

Association Between Perceived Social Support and Psychological Well-Being in Visually Impaired Patients

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ABSTRACT

Background: Visual impairment is regarded as one of the most common sensory disabilities globally, with an estimated 2.2 billion people, nearly half of whom suffer from preventable and/or untreated visual impairment. India has a mental health treatment gap of more than 80% and in this country, more than one in four adults aged 50 years or older suffers from some degree of visual impairment, and the impact of vision loss on mental health, such as depression, anxiety and reduced mental well-being is well documented globally but not well characterised in clinical populations in India.

Objective: To examine the association between perceived social support and psychological well-being among adult visually impaired patients attending a tertiary eye-care and psychology service in North India.

Method: The methods used were a cross-sectional correlational design. The subjects of the study were 82 adults (18-80 years) with ophthalmologist confirmed visual impairment who were recruited from the Department of Ophthalmology, Santosh Medical College and hospital, Ghaziabad and Department of Clinical Psychology. Measures of perceived social support were the Multidimensional Scale of Perceived Social Support (MSPSS), psychological well-being the Ryff's Psychological Well-Being Scale (short form), general distress the General Health Questionnaire (GHQ-12) and depression, anxiety, and stress, the DASS-21. Data were analysed in IBM SPSS using descriptive and correlation analysis at the level of $\alpha = .05$.

Results: showed that the overall level of perceived social support was high ($M = 70.39$, $SD = 10.54$) and that the profile of psychological well-being was moderately positive with equally distributed scores across all six dimensions ($M = 42.15$, $SD = 7.76$). The perceived social support showed a significant, strong positive correlation with psychological well-being, $r(80) = .715$, $p < .001$, and significant negative correlations with depression, $r(80) = -.668$; anxiety, $r(80) = -.510$; stress, $r(80) = -.468$; and general psychological distress, $r(80) = -.751$, $p < .001$, respectively.

Conclusion: Perceived social support is strongly associated with better psychological well-being and lower distress among visually impaired patients, supporting the stress-buffering model and the value of support-focused interventions in vision rehabilitation in India.

Keywords: visual impairment, perceived social support, psychological well-being, stress-buffering hypothesis, depression and anxiety, India, vision rehabilitation.

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1. INTRODUCTION

Visual impairment is one of the most common sensory disabilities in the world, affecting at least 2.2 billion people and about one billion of these cases is preventable or unaddressed. [1] In India, over a quarter of adults aged 50 years and above are affected by visual impairment and cataract is the major cause of blindness, accounting for almost two thirds of the total, with more than 90% of the total visual impairment being classified as avoidable, and disproportionately present in the rural, older and illiterate population. [2]

The psychological impact of visual impairment is best conceptualised as an adaptive process that extends across the lived areas of practical functioning, affect and identity. [3] In India, this adaptation is complicated by the fact that a mental health treatment gap of over 80% exists,

and even more so for depression and anxiety (more than 85%) [4] making the role played by informal (relationally embedded) resources even more important. Visual impairment predicts anxiety and lower perceived support independently of the other factors, but not all those with visual impairment are clinically distressed [5] reflecting the importance of psychosocial resources as well as the severity of the visual impairment in determining the outcome. The available evidence, however, is largely of Western, high-income societies with the mechanisms between visual impairment and distress poorly understood in Indian clinical settings. [5]

Perceived social support is the individual's impression that emotional, informational, or physical support is provided by family, friends, and important people. [6] The buffering hypothesis, proposed by Cohen and Wills

[7] and largely developed in individualist, Western cultures, suggests that this buffering plays a role in well-being, both in general (main effect pathway) and by buffering the effects of stressors (buffering pathway) - however, remains untested in India's more family-oriented models of care. Psychological well-being as outlined by the eudaimonic model of psychologist Carol Ryff is defined in six ways: autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance [8] and encompasses a wider concept of outcomes than symptom-based distress.

Although there is international literature that has already established the relationship between social support and psychological adjustment in VI, no literature has been found that integrated the two variables, perceived social support and multidimensional psychological well-being in the context of adult clinical VI population of India. This research fills this gap.

