

Social Avoidance among Patients with Major Depressive Disorder in Bangladesh

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| Received: 11.01.2023 | Accepted: 24.02.2023 | Published: 28.02.2023

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Abstract

Original Research Article

Introduction: Major Depressive Disorder is a serious psychiatric and debilitating illness. It is an important issue of public health because of its pervasive effect on the condition of a life. In Bangladesh, depression is a common illness which is associated with social avoidance. **Aim of the Study:** The aim of this study was to detect whether there is any relationship between Social Avoidance and Depression as well as to search for the level of social avoidance among patients with Major Depressive Disorder according to their severity. **Methods:** This Quantitative study was conducted in the Department of Psychiatry of Bangabandhu Sheikh Mujib Medical University (BSMMU), Shahbag, Dhaka, Bangladesh during the period from May, 2021- May, 2022. This is a Cross-sectional Descriptive study. The samples were taken from 100 MDD diagnosed patients from the psychiatric department of one hospital and three different clinics. The measures which were used are Demographic questionnaire, Depression Scale and Translated version of Social Avoidance and Distress Scale. **Result:** For this study total 100 participants were taken who were diagnosed as Major Depressive Disorder. The range of their age was from 18 to 60 years. The highest value for the moderate level is below the cutoff point of 8, while the highest value for the severe level is at the minimal depression level of 5. For mild depression, the highest value is at the moderate level, which is 15. On the other hand, for moderate depression, the highest value is at the severe level, which is also 8. Finally, the highest value for severe depression is 31. **Conclusion:** The researchers found that there is an association between Social Avoidance and Major Depressive Disorder and the level of Social Avoidance is also linked to Major Depressive Disorder. So, the knowledge of the current study is expected to be helpful for the mental health professional as well as the people who are at risk, that they would take time appropriate decision and effective treatment for themselves.

Keywords: Major Depressive Disorder, Social Avoidance, Distress.**Copyright © 2023 The Author(s):** This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION

Major Depressive Disorder is a serious psychiatric and debilitating illness. It is an important issue of public health because of its pervasive effect on the condition of a life [1]. Depression is a common psychiatric disorder prevalent in our country as well as in all over the world. Significantly, it acts on psychosocial functioning [2]. Throughout the world, depression is the highest contributor to disease severity among every neurological and psychological maladies [3]. Among disorders, the position of the major depression will be uplifted to the first by 2030 [4]. Depressive disorders are associated with functional impairments like not being engaged to any task;

excluding from personal and social relationships due to lack of psychological strength; decreased health care utilization where even maintaining personal hygiene gets threatened; decreased productivity because of the level of motivation falls and doing something becomes meaningless. Consequently, suicidal ideation comes and impulse to committing suicide develops. Besides, having low mood most of the time leads to demotivation, disinterestedness and detachment. Prevalence of depressive disorder in Bangladesh was found to be of 2.87% and in western studies was reported to be 3.25%. From the bio-psycho-social perspective, Major Depressive Disorder has complex origins with damaging consequences and that is why it

Citation: Shelina Fatema Binte Shahid, Tanzir Ahmmad Tushar, Mst. Mahmuda Khatun, Nazia Binte Noor. Social Avoidance among Patients with Major Depressive Disorder in Bangladesh. Sch J App Med Sci, 2023 Feb 11(2): 471-476.

puts a person at risk [5]. Patients with depression remarkably have higher degree of loneliness and lower degree of social connectivity [6]. The common desire among the patients with Major Depressive Disorder is the social exclusion that they dislike to socialize themselves. Social communication plays its significant role as the smallest unit to develop the skill of interpersonal social communication and this is essential for developing the patterns of basic social interconnectivity [7]. On the other hand, psychologically, avoidance usually means the passive act of not doing something that is good for you and using or doing something else instead that is harmful, or that hinders your personal growth and healing. Social avoidance is basically a lack of connectivity between the society and an individual. It is itself is an indication of depression [3]. Patients with depression from clinical practice in a mental hospital in Bangladesh state that they do not get any interest in social affairs, they feel they have lack in social interaction abilities, social networks do not stimulate them anymore, not even get any reinforcement from contacting others. On the top of it, they lack of positive perspectives regarding personal attachments and because of not enjoying relationships, they suffer from social connectivity. Adding to this, there is a link between depression and social avoidance due to trust issues and isolation [8]. The person with social avoidance and distress typically will avoid the social situations. It has been rectified that the features of depression are correlated to excluding from social connectivities [7]. Common associated features of social avoidance and distress include hypersensitivity to criticism, negative evaluation, or rejection; difficulty being assertive; and low self-esteem or feeling of inferiority, also often fear indirect assessment by others, such as taking a test. They may manifest poor social skills like poor eye contact or sitting in a corner isolating self. Many researchers found that depressive symptoms would be positively associated with social avoidance/distress. This happens due to disparity in motivation when the disorders are linked to affective domain [9]. So, in depression, the feeling of withdrawal is activated and due to lack of psychological energy social avoidance rises. However, in Bangladesh, any study dealt with the possible relationship between depression and social avoidance has yet not been reported. From clinical experiences we found that many patients with Major Depressive Disorder avoid social interactions and activities, which play an important role to maintain their depression longer. It is assumed that early intervention of social avoidance may reduce or decreases depression and it may help to relapse prevention. For that reason, first we have to know clearly whether there is any relationship between depression and social avoidance. That is why we attempted to do the study. The objectives of this study were- I) to find out whether there is any relationship between Social Avoidance and Depression and II) to explore the level of social avoidance among patients

