) among VTLE has been reported to range from 14% to 30%.

Somasundaram et.al (2016) reports that resilient individuals' have more advantage coping with traumatic events more effectively than non- resilient individuals. They further discussed that resilience is negatively associated with emotional distress (e.g. feelings of hopelessness and then depression). Also Mattioli, Repinski & Chappy (2008) reported that social support promotes resilience and hope, and it helps individuals to develop positive approach to life by focusing on positivity rather than negative happenings. Likewise, Sippel, Pietrzak, Charney, Mayes & Southwick (2015) reports that social support is an important resource that contribute positively to emotional and psychological wellbeing, which in turn function to increase self-confidence. Furthermore, it fosters more problem solving skills and elevate individuals resiliency in the capacity to adapt well in face of adversity.

Based on the reviewed literature, the following were hypothesized:

- 1) Social support will significantly predict depression, hopelessness and resilience
- 2) Hopelessness and social support will jointly and significantly predict depression.
- 3) Resilience and social support will jointly and significantly predict depression.

- 4) Hopelessness will significantly mediate the relationship between social support and depression.
- 5) Resilience will significantly mediate the relationship between social support and depression.

METHODS

Design and Participants

The study made use of a cross-sectional-survey involving 251 participant which include (male=128; female=123) whose ages ranged between 22 and 48 years (mean=30.11; SD=5.27). The respondents were Nigeria-Libya returnees and were selected using cluster sampling technique across three cities in Nigeria (Lagos =91; Benin=84; Port-Harcourt=75). This sampling technique was used because the population of interest is not homogenous. This then made the random sampling possible from the classifications. For the selection of the cities, purposive sampling method was used because, from the reports, many of these returnees came in through these city airports. Based on religion, 111 were Muslims, 117 where Christians and 23 worshipping with other religion outside the listed ones.

Setting

The three important cities used as settings for this study are Lagos, Benin and Port-Harcourt Airports. These places were selected because they are the major routes through which these returnees were brought back into the country.

Measures

Hopelessness was measured using the 20-item Beck Hopelessness Scale (BHS). The scale was adapted from Beck, Weismann, Lester and Trexler (1974) and it assesses hopelessness by measuring participants' negative expectancies about future events. The response format for the BHS is true/false. The scores ranged from 0 to 20 and it demonstrated good internal

consistency, with an alpha coefficient of .93. The present study found a Cronbach's alpha coefficient of .79. High score indicate high level of hopelessness.

Depression was measured with Beck Depression Inventory. The 21-item scale was developed by Beck, Ward, Mendelso, Mock and Erbaugh (1961) and it assesses depressive tendencies. Each item is rated on a 3-point scale (0, none of the time to 3, all of the time). The highest score is 63; 1-10 is considered normal, 11-16 indicates a mild mood disturbance, 17-20 indicates borderline clinical depression, 21-30 indicates moderate depression, 31-40 indicates severe depression, and more than 40 indicates extreme depression. Beck,et.al. (1990) obtained alpha coefficient of 0.86. Segun-Martins (2013) reported a reliability of .93 among youths in South Western Nigeria. The present study found a Cronbach's alpha of .80.

Perceived Social support was measured with Multidimensional Scale of Perceived Social Support (MSPSS). The 12 item scale was developed by Zimet, Dahlem, Zimet and Farley (1988) and it evaluates the adequacy of social support received from three different sources namely family, friends and significant others. Each item is rated on a 7 point Likert type scale (1, very strongly disagree to 7, very strongly agree). Total scores range from 12 to 84. High scores indicate high social support. The scale demonstrated good internal consistency with an alpha coefficient of 0.85–0.91. In this study, a Cronbach's alpha for the total scale was 0.74

Resilience was measured with a 14-item Resilience Scale-14 (RS-14) developed by Wagnild and Young (1993). Each item is rated on a 4-point scale (1=extremely not match; 4 = completely match). The total score ranges from 14 to 56. High scores indicate high resilient trait. The scale demonstrated good internal consistency, with an alpha coefficient of 0.91. In this study, a Cronbach's alpha for the total scale was 0.84

