

노년기 사별로 인한 우울증상에 대한 사회적 지지의 조절 효과 분석

Effects of Interaction of Social Support with Multiple Losses on Depressive Symptoms

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요약

본 연구는 노인들의 여러 번의 사별 경험이 우울증에 미치는 영향을 탐구한다. Changing Lives of Older Couples 종단 데이터를 이용하여 분석한 결과, 여러 번의 사별을 경험한 노인들이 한 번의 사별을 경험한 노인들에 비해 우울증상 점수가 더 높은 것으로 나타났다. 또한, 사회적 지지 수준은 사별 경험이 우울증상에 미치는 영향을 조절하는 것으로 나타났다. 즉, 여러 번의 사별을 경험한 노인들 중 사회적 지지 수준이 낮은 노인들의 우울증상이 가장 높은 것으로 나타났다. 여러 번의 사별을 경험한 노인들을 대상으로 한 프로그래밍과 사회적 지지의 필요성을 논의하였다.

■ 중심어 : | 배우자 사별 | 다중 사별 | 우울증상 | 사회적지지 | 스트레스과정모형 |

Abstract

The current study examines the association between multiple losses and depressive symptoms and the role of social support in multiple losses. Using a prospective designed dataset(Changing Lives of Older Couples), this study found a significant difference on the depressive symptom levels between multiple losses and single loss. In addition, there was a significant buffering effect of social support in bereavement, as oppose to previous literature that social support does not buffer the initial bereavement reaction in comparisons between the bereaved with multiple losses and the bereaved with a single loss. The author discusses the importance of monitoring elderly people with multiple losses and availability of social support before and after the loss.

■ keyword : | Bereavement | Multiple Loss | Depressive Symptoms | Social Support | Stress Process Model |

1. Introduction

Past research indicates that widowhood is one of the most stressful life events and requires more psychological and behavioral adjustment than any

other life transition[1]. Driven by growing interest in issues of bereavement in late life, researchers have increasingly focused on how the context of death affects postdeath outcomes[2]. Despite the fact that the majority of bereaved survivors adapt well to the

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death of their spouse, a sizable minority continue to experience postdeath psychiatric morbidity[3]. Moreover, a grieving individual in late life can confront multiple losses simultaneously or in rapid succession. Late life can usher in a predictable sequence of losses, as one's parents, older relatives, and eventually siblings, spouse, and peers age and die in increasingly quick succession. Feelings of helplessness and guilt about outliving other family members are common responses to this seemingly relentless progression, especially for older adults who are themselves in failing health or who suffer from social isolation[4].

Although many studies have examined the impact of spousal loss on psychological outcome such as depressive symptoms, few studies examine whether the presence of multiple losses impacts the ability to effectively cope with bereavement.

Because of the paucity of information regarding grieving multiple losses, the current study was developed to learn about those with multiple losses. The purpose of this study is to better understand if bereaved individuals with multiple losses manifest significantly higher levels of distress post-death, compared to individuals with a single loss. Another goal is to explore how multiple losses impact an individual's psychological outcomes and if social support can decrease distress of widowhood and grief for widowed older adults with multiple losses as well as with only a single loss.

II. Theoretical Background

1. Multiple Losses

Considering aspects of bereavement, which are found more often among older adults, perhaps the most obvious scenario is that the older adults are

likely to have experienced multiple losses. The older adults are particularly vulnerable to the psychological effects of loss because they have fewer opportunities to find substitutes. One does not replace a life-long friend, siblings, and brothers. Moreover, bereavement may follow so closely upon bereavement that the bereaved older adult is never able to complete emotional process[5].

An individual with too many losses in too short period of time might lose himself in work or other engrossing activities, at least until the burden has lightened[5]. People who have been bereaved are more likely to have physical health problems, particularly those who have been bereaved recently[6]. Bereaved individuals also have higher rates of disability, medication use, and hospitalization than non-bereaved counterparts[6]. Although widowed people in general consult with doctors more frequently, most likely because of symptoms of anxiety and tension, findings suggest that many of those with intense grief might fail to consult with doctors when they need to[7].