with Major Depressive Disorder according to their severity.

OBJECTIVES

General Objective

To detect whether there is any relationship between Social Avoidance and Depression as well as to search for the level of social avoidance among patients with Major Depressive Disorder according to their severity.

METHODOLOGY & MATERIALS

This is a Cross-sectional Descriptive study was conducted in the Department of psychiatry Bangabandhu Sheikh Mujib Medical University (BSMMU), Shahbag, Dhaka, Bangladesh during the period from May, 2021- May, 2022. This is a Cross Sectional Descriptive study. The Demographic Questionnaire, Depression Scale and Translated version of Social Avoidance and Distress Scale were used as measures. For the population of Bangladesh, the Depression Scale (DS) was developed. It consists of a 30-item questionnaire with each item rated on the five-point Likert scale, but the score was from 1 to 5. Therefore, the range of scores is from 30 to 150. For the clinical importance, scores of 94 or more from it are treated as being beyond the cut-off. In DS, for non-clinical participants the mean score is 77.3 (S.D. 20.5), and 110.4 (S.D. 17.9) for clinical. Therefore, the cut-off of 94 or more than that is about the 80th percentile of the non-clinical people, and about 82% of the clinical population result above the cut-off. The mean score of the clinical population on DS is at more or less the 95th percentile of the non-clinical population. The Social Avoidance and Distress Scale (SADS) consist of 28 true and false items that evaluate distress in social circumstances and inclination to avoidance in social relationships and communications. In SADS, all items are concerned with the features of social anxiety. While answering to the items of the SADS, participants have to determine true or false by themselves. If, in case, answering to the items of SADS becomes complicated, participants have to respond depending on their feeling at that point of time. The result comprises of the combined raw score (0–28) where the complete result is attained depending on the answers to the true and false questions. The sum total between 0 and 1 indicates lower social anxiety; 2–11 for the average social anxiety; and scores more than 12 indicate greater social anxiety. To quantify the total score of SAD in the present research, item 4 and item 23 were taken out for the reason that they had negative and low item-total correlation. In this study, the Cronbach's alpha was very good (0.86). For this study total 100 participants were taken who were diagnosed as Major Depressive Disorder. The range of their age was from 18 to 60 years. Before collecting the data, the ethical clearance has been taken from the Ethical Approval Committee of the BSMMU and then the permissions have been taken from the other three clinics from where the patients

participated. Then the consents have been taken from the participants. They were also assured that the data would be kept confidential and would be used only for the research purpose. After this, researchers asked to fill up the DS and SADS to the participants. The data were collected and it took 20 to 30 minutes for each sample

and then those were analyzed. All data were collected approximately within one year (May, 2021- May, 2022).

RESULT

Table I: Demographic Characteristics of the Participants.

| | | MALE | FEMALE | Total |
|-------------------------------|------------|------|--------|-------|
| Residence | Rural | 7 | 8 | 15 |
| | Urban | 46 | 39 | 85 |
| Religion | Islam | 47 | 45 | 92 |
| | Hindu | 4 | 2 | 6 |
| | Christian | 2 | 0 | 2 |
| Educational Background | Illiterate | 0 | 2 | 2 |
| | Primary | 2 | 4 | 6 |
| | SSC | 12 | 7 | 19 |
| | HSC | 21 | 18 | 39 |
| | Graduate | 12 | 8 | 20 |
| | M A | 6 | 8 | 14 |
| Occupation | Unemployed | 0 | 2 | 2 |
| | House wife | 0 | 13 | 13 |
| | Service | 12 | 5 | 17 |
| | Teaching | 2 | 0 | 2 |
| | Business | 6 | 0 | 6 |
| | Journalist | 0 | 2 | 2 |
| | Others | 2 | 0 | 2 |
| | Student | 29 | 25 | 54 |
| Marital status | Unmarried | 45 | 27 | 72 |
| | Married | 8 | 18 | 26 |
| | Widow | 0 | 2 | 2 |
| | Total | 53 | 47 | 100 |

Table I shows the demographic characteristics of the participants based on their gender. It shows that for individuals residing in rural areas, the average level of residence is 7 ± 8 for both males and females, while in urban areas; it is 46 ± 39 for both genders. The majority of the participant's practice Islam was 47 ± 45 , followed by Hindu was 4 ± 2 and Christian was 2 ± 0 . Educational background varies with only 2 females who are "Illiterate" and no males with that status. 12 males and 7 females have completed SSC, while 21 males and 18 females have completed HSC. 6 males and 8 females have completed an MA degree. In terms of occupation, 2 females are unemployed, while 13 are housewives, and there are no unemployed males. 12 males and 5 females work in the service industry, while 2 males work in teaching and 6 males work in business.