Procedures

This is an academic research which is not sponsored by any agency of government. For this reason, and because of the nature and conditions of the returnees, a friend who works with the National Emergency Management Agency, NEMA, in Lagos was contacted. In addition, no one knows when the returnees usually return each time they are repatriated so it becomes difficult for the researchers to hang around the Airports, Besides, for security reasons

permissions are difficult and cumbersome to get. Thus, the purpose of the research was explained to him and he accepted to assist in the administration of the study instrument. The NEMA staff who also serves as the “Research Assistant” was the one who contacted his colleagues (including those at the National Agency for the Prohibition of Trafficking in Persons, NAPTIP) assisted in the administration of the questionnaire at Abuja and Port-Harcourt Airports. Thus, the first author is usually informed/invited on when to show up at the designated camps for the administration of the instruments. It is therefore the first author/researcher who explains the purpose of the research and encourages the returnees to fill the questionnaire. He assured them of the confidentiality and anonymity of their responses.

Precisely, the copies of the questionnaire were administered between March 2017 and November 2018. The administration of the instrument took this long because the returnees came into the country in batches. The instruments were administered to the willing returnees during their documentation at their temporary camps. Here, accidental sampling technique was utilized at the various camps. The returnees responded to the questionnaire within the time frame of 72 hours. They were also allowed to discontinue if they feel uninterested at any point in time. Out of 300 administered questionnaires, 251 were duly responded to.

Inclusion/Exclusion Criteria

It is only those who were 18years and above and those who have spent at least 12 months in Libya before they were repatriated that were allowed to take part in the study. Thus, those below 18years of age and those who did not stay up to 12months in Libya were excluded form the study.

Data analysis

All analysis was conducted using SPSS 21.0. Pearson Product Moment Correlation was used to test the direction and extent of relationship that exists among the study variables. The formulated hypotheses where tested using regression. Simple regression was use to examine the relationship between social support and depression (path c), social support and hopelessness (path a1) and social support and resilience (path a2). Multiple regression was used to test for path

b1, b2 and c' While, sobel test was applied to confirm the significance of mediation and its strength.

Fig 1 depicts a multiple mediation model with two mediators. Step1 represent total role of social support on depression (path c). Step2 represent both the direct contribution of social support on depression (path c') and the indirect roles of social support on depression through the mediators of hopelessness and resilience. The specific indirect effect is the product of a and b. thus, the total indirect effect can be calculated by the equation; $c-c' = a_1 \times b_1 + a_2 \times b_2$

