

Assessing the Relationship between Perceived Social Support and Depression in Elderly: A Predictive Study



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Abstract: The purpose of this research is to investigate the association of perceived social support (PSS) and depression in middle and older aged people. A random sample of 126 elderly persons, age between 40 years to 75 years, were selected from different areas of Karachi. A demographic data sheet was administered along with study scales. To explore the relationship, correlation coefficient and linear regression were applied. Findings revealed a significant negative relationship between perceived social support and depression ($p < .000$) in middle and older-aged adults and in male and female middle and older-aged adults, respectively. Further, the analysis revealed that PSS has the potential to bring .09%, .10%, and .06% change in depression among the whole sample and among elderly males and females. Provision and utilization of adequate support systems for the elderly can be beneficial in treating emotional problems and enhance the well-being of this population.

Key Words: Perceived Social Support, Depression, Middle and Older Adults

Introduction

Old age is subjectively defined in our society as referring to people who are 65 years old and above. Further, it categorizes the age of 65-74, 75-84 and 85 and above as young old, old-old, and oldest-old respectively—two-third of older adults' lives with their families, usually with a spouse or another relative. Close to a third of all non-institutionalized older persons live alone. This category has been increasing rapidly during the past decade, perhaps because families are on the move and thus less nuclear than they used to be (Comer, 1992).

Several theorists have highly structured upon Erikson's descriptions of the stages of early and middle adulthood. Levinson (1977, 1986) defined the age of 22 to 40 as full of energy and abundance, contradiction, and stress. Their aspirations are high; they may raise a family and ultimately reach a relatively senior position in the adult world. But the period of early adulthood can also be one of the massive changes. The stage of middle adulthood, lasting from about age of 45 to 60, is a period in which biological functioning, although less than best, but in a capacity where this population may spend their lives in a socially satisfied

manner. Although this too becomes a life of self-satisfaction and peace of mind, one's growing biological problems, numerous responsibilities, and expectation of upcoming old age may also produce considerable stress and tension and some degree of psychological dysfunction. Further, Levinson (1977) has labelled this period as a mid-life crisis that was confused, painful and comprised of feelings of anxiety and depression.

Depression is very common in late life, and it has an adverse impact on the overall well-being of this population (Blazer, 2003). In another research, Rosenving and Rosenvinge (2003) found that 10-19% elderly population suffer from symptoms of depression generally while 2 to 4% suffer from major depressive disorder and further, those older people who are living in some institution have a 10% ratio of major depression and 29% prevalence of depressive symptomatology (Seitz & Purandare, 2010; Mueller et al., 2004). Another study findings have revealed that the ratio of depressive symptomatology and major depression was almost 50% and 20% respectively among those elderly population who were taking some

long-term care ([Barca et al., 2009](#)). Similar findings were found from another research by [Minardi and Blanchard \(2004\)](#) that a higher level of depression is associated with the feeling of loneliness, social support, and handicap.

As with the increasing rate of old age, depression is also increasing as a mental health issue, and it requires high cost, health care services, and care to treat (WHO, 2012). [Licht-Strunk et al. \(2012\)](#) reported that older age, chronic physical problems, functional problems, external locus of control, and baseline depression were leading factors in the elderly population that is difficult to treat. Another researcher [Mitchell and Subramaniam \(2005\)](#), has reported a high relapse rate among older people with depression as compared to middle-aged. This becomes important to explore the prognosis and to include the concept of coping with it as in older people with depression, coping remains at risk ([Beckman et al., 2001](#)). Another research has highlighted the importance of social support resources and coping strategies among the elderly population and further found their important features in handling the depressive symptoms in the late-life ([Bjorklof et al., 2003](#)).

Ageing is related to increased dependency on health-related and support services ([Janssen et al., 2014](#)). Other researchers found in their research ([Burke et al., 2012](#)) that old age is not only the age of physical deterioration but also creates problems in the psychological and social well-being of the elderly. Social interaction has been found as an important source to meet day to day goals and personal empowerment (Janssen et al. 1., 2011). The ratio of old age that is 60 years and above reached 11% in 2007, and it is expected to increase 22% in 2050 ([Kalache et al., 2005](#)). Most debates regarding public policy were focused on the physical problems of the elderly, while social support and social well-being were totally ignored ([Bowling & Gabriel 2004](#)). In research, it was found that the elderly population must face great challenges, feelings of loss of love, support and social resources ([Cattan et al., 2005](#)). They further concluded that some sort of group activity-based intervention plans could be helpful in alleviating these feelings of loneliness. Much research has highlighted the efficacy of physical activity (PA) and mobility as a valuable source to improve and maintain a healthy lifestyle in the elderly ([Verma et al., 2014](#); [Simonsick et al., 2005](#); [Brach et al., 2004](#)). Same findings Boham et al. (2016) have also highlighted the benefits of

physical activity for age 65; hence the role of social support becomes very vital as those elderly people who have a high level of social support tend to achieve a high level of (PA) than those elderly population who have a low level of social support.