Bereavement is also associated with various psychological symptoms and illnesses[6]. Studies of individual psychological reactions to bereavement have been undertaken by many researchers, including investigation of suicidal ideation[8][9], loneliness[10], and insomnia[11]. Other workers have identified relations between grief-specific symptoms and depression, anxiety, distress, somatic symptoms, insomnia, and social dysfunction at 6 months' bereavement duration[12]. When multiple losses exist, the bereaved older adult is likely to show a variety of adverse changes in psychological health.

2. Stress Process Model

An important individual characteristic that may have an impact on one's response to the loss of a

spouse may be the other psychosocial resources he or she available. Indeed, Pearlin[13] proposed in his Stress Process Model that the degree of perceived stress influencing depressive symptoms tends to vary by the level of psychosocial resources that an individual has available. Psychosocial resources are defined as factors in the internal and external environmental that directly deter negative outcomes or mediate the impact of stress on the outcome[14]. Specifically, the Stress Process Model focuses on the mediating process in predicting the impact of stress on outcome variables. Past studies have examined psychosocial factors such as sense of control and social support as mediating factors between stress and psychological well-being[15][16]. The stress process model suggests that individuals experience stress, cognitively assess the situation, and either experience decreased psychological well-being or not depending on their assessment. This model assumes that many factors influence how individuals respond to stressful events. Some factors are seen as resources that potentially decrease the negative effects of stress, and can therefore moderate the individual from deleterious outcomes. Other factors might intensify the effects of the stressful situation and leave the individual particularly susceptible to future negative outcomes. This study examines if social relations play a role in moderating psychological well-being of the older adults have experienced multiple losses.

3. Social support, widowhood, and depressive symptoms

The link between social relationship and health has been well-established[17]. Socially isolated or less socially integrated individuals are less healthy both psychologically and physically and are more likely to die[17]. Many studies have found that social support

is related to better adjustment in widowhood [1][18][19]. Specifically, it appears that individuals with more high quality social support have better psychological and physical outcomes in widowhood.

A growing body of literature documents the role of social support in buffering the negative consequences of stressful life events[20]. More specifically, informal social support has been found to help other adults cope with later life transitions to widowhood[21]. When an individual becomes widowed, family relationships can be a source of support and of stress[22]. In terms of family relationships being seen as a source of stress, Morgan[22] found that recent widows mentioned negative aspects of family relationships more often than positive aspects. These widows felt obligations to provide support to other family members even though these commitments were physically and emotionally draining.

Along with social support from family or friends, widowhood research has concentrated on parent-child relationships as a primary source of support following the loss of a spouse. Children tend to be considered primary confidants[23]. In particular, mothers and daughters were found to form confidants bonds[24]. In the case of multiple losses (i.e. loss of siblings and parents as well as a spouse), there are little resources from social relationships except from children.

Research has stressed that social support may serve as a buffer against the adverse effects of losing a spouse, yet results remain inconclusive. Stroebe and colleagues[1] found no buffering effect for social support, indicating that support from others cannot compensate for loss of support from a partner. Similar findings were reported from studies of bereavement from other types of losses. In a study of the role of social support in facilitating parents' recovery from the loss of an adolescent or young child due to violence[26], 173 bereaved parents were assessed four

times over a period of five years (four, 12, 24, and 60 months post-loss). Using latent growth modeling, the authors examined the impact of levels of social support on the rate of change in distress over time. There was no significant effect of social support on the rate of change in distress over time and thus no evidence for a recovery effect. Other studies have found that support from friends offers protection and state that close and long-term contacts are important because they give widowed people a sense of stability after their loss[27]. However, these studies reviewed above cannot be generalized to all populations as most studies were of a single loss bereavement, leaving open the question whether the beneficial role of social support in multiple losses. Given that studies have not examined the differential effects of social relationships in the extent of loss—a single loss or multiple losses, this study will build upon the social support and widowhood literature to examine how the effect of social support differs by the extent of loss and social support might influence the depressive symptoms.

