

# The Relationships between Depression and Family Affectual Solidarity Among Older Adults

Vanessa Ponce  
Department of Social Work

## INTRODUCTION

- Most older adults have worked their entire life believing in a system that would allow them to retire and live the rest of their lives comfortably and peacefully; yet this population has been seen to increasingly suffer from a multitude of mental health issues such as depression.
- Villarroel and Terlizzi (2020) reported that nearly 7 million adults of the age 65 and older are affected by negative emotions and mental health issues like depression, loneliness, and anxiety, and even so far as experiencing unrelenting feelings hopelessness and despair.
- According to the United States Census Bureau (2020) the 65-plus population has seen an exponential increase in population within the country.
- The expected amount of the population aged 65 and over is set to reach over 71 million people by 2030 and 98 million by 2060 (Villarroel & Terlizzi, 2020).
- Conducting research on the elderly population is an important step to reducing depression within the population, which if untreated can lead to a multitude of health problems such a pre-mature death via declining health and/or suicide (Aylaz et al., 2012).

## OBJECTIVES

### Significance of Study

The significance of this study pertaining to social work is that it is important for social workers to be aware of the risk factors of the lack of family, or social support. Social workers can provide psychoeducation to their clients and encourage them to build relationships to receive that support and in return decrease depressive symptoms

### Purpose of Study

The purpose of this study is to create new knowledge related to the mental health and role of family support among older adults.

### Research Question

what is the relationship between family affectual solidarity and depression among older adults?

### Hypothesis

The hypothesis for this study is that as family affectual solidarity decreases, levels of depression will increase among older adults.



## LITERATURE REVIEW

### Depression among Older Adults

- Untreated depression within the elderly population could lead to declining health which could lead to a pre-mature death, or suicide (Aylaz et al., 2012).
- Depression amongst the elderly population include but are not limited to socio-demographical issues such as profession, poverty, education, marital status, and cultural background (Aylaz et al., 2012).

### Family Support

- Nasser and Overholser (2004) noted that positive support from family can help assist recovery from a major depressive episode and a lack of social support has been associated with higher levels of depressive symptoms.
- Kim and Kim (2003) analyzed the relationship between support exchange across generations and the subjective well-being of older adults. The results showed that older adults who receive and give support from their family are more satisfied with life and have fewer depressive symptoms than those older adults who only provided the support who were less satisfied and experienced more depressive symptoms.

### Gaps in Research

- Lack of a family history mental disorder
- The analysis could not include some important characteristics of retirement that have been reported to be influential on the association with depression, such as timing, quality (partial vs. complete), duration, and willfulness.
- Other factors that would have been interesting to evaluate (i.e., the amount of pension and whether it was enough to cover the individual's expenses).

## METHODS

### Research Design

The current study is an analysis of secondary data collected from MIDUS 2 and the Biomarker project. The study utilizes a cross-sectional correlational survey to analyze the relationship between depression and family support.

### Sampling Method

The current study included respondents from the Biomarker project. Study participants who failed to fully respond to all the depression and family support and strain (affectual solidarity) questions were excluded from the study, as were all study participants under the age of 64 years were also excluded from the study. The final sample size for the current study is 241 older adults.

### Measures

**Independent Variable:** The independent variable for this study is depression. The CES-D contains 20 questions, and respondents self-reported how often they have felt during the last week. Depression variables were ordinal level (1, Rarely or none of the time; 2, Some or a little of the time; 3, Occasionally; 4, Most or all of the time) and contained 4 items for each variable.

**Dependent Variable:** The dependent variable for this study is family affectual solidarity. Family strain and family support is also being assessed as subscales for family affectual solidarity. Family affectual solidarity was created by calculating the mean of family support and family strain.

**Demographic Variables:** The study contained demographic variables related to age, gender, education, employment indicator, marital status, number of children, and ethnicity.

## RESULTS

- The mean for support from family was 3.65 ( $SD = 0.52$ ), and the mean for strain for family was 1.83 ( $SD = 0.52$ ). The mean score regarding family affectual solidarity for respondents was 3.41 ( $SD = 0.42$ ).
- The mean score regarding CES-D was 6.98 ( $SD = 6.03$ ).
- The relationship between family affectual solidarity and depression was examined using a Spearman  $\rho$  correlation analysis. The results indicated a negative and statistically significant association between family affectual solidarity and depression,  $r_s(239) = -.281, p < .001$ . The strength of the correlation was moderate. Higher levels of family affectual solidarity were associated with lower levels of depression.
- A significant regression equation was found ( $F(5, 235) = 9.636, p < .001$ ), with an  $R^2$  of .17. This indicates that 17% of the variance in depression was explained by the regression model. A study participant's predicted depression was equal to  $15.239 + .145(\text{age}) + .339(\text{male}) + 1.352(\text{HS or less}) - .640(\text{married}) - 5.531(\text{family affectual solidarity})$ .
- Higher levels of family affectual solidarity resulted in significantly lower levels of depression. In this model, gender, education, and marital status were not significant predictors of depression among the study participants ( $p > .05$ ).