Additionally, 2 females work in journalism, 2 males work in other occupations, and 29 males and 25 females are students. As for marital status, there are 45 unmarried males and 27 unmarried females, while 8 males and 18 females are married. 2 females are widows, but no males fall under that category.

The Table-II shows the levels of depression and social avoidance and distress for mild, moderate, and severe cases. The highest value for moderate is below the cutoff point, which is 8. The highest value for severe is at the minimal depression level, which is 5. For mild depression, the highest value is for moderate, which is 15, and for moderate depression, the highest value is for severe, which is 8. The highest value for severe depression is 31.

Table II: Cross-tabulation of Level of Depression and Social Avoidance and Distress

| | | | Level of Social Avoidance and Distress | | | Total |
|---------------------|---------------------------------------|---------------------------------------|--|-------------|---------------|--------------|
| | | | Mild | Moderate | Severe | |
| Level of Depression | Bellow cut off point | Count % within Level of Depression | 3 18.8% | 8 50.0% | 5 31.3% | 16 100.0% |
| | Minimal Depression | Count % within Level of Depression | 1 16.7% | 0 .0% | 5 83.3% | 6 100.0% |
| | Mild Depression | Count % within Level of Depression | 0 .0% | 15 51.7% | 14 48.3% | 29 100.0% |
| | Moderate Depression | Count % within Level of Depression | 0 .0% | 0 .0% | 8 100.0% | 8 100.0% |
| | Severe Depression | Count % within Level of Depression | 2 4.9% | 8 19.5% | 31 75.6% | 41 100.0% |
| Total | Count % within Level of Depression | 6 6.0% | 31 31.0% | 63 63.0% | 100 100.0% | |

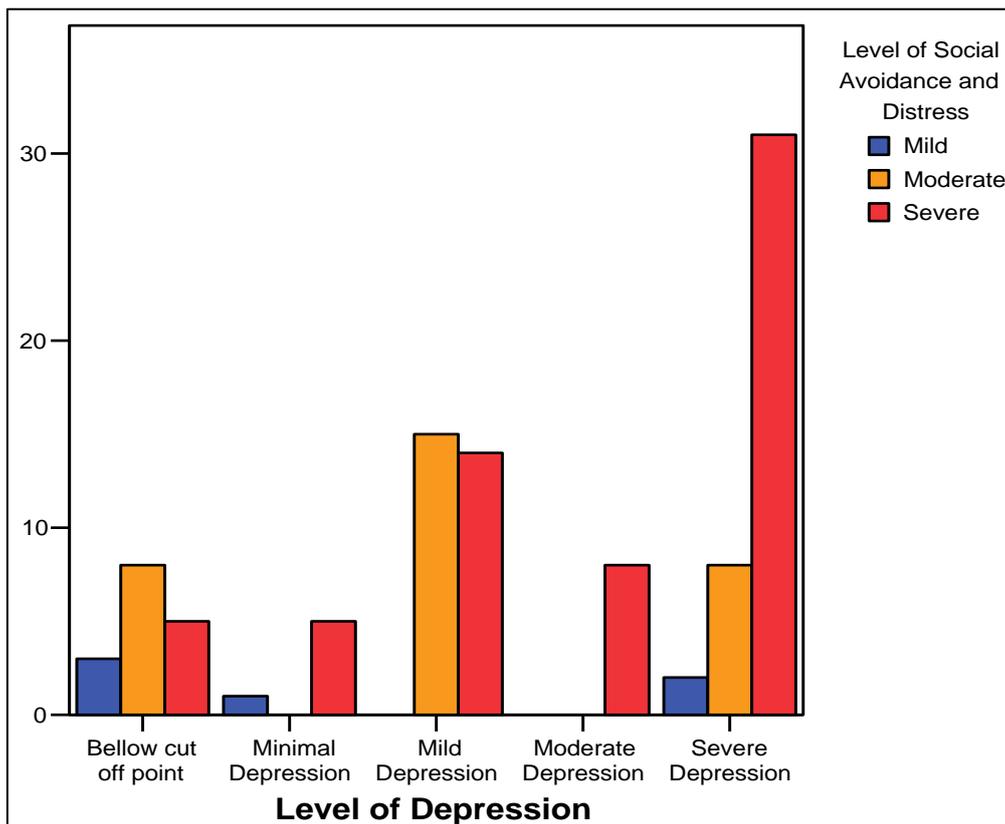


Figure I: Bar Chart of Level of Depression and Social Avoidance and Distress

Table III: Correlations between Major Depressive Disorder and Social Avoidance

| | Mean | Std. Deviation | N | r | Sig. |
|------|--------|----------------|-----|-------|------|
| DS | 113.14 | 21.23 | 100 | 0.471 | 0.01 |
| SADS | 16.48 | 5.67 | | | |