2. REVIEW OF LITERATURE

Across the world there are consistent findings that suggest that social support is related to lower psychological distress in visual impairment. In a meta-analysis, 24 studies (comprising ~20,000 older adults), indicated that the visually impaired were at significantly higher risk for depression and anxiety; a more routine psychosocial screening was recommended [9]. A Greek study of adults with visual impairment found that greater positive practical support was associated with fewer depressive symptoms [10], and a large U.S. population survey found that self-reported vision impairment was independently associated with greater psychological distress [11]. Perceived support also has been found to better predict mental health than objective severity of vision loss in individuals with macular degeneration and DR [12] and a large Norwegian study validated that supportive interpersonal environments reduced the depressive effect of adverse life events. [13]

In addition to human sources of support, support-seeking coping was found to be more common among adults with sensory loss, such as deafness and blindness, than among sighted/hearing peers, though its association with well-being varied by the type of sensory loss [14], and socially assistive robots have been rated by older adults with low vision as potentially useful for providing socio-emotional support, showing the variety of ways in which perceived support can be used. [15] The results of a systematic review (in 19 studies) guided by PRISMA principles showed a consistent association between vision impairment and social participation and between social participation and well-being, thus demonstrating social participation as one of the main mediating pathways. [16] In the Indian context and the surrounding geographical region, prevalence of visual impairment in the population is high and has been found to be associated with illiteracy and older age [17,18] and small-scale psychosocial studies have found that perceived support is negatively

related to depression and anxiety within South Asian samples. [19] In particular, it was observed that after applying a psychometric study on the Indian sub-population, the six-factor structure of Ryff was replicated only with three factors; suggesting the need for cultural adaptation for the model. [20] Perceived support has also been found to explain a significant portion of the variance in well-being in chronically ill patients [21] and to be positively associated with academic achievement in the visually impaired youth. [22]

This literature was found to be limited in the sense that across studies, the ages of participants varied from the ages of children to young adults and adolescents, and the settings ranged from a community-based approach to a home-based approach; it also had a nearly exclusively cross-sectional design and studies with an evidence base that allowed for association and not directionality; and, most importantly, it lacked research that simultaneously examined both perceived support and multidimensional well-being in an adult clinical population of visually impaired patients in India. This particular gap the current study has been developed to fill.

3. MATERIALS AND METHODS

The present study employed a cross-sectional, correlational design without variable manipulation. The hypothesis was that there would be a significant positive relationship between perceived social support and psychological well-being among visually impaired patients, against the null hypothesis of no significant relationship. The sample size was calculated using the standard formula for estimating a single population proportion, considering a 95% confidence level ($z = 1.96$), an estimated prevalence of visual impairment of 5.6% ($p = 0.056$), and a 5% margin of error ($e = 0.05$). The calculated sample size was 81.23, which was rounded to 82. Accordingly, a total of 82 adults aged 18–80 years with visual impairment were recruited during the M.Sc. Clinical Psychology programme (2025–2026) from the Department of Ophthalmology, Santosh Medical College and Hospital, Ghaziabad, in collaboration with the Department of Clinical Psychology.

Participants were recruited using purposive sampling. Patients attending the Department of Ophthalmology were screened according to the predefined inclusion and exclusion criteria and recruited after ophthalmologist-confirmed visual impairment. Written informed consent was obtained from all participants. Individuals with other disabilities that could interfere with assessment, severe cognitive or psychiatric disorders, or those requiring immediate medical treatment or hospitalisation at the time of assessment were excluded.

Five instruments were used to capture demographic and clinical details (Personal Identification Form) and perceived social support from family, friends, and significant others (Multidimensional Scale of Perceived Social Support (MSPSS) dimensions 12-item version; $\alpha =$

.85–.91) [6] well-being across six dimensions (Ryff Psychological Well-Being Scale short form; $\alpha = .70-.89$) [8] general psychological distress (short form of the General Health Questionnaire (GHQ-12); $\alpha = .82-.92$) [23] and depression, anxiety, and stress (DASS-21; $\alpha = .91-.84/.90$) [24]. Demographic and clinical characteristics were summarised as descriptive statistics and the strength and direction of the association between perceived social support and each outcome variable was assessed using Pearson's product-moment correlation coefficient, with significance set at $p < .05$; all data were analysed in IBM SPSS while being entered into Microsoft