### Regression Model for Depression

Predictor	B	SE	$\beta$
Constant**	15.239	5.318	
Age*	.145	.068	.130
Gender	.339	.784	.028
Education	1.352	.781	.104
Marital Status	-.640	.838	-.049
Family Affectual Solidarity***	-5.531	.884	-.385

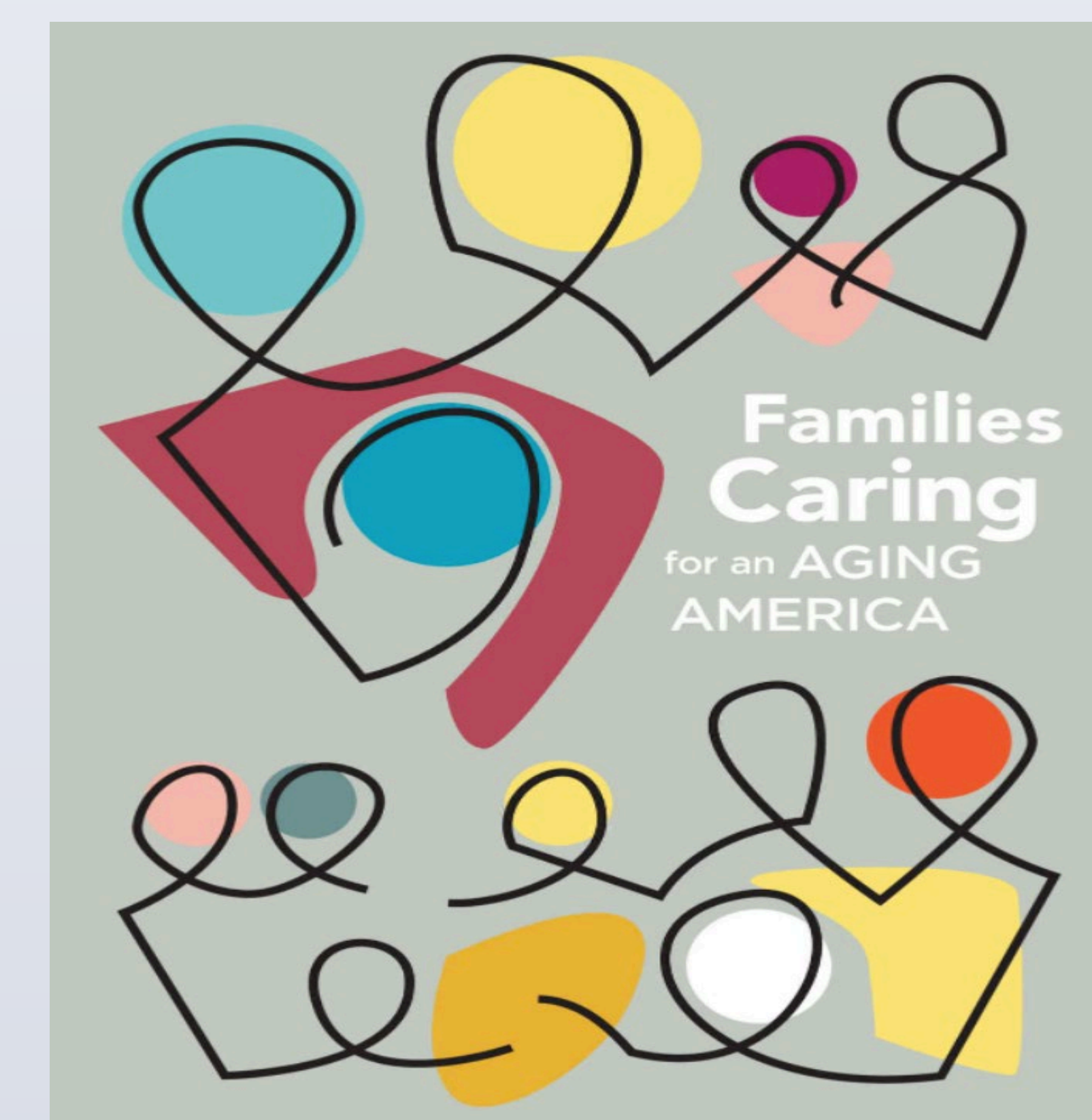
Reference groups: Female, College or College Grad, and Not Married  
\*\*\* $p < .001$ ; \*\* $p < .01$ ; \* $p < .05$

## CONCLUSION

- The findings of the current study indicated that participants experienced lower levels of depression when they had increased levels of family affectual solidarity.
- Hypothesis was supported: Family support decreases depression among older adults.
- Regarding the field of Social Work, this study holds significance in that it is imperative for social workers to be aware of all risk factors related to the lack of family engagement, or general social support. Social workers can then provide psychoeducation to their clients and encourage them to build relationships to receive social support and, in return, aid in decreasing depressive symptoms.
- This study is a steppingstone to further research.

### Implications for Future Research

Creating additional questions regarding their associations with social and/or spiritual support and work status.



## RERERENCES

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