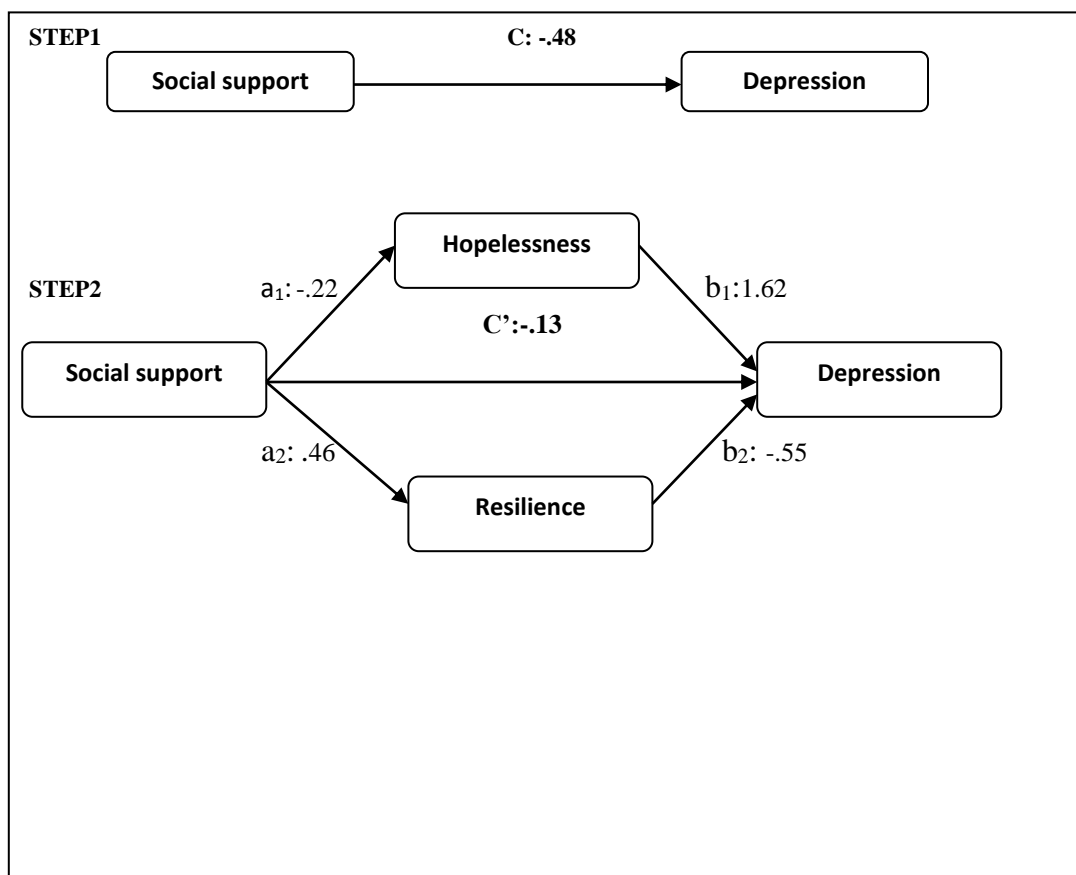


Figure 1: Conceptual model of mediating role of hopelessness and resilience on the relationship between social support and depression.

From figure 1 above, c represents the association between social support and depression; a_1 , is the relationship between social support and hopelessness; b_1 , is the relationship of hopelessness with depression after controlling for the independent variable. On the same figure, a_2 represents the relationship between social support and resilience; b_2 , the relationship of resilience with depression after controlling for the independent variable; c , represents the relationship between social support and depression after adding hopelessness and resilience as mediators. This condition were established and confirmed by Baron and Kenny (1986); Afolabi (2015).

RESULTS

Table1. Correlation Matrix Showing the Relationship among Study Variable

Variables	Mean	SD	1	2	3	4	5	6	7	8
1.Depression	37.79	9.27	1	-.58**	.69**	-.73**	-.05	.05	.01	.06
2.PSS	40.66	11.06		1	-.75**	.52**	-.05	-.12	.05	-.24**
3.Hopelessness	12.13	3.32			1	-.54**	-.03	.05	.01	.13*
4.Resilience	34.83	9.78				1	.02	-.01	-.09	-.03
5.Age	30.13	5.27					1	-.06	-.09	-.05
6.Gender	-	-						1	-.06	.021
7.Religion	-	-							1	-.12
8.Cities	-	-								1

** . Correlation is significant at the 0.01level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

PSS – Perceived social support

The result in table1 shows that social support [$r(249) = -.58, p < 0.01$] and resilience [$r(249) = -.73, p < 0.01$] had a significant negative relationship with depression. This implies that as returnees' resilience and social support increases their level of depression also reduce. Also, perceived social support [$r(249) = -.75, p < 0.01$] and resilience [$r(249) = -.54, p < 0.01$] had a significant negative relationship with hopelessness. This implies that when resiliency and social support level reduces their level of hopelessness increases. Also resilience had a significant positive relationship with social support [$r(249) = .52, p < 0.01$] such that social support increases as resilience increases. Hopelessness had a significant positive relationship with depression [r

(249) = .69, $p < 0.01$] such that as returnees' increases in hopelessness there is a corresponding increase in depression.

The result of demographic variables reveals that age had no significant relationship with depression [$r(249) = -.05$, $p > 0.05$], social support [$r(249) = -.05$, $p > 0.05$], hopelessness [$r(249) = .03$, $p > 0.05$] and resilience [$r(249) = .02$, $p > 0.01$]. Also, gender had no significant relationship with depression $r(249) = .05$, $p > 0.05$], social support [$r(249) = -.12$, $p > 0.05$], hopelessness [$r(249) = .05$, $p > 0.05$] and resilience $r(249) = .01$, $p > 0.05$]. In addition, religion had no significant relationship with depression $r(249) = .01$, $p > 0.05$], social support [$r(249) = .05$, $p > 0.05$], hopelessness [$r(249) = .01$, $p > 0.05$] and resilience $r(249) = .09$, $p > 0.05$]. Lastly, cities had no significant relationship depression [$r(249) = .06$, $p > 0.05$], and resilience [$r(249) = -.03$, $p > 0.05$] but it had a significant negative relationship with social support [$r(249) = -.24$, $p < 0.05$], and a positive relationship hopelessness [$r(249) = .13$, $p < 0.05$].