Measure	Mean	SD
Perceived Social Support — Family	23.28	3.88
Perceived Social Support — Friends	23.66	3.44
Perceived Social Support —	23.45	4.11

Overall, participants experienced a high level of perceived social support (range 12–84 possible) with friends the highest subscale. The profile of psychological

Variable (vs. Perceived Social Support)	r	p
Psychological Well-Being	+.715	< .001
Depression	-.668	< .001
Anxiety	-.510	<

The perceived social support and psychological well-being were significantly and strongly positively correlated, $r = .715$, $p < .001$, according to a Pearson correlation. Perceived social support also was significantly and inversely related with depression, anxiety, stress, and general psychological distress, with the lowest relationship being with depression.

5. DISCUSSION

The age distribution of the sample is older than average, with the majority of participants being female, as women have a longer life expectancy and have a higher risk of developing age-related eye conditions, and approximately 80% of people with visual impairment in the world are aged 50 years or older. [1] The high percentage of widows and widowers is significant because of the evidence that partnership status moderates the psychological effects of vision loss, such that the vision–depression relationship is more than double as strong for unpartnered older adults compared to partnered older adults. [25]

Excel initially. This study received ethical clearance from the Institutional Ethics Committee of Santosh Deemed to be University, with the support from the Department of Ophthalmology and confidentiality was ensured throughout using coded data which is stored securely.

4. RESULTS

The sample ($N=82$) was mostly female (62.2%), middle / late adults (68.5% aged 40 years and above), married (61.0%) and homemakers (52.4%) with limited formal education (35.4% uneducated). The majority of those who were presented with visual impairment had moderate (39.0%) or mild (30.5%) impairment rather than severe.

Significant Other		
Perceived Social Support — Total	70.39	10.54
Psychological Well-Being — Total	42.15	7.76

well-being was even, with autonomy being the highest ($M = 7.22$, $SD = 1.49$), and purpose in life being the lowest ($M = 6.91$, $SD = 1.60$).

		.001
Stress	-.468	< .001
Psychological Distress (GHQ-12)	-.751	< .001

The correlation between perceived social support and psychological well-being ($r = .715$) was higher than some of the other comparable literature, and was consistent with previous studies demonstrating links between perceived social support and psychological well-being across multiple domains of well-being in adults with vision impairment [26,27]. This is consistent with the main effect model of social support [7] and the stable negative relationships with depression, anxiety, stress and distress support the stress-buffering hypothesis found in both Norwegian and Greek samples. [13,10]

Because friends and significant-other support were found to be similar to family support, they are also important sources of well-being in India's family-oriented care environment, as found in other studies that showed that friendships are important to adaptation to chronic visual disability in addition to family support. [28] Autonomy is relatively higher as it is consistent with the ideas of Ryff that self-evaluation by personal standards can still be strong even with physical limitations [8] and relative

lower purpose in life and self-acceptance scores could be due to the disruption in future direction and self-image after vision loss. Overall, most participants had moderate functional vision, which might account for the relatively balanced profile of well-being as evidenced by others in this study, since higher functional vision has been correlated with better psychological outcomes. [29]

Since the design was cross-sectional, it is impossible to say whether more positive functioning in the psychological domain leads to more supportive networks or whether more supportive networks lead to better functioning in the psychological domain or whether both is caused by a third variable, which is impairment severity, physical health or personality. There are also limitations in generalisability due to limited representation of severe visual impairment, and shared-method variance for self-report measures. With respect to clinical implications, these results justify incorporating structured family and peer support elements into the rehabilitation process for eye-care services within India and providing these elements in formats that are easily understood by the sample's educational level.

6. CONCLUSION

In this clinical sample from North India, the patients with visual impairment had relatively high social support and a fairly favorable moderately positive psychological well-being profile. The results were highly positively correlated with psychological wellbeing and consistently negatively correlated with depression, anxiety, stress, and distress, thus extending the stress-buffering model to an under-researched clinical setting in India, and highlighting the importance of easily available psychosocial vision rehabilitation interventions in the context of family and peer support.

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