The result showed that there is a statistically significant correlation between Major Depressive Disorder and Social Avoidance and Distress ($r = 0.471$) at 1% significant level. The mean of the Depression Scale (DS) score was 113.14. The standard deviation of the DS score was 21.23. The mean of the Social Avoidance and Distress (SADS) score was 16.48. The standard deviation of the SADS score was 5.67. The correlation was 0.471 (positive correlation). The dependent -intercept of the least-squares line from regression of dependent on independent is 2.23. The slope is 0.126. This indicating that a patient whose score on DS is 0 (impossible, but this is the theory) will be 2.23 standard deviations below the mean for their SADS score. For every unit increase in DS, SADS increases by 0.126.

DISCUSSION

The researchers have found that the major depressive disorder is positively correlated with the social avoidance at higher significant level. That means if the level of depression would be high, the social avoidance would also be high. A study in Japan detects that individuals with major depressive disorders have social avoidance for a long period of time [3]. In another study in Utah also connectivity has been found between social withdrawal and depression from patients [10]. Social avoidance is very common in this post-modern era and it has a significant contribution to depressive disorders [11]. Besides, from the clinical experience, the researchers have seen that people with depression remain in social exclusion which is transparently identifiable from the hue and cry of the social media networking period. They do not want to go outside, do not want to take care of themselves, get irritated talking to people or do not find any motivation to communicate, do not care about anything, and want to live alone or be detached from any human contacts. In addition to this, importantly, when the level of depression gets higher, the level of social avoidance of patients gets higher due to lack of feeling of connectivity. From the point of view of our cultural context, the social environment is cordial and favorable. It is easier to be socialized in the community in comparison to other cultures. But since the depression is a distinct but common phenomenon, it has its affect into the intra-psycho process of an individual. The more one is drowned into depression, the more he disconnects himself from the social environment.

The researchers find from the current study that among the Major Depressive Disorder patients 63% had severe level of social avoidance, 31% had moderate level and 6% had mild level of social avoidance and distress. Therefore, this means that the most of the depressive patients has severe level of social avoidance. And among the patients with severe level of depression 75.6% had severe social avoidance and distress, 19.5% had moderate level of social avoidance and distress and

only 4.9% had mild level of social avoidance. This study shows that there is a link between depression and social avoidance [12] and the level of severity varies depending on each other. In another study also it has been seen that withdrawal from social relationships is interconnected to depression [13]. The current research findings reveal that 100 % of patients suffering from moderate level of depression have severe level of social avoidance. From the patients with mild level of depression, 48.3% had severe and 51.7% had moderate level of social avoidance and distress. These findings indicate that the most of the patients with severe level of depression had severe social avoidance. It was also found that all patients with moderate depression had severe level of avoidance. Most of the patients with mild depression had moderate level of avoidance. That means social avoidance varies according to the level of depression. From this finding it was indicated that patient with MDD had mild to severe level of social avoidance that maintain their problem longer and can cause relapse. So, professionals who deal patients with MDD should also focus on this issue in their treatment plan. This would enable us to better understand of patients with MDD who avoided the social situation so that early and better treatment could be given. In this way patient as well as practitioners would be more benefited.

Limitations of the Study

The sample used in the study may not be representative of the population of patients with major depressive disorder in Bangladesh, as it may have only included patients who sought treatment at a specific hospital or clinic. This can limit the generalizability of the findings to the broader population. The cross-sectional study, which only provides a snapshot of the data at a particular point in time. This can limit the ability to establish causal relationships between variables and may not capture changes in social avoidance over time. Limited data collection is the factors that influence social avoidance in patients with major depressive disorder in Bangladesh. This can limit the ability to fully understand the complexity of social avoidance and its relationship to other factors such as anxiety, stress, and coping mechanisms.

CONCLUSION AND RECOMMENDATIONS

This research revealed that patients with Major Depressive Disorder have Social Avoidance and depression is prolonged more due to Social Avoidance. Therefore, from the findings of this study, mental health professionals as well as the patients with Major Depressive Disorders will be benefited by the awareness and taking treatment step earlier.

ACKNOWLEDGEMENT

Authors thank the administration of the hospital as well as the participants from where they had been collected.

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