4. Hypotheses

- (1) Is the extent of the depressive symptoms higher in the widowed older adults with multiple losses than the widowed older adults with a spousal loss?
- (2) Does social support buffer the depressive symptoms at months?

III. Method

1. Sample and Design

A two-stage area probability sample of 282 married individuals from the C city constituted for the baseline interview. Participants who were selected were noninstitutionalized and capable of participating

in 2-hour interview. At baseline (preloss), all respondents were married, and the husband was at least 70 years of age. Women were oversampled to increase the chance of obtaining prospective data on spousal loss during the study period. Face-to-face interviews conducted over an 11-month period between 2013 and 2014 were used to collect baseline measures. Spousal loss was tracked after the baseline interview. A total of 94 respondents lost a spouse during the study and a follow-up interview conducted at approximately 12 months after the death. Of the 94 bereaved participants, 86 individuals were followed. Of the 86 experienced spousal loss, 38 experienced additional loss(es) at 12 months.

The participants were predominately female (85.1%), staying at home or keeping house (94.2%), and working for pay (5.8%). Among the bereaved participants, the mean age of the spouse at time of death was 76.50 years. Fifty-three percent of spouses died of an ongoing condition, and 41% were aware that they were dying based on spousal reports. Participants also reported that 46% of the bereaved participants had been providing physical care to their spouse before the loss, and the average number of physical care hours provided was reported as 38.62 per week.

2. Measures

2.1 Depressive Symptoms

The Center for Epidemiological Studies Depression Scale (CES-D) has shown adequate test-retest reliability and internal consistency across a wide range of subsamples[28] and discriminates meaningfully between depressed patients and controls[29]. The present study used the CES-D that has shown good reliability ($\alpha = .83$).

Respondents were asked to indicate whether in the past week they have (1) felt happy, (2) lonely, (3)

depressed, (4) sad, (5) like everything was an effort, (6) that sleep was restless, (7) that people were unfriendly, (8) that people disliked them, (9) that they could not get “going”, (10) that they enjoyed life, and that (11) they had a poor appetite. Responses to these questions included (1) hardly ever; (2) some of the time; (3) most of time. “I felt happy” and “I enjoyed life” which were positive measures were reverse coded to match the other measures with higher scores being equal to higher depressive symptoms.

2.2 Social support

The total level of positive relations with child(ren) or other family/friend was calculated by taking the mean of the following items: “How much do your children make you feel loved and cared for?” “How much are they willing to listen when you need to talk about your worries or problems?” “How much do your friends and relatives make you feel loved and cared for?” “How much are your friends and relatives willing to listen when you need to talk about your worries or problems?” Response options to these questions ranged from (1) a great deal to (5) not at all. Responses on relationship items were recoded such that higher scores equal more positive relations ($\alpha = .75$). This variable was dichotomized at median score as “high vs. low” groups.

2.3 Multiple loss status

Two questions were asked: “Did a parent, brother or sister die in the past 12 months?” “Did someone else you felt very close to die in the past 12 months?” Responses were coded (1 = Yes, 0 = No). These two questions were combined and recoded (1 = Spousal loss, 2 = Multiple losses).

IV. Results

The mean social support at baseline and the mean total CES-D scores at baseline and a follow-up were reported in [Table 1].

Table 1. The CESD scores at baseline and at follow-up

	Spousal loss		Multiples		Low support		High support	
	M	SE	M	SE	M	SE	M	SE
At baseline	12.73	.96	11.67	.78	16.39	.31	12.95	.49
At follow-up	10.38	.81	15.93	.82	16.19	.51	10.82	.35

Note : The traditional CES-D cutoff score (16 or greater) is approximately 75% predictive of having a depressive disorder

A 2 x 2 analysis of covariance was performed on depressive symptoms at the follow-up as a function of loss status (spousal, spouse and additional) and social support (high, low), controlling for the baseline depressive symptoms.