Table 2: Linear Regression Analyses Showing Perceived Social Support Predicting Mediating Variables and Dependent Variables

Independent variable	Variable	β	T	R	R^2	df	F
PSS	Hopelessness	-.22	-.17.61**	.56	.31	1,249	30.21**
	Resilience	.46	9.49**	.61	.37	1,249	42.05**
	Depression	-.48	-11.17**	.58	.33	1,249	24.69**

** .Significant at the .01 level (2-tailed).

PSS – Perceived social support

The test for the first hypothesis was carried using regression analysis. The results were presented in table 2. Results of the simple regression analysis (path a_1 path a_2 and path c of mediation model) reveals that social support positively predicts resilience [$\beta = .46$, $p < .001$]. It also, negatively predicts hopelessness [$\beta = -.22$, $p < .001$] and depression [$\beta = .48$, $p < .001$] with the inference that social support reduces hopelessness and depression but lead to an increase in resilience. It is noted that social support explained a significant 37% variance in resilience ($R^2 = .37$), 31% variance in hopelessness ($R^2 = .31$) and 33% variance in resilience ($R^2 = .33$). Thus these results confirm hypothesis 1 which states that social support will significantly predict the level of hopelessness, resilience and depression among Nigerian-Libya returnees.

Hypotheses 2 and 3 were tested using multiple regression analysis (Table 3).

Table3 Multiple Regression Analysis Showing Joint prediction of Perceived Social Support and Hopelessness on Depression

variables	β	T	R	R^2	df	F
PSS	-.12	.2.12*				
			.43	.18	2,248	16.29**
Hopelessness	1.62	8.50**				

** Significant at the .01 level (2-tailed).

PSS – Perceived social support

As shown in table 3, social support and hopelessness exerted a significant joint influence on depression [$R=.43$, $R^2=.18$, $F(2,248) = 16.29$, $p<0.01$]. It is noted that the two variables contributes 18% variance in the level of depression among returnees'. Based on this result hypothesis 2 was confirmed.

Table 4: Multiple Regression Analysis Showing Joint prediction of Perceived Social Support and Hopelessness on Depression

variable	β	T	R	R^2	df	F
PSS	-.23	-5.79**				
			.47	.20	2,248	74.67**
Resilience	-.55	12.25**				

**Significant at the .01 level (2-tailed).

PSS – Perceived social support

Table 4 showed that social support exerted a significant joint influence on depression [$R=.47$, $R^2=.20$, $F(2,248) = 74.67$, $p<0.01$]. This implies that social support and resilience significantly determine returnees' level of depression. The two variables accounts for 20% variance in depression. Therefore, these results confirm hypotheses 3.

Table 5: Summary of Sobel Test showing Hopelessness and Resilience Mediating the Relationship between Social Support and Depression

Variables	Test statistic	Std. Error	P
Hopelessness	-7.64	.05	.001
Resilience	-7.49	.03	.001

PSS – Perceived social support

Table 5 shows the result of Sobel Test analysis (as presented in Hayes Process Procedure) revealed that hopelessness significantly mediate the relationship between social support and depression ($Z = -7.64$, $p < .001$). This result confirmed hypothesis 4. In addition, resilience significantly mediate the relationship between social support and depression ($Z = -7.49$, $P < .001$). This result confirmed hypothesis 5.

DISCUSSION

Depression is a frequent psychological problem encountered by VTLE. The reaction and behaviour of these victims is fundamentally determined by their perception of the horrible event they have experienced (Olayinka, Kofoworola, & Bidemi, 2011). Our result indicated that depression and social support were strongly related to each other. The higher the level of social support is, the lower the levels depression and hopelessness. Our findings also suggest that social support plays an important role in reducing depressive symptoms and hopelessness among Nigerian Libya returnees' but it alleviates resiliency among the returnees'. Despite the fact that most studies (Lee, et.al, 2007; Fasce, 2008 Hou, et.al 2010; Somasundaram & Devamani, 2016) were directed towards VTLE like HIV patients, cancer patients and victims of natural disasters like hurricane and flood, these findings are still similar to their results. This result therefore confirmed hypothesis 1 that says social support will significantly predict levels of depression, hopelessness and resilience. The result of the present study are highly significant than those of other researches. This is due to the fact that the respondents were contacted almost at the point of arrival when the memories of their horrible experiences are still fresh.