Table 2. Analysis of Covariance Summary

Source	Sum of Squares	df	Mean Square	F	Partial Eta Squared
Main effect model					
Baseline depression	14.73	1	14.73	18.23***	.18
Loss status	7.68	1	7.68	9.07**	.10
Social support	6.94	1	6.94	7.56**	.09
Error	67.89	85	.81		
Interaction effect model					
Baseline depression	12.92	1	12.92	14.16***	.15
Loss status	3.71	1	3.71	4.42 ⁺	.02
Social support	5.52	1	5.52	5.52 ⁺	.04
M x S	4.55	1	4.55	5.15 ⁺	.04
Error					

***p < 0.001, **p < 0.01, *p < 0.05, +p(0.10)

There was a significant main effect of loss status and a significant main effect of social support [Table 2]. Participants who experienced multiple losses demonstrated higher depressive symptoms than those with experience of a spousal loss, $F(1, 85) = 9.07, p = .007, \eta_p^2 = .10$.

There was also a main effect of social support on depressive symptoms at follow-up, $F(1, 85) = 7.56, p = .009, \eta_p^2 = .09$.

The covariate, the depression scores at baseline, was also significantly related to the depression at follow-up, $F(1, 85) = 18.23, p < 0.001, r_p^2 = .183$

There was a significant interaction effect between loss status and social support [Table 2]. As hypothesized, this pattern was indicative of the buffering effect of social support on the impact of multiple losses on depressive symptoms.

V. Method

Individuals in late life confront a sequence of losses in rapid succession that negatively influence physical and emotional well-being. This study examined the effect of multiple losses on depressive symptoms and the role of social support in bereavement.

The analyses revealed a significant buffering effect of loss status and social support on depression score over time. This finding is not consistent with studies of social support in bereavement, which demonstrates social support does not appear to buffer the initial bereavement reaction [1][26]. Rather, this study demonstrates the meaningful difference on the depressive symptoms between low and high social support levels. While individuals at high social support level at baseline reduce depressive symptoms in both group of loss status (single, multiple), individuals at low social support level at baseline with multiple losses increased depressive symptoms as opposed to the reduction in depressive symptoms of individual with single loss.

This finding provides insights into the ways that bereavement may be differently influenced by the baseline availability of social support. It may be possible that reduced coping resources due to multiple losses that may be more damaging to the individuals at low level of social support at baseline than

individuals at high level of social support at baseline. Thus, individuals at low social support level at baseline do not improve, whereas individuals experienced spousal loss revealed recovery both at low and high social support level at baseline. In terms of practice, this finding underscores the importance of taking a holistic perspective in approaching the problems in bereavement. By taking into account prewidowhood contextual factors such as preloss availability of support, practitioners may be able to better assess the needs of the older widowed, and locate the services that are most needed for a particular person in a given situation.

The results in the current study caution against an overly broad interpretation of the Stroebe et al. (2005) conclusion that social support appears to play no role in coping in bereavement [30]. They restricted their focus to a homogeneous bereaved group and found no clear evidence for support-related stress buffering in the bereaved. The current study revealed that individuals experienced multiple losses and received low social support at baseline are a high risk population for chronic depressive symptoms.

The current study has some innovative features that build on the methodological limitations note in previous studies [31]. Using longitudinal data minimizes the possibility of attributing changes caused by aging to changes resulting from widowhood. Furthermore, by using a prospective design, this study takes into consideration the effects of prewidowhood contextual factors. Nevertheless, there remain some limitations.

First, the measures of social support used in the current study are not specific enough to precisely examine the role of social support over time. For example, because we do not know whether the deceased spouse was a confidant or not, it is not clear whether it is the loss of the spouse that causes

changes in social network.

Second, the Changing Lives of Older Couples study has a unique study design, where each bereaved individuals was interviewed at before and after spousal loss. This design inevitably leads to large variations in the time that elapsed between the baseline and follow-up interviews. Third, I concentrated on only bereaved participants (spousal loss and multiple losses), resulting in a relatively small sample size, thereby lowering statistical power. Future studies should ultimately replicate this study over a longer time with adequate sample sizes.

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