The test for the second hypotheses which is the third process in Baron and Kenny (1986) mediation analysis showed that hopelessness and social support had significant joint prediction on depression, thus, it confirmed hypotheses two that stated that hopelessness and social support will jointly predict depression. The result is in consonant with depression and hopelessness theory of Abrahamson, et.al (1989) which stated that hopelessness mediate the relationship between social support and depression. Also the third hypothesis was also confirmed as resilience and social support had a significant joint prediction on depression. This result is not surprising as our findings and other studies (Mattioli, et.al 2008) have shown that social support increases resilience. These results also made the causal effect of the mediation clear. Since the independent variable and the mediator jointly predict the dependent variable, the earlier significant aspect of the mediation was therefore confirmed based on causal effect.

The Sobel test statistic confirmed the causality results by indicating that hopelessness and resilience significantly mediate the role of social support on depression. Our study further confirmed that, though social support strongly predicts depression, hopelessness mediates the relationship between social support (independent variable) and depression (dependent variable). Meaning, returnees' who received less social support may not be depressed if they have good coping strategies (resilience). This finding is similar to that of Ozbay, Johnson, Dimoulas, Morgan, Chamey & Southwick (2007) assertion, that resilient or hardy individuals are thought to use active coping mechanisms in dealing with stressful situations. Depression poses a stronger relationship on hopelessness than social support. Thus returnees' who are hopeless are more like to be weighed down by depression than to alleviate by social support. This result is similar to Abramson et.al, (1989) theory of depression. The theory also stated that hopelessness mediate the relationship between social support and depression. Also research has shown that depression and hopelessness were positively related to each other. These results confirmed hypotheses four and five.

Conclusion

This study attempts to examine the mediating role of hopelessness and resilience on the relationship between social support and depression. Beyond this it is also the goal of this study to

specifically investigate how the variation in the level of social support, resilience and hopelessness will affect returnees' level of depression. It has been reviewed from literatures that each of this variable has an influence on depression. Our study, however, confirms and concluded that social support and resilience are significant negative predictors of depression while hopelessness positively predicts depressive symptoms among Nigerian Libya returnees'. This means returnees, when provided with good social support from friends and family as well as proper rehabilitation will reduce the likelihood of being depressed.

The mediating role of hopelessness and resilience reduced the relationship between the independent variable and dependent variable even if they were earlier strong predictors of each other before the introduction of the mediators' (hopelessness and resilience). In other words, returnees' who received less social support may not be depressed if they possess high resilience. Also, depression has a stronger relationship on hopelessness than social support. Thus returnees' who are highly hopelessness will need a lot of social support to prevent them from being depressed.

From the present study, it is therefore recommended that to reduce the likelihood of returnees' being depressed, emphasis should be stressed on the importance of social support and how to build positive psychological traits like resilience which will serve as a buffer to aftermath of horrible traumatic events and experiences. In fact, this will not only benefit the present and incoming returnees'. Other VTLE will benefit from this development which will in no small measure improve the social life of most victims.

Limitations of the Study

However, this study was not without short comings. First, the study was a cross-sectional study. Accordingly, we could not draw important conclusions regarding the trend of the relation among social support, hopelessness, resilience and depression. Thus we could not determine the causality of each variable. For example, (Fava & Tomba (2009) explained that greater resilience enable individual to maintain better social network and seek new social support resources. More so, to individuals who score high on depression, it is possible they feel inferior and refuse to share their problems with others (Liu, Zhang, Jiang, & Wu, 2017). Snyder (2000) reported that

individuals who score high on depression may find it particularly difficult accepting social support which may be as a result of the core symptoms of depression such as avoidance, alienation, detachment, and emotional numbing (Brancu, Thompson, Beckham, Green, Calhoun & Elbogen 2014). Secondly, this study focused on only few psychological variables. Other factors such as self-efficacy, optimism, helplessness, worthlessness and self-esteem need further considerations among the returnees and deportees..

In the future, other researches should use longitudinal studies method to infer causality.

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