Social support (SS) addresses noticeable categorization of support systems, instrumental support, such as help in day to day matters and emotional support in the form of being understood, comforted, and listened to ([Gaveras et al., 2014](#)). SS is defined as an important social factor for good physical and emotional health and to gain a healthy sense of well-being. (Bryla et al., 2013), reducing depressive symptoms and chronic diseases ([Angner et al., 2013](#); [Bartolini et al., 2013](#)).

Another recent research has shown that low social support in older age has real societal cost in respect of living conditions, age, marital status, and health as associated factors ([Dai et al., 2016](#)). Many other researchers have found social support as a safeguard for stressful conditions of the old age period that can lead to depression ([Dien-Zain, 2010](#); [VanderHorst & McLaren 2005](#); [Cappeliez et al., 2005](#); [Jang et al., 2005](#)). Perceived functional SS is associated with depression. Further findings indicated that in the group of older people with low social support, women require more emotional support while men need more material support (Gray et al., 2012). Moreover, SS is related to depression among the elderly population, and the rate of depression can be decreased by providing a high level of SS system to the older age population ([Koizumi et al., 2005](#)).

In accordance with the vital role of social support in later life, the present study investigates SS as a resilient factor and a safeguard from depression in older age.

Hypotheses

Following hypotheses are enlisted below:

- 1) A high level of perceived SS would predict a low level of depression in middle and older age adults.
- 2) A high level of perceived SS would predict a low level of depression in middle and older age male and female adults.
- 3) There would be an association between SS and depression among middle and older-aged adults.
- 4) There would be an association between SS and depression among middle and older-aged adults.

Method

Participants

A random sample of 126 older adults (64 males & 62 females) were taken from different areas of Karachi. Their age range was from 40 years to 85 years (mean age= 56.86; SD=10.63). They belonged to lower middle & middle socioeconomic status with a minimum level of education of less than primary.

Demographic Data Sheet

Personal information was taken regarding gender, age, marital status, educational level, income, family system, socioeconomic class, and any physical disease.

Siddique Shah Depression Scale (Siddiqui, 1992)

It is a self-report measure with 36-items. It is a four-point Likert type scale ranging from 0= never to 3= every time. It has three domains of mild, moderate, and severe depression; a higher score indicates a high level of depression.

Social Provision Scale Urdu-Version (Rizwan and Syed, 2010)

It is a 4-point Likert type scale with six dimensions, i.e., social integration, guidance, reassurance of

worth, reliable alliance, opportunity for nurturance, and attachment. Higher perceived SS is determined by a higher score. It was translated in Urdu by [Rizwan and Syed \(2010\)](#) and had a Cronbach alpha reliability of .837.

Procedure

First, a consent form describing the goal of the study was given to the participants. Participants were assured about confidentiality. They were also discussed that they have the right to withdraw from the study at any time. Then demographic information was obtained through the demographic sheet. After that, to measure the level of depression and perceived SS, Salma Siddique Depression Scale and Social Provisional Scale-Urdu were administered. Further, descriptive statistics and linear regression models were applied for the analysis through (SPSS-21).

Ethical Consideration

First, consent was obtained from the authors of scales and study participants. Information was taken after the consent of the participants, and they were told about the confidentiality of the information and were assured that this would only be used for academic purposes. They were also briefed about the right to withdraw from the study.

Results

Table 1. Descriptive statistics of age perceived social support and depression of entire sample, female and male middle and older-aged adults.

Variables	N	Minimum	Maximum	M	SD
Age	126	40	89	56.86	10.634
Age (male)	64	40	79	57.03	11.002
Age (female)	62	40	89	56.68	10.327
Social Support	126	5	74	37.13	17.848
Social Support (male)	64	42	96	73.22	12.478
Social support (female)	62	40	96	72.66	13.126
Depression	126	40	96	72.94	12.753
Depression (male)	64	5	74	37.23	19.035
Depression (female)	62	12	71	37.03	16.689

Note: N=126, n=64, n=62

Table 2. Summary of Linear Regression analysis for the current sample.

Category	Independent Variable	B	ΔR^2	F
Older aged adults	Social Support	-0.313**	0.09	13.45
Middle and older aged adults (male sample)	Social Support	-0.345**	0.10	8.38
Middle and older-aged adults (female sample)	Social Support	-0.280*	0.06	5.10

** $P < .01$, * $P < .05$ N=126, n=64, n=62

The above table indicates as SS increases by one unit; then this effect will decrease depression by .31 times in the whole sample of middle and older-aged adults, 0.345 times in the male sample of middle and older-aged adults, and 0.28 times in the female sample of

middle and older-aged adults. Further, PSS has the potential to predict and bring .09%, .10%, and .06% change in depression among the whole sample, male sample, and female sample of middle and older-aged adults, respectively.

Table 3. Pearson Product Moment Coefficient of Correlation of perceived social support and depression among entire sample, middle and old age females, and middle and older age males.

Categories	N	r	Sig
Older age adults	126	-.313**	.000
Middle and older age adults (male)	64	-.345**	.005
Middle and older age adults (female)	62	-.280*	.028

N=126, n=64, n=62, **P< 0.01, *P<0.05

From the above table, we conclude that social support has a significant negative relationship with depression (p<0.01, p<0.05) among the whole sample and also in the male and female samples separately.

Discussion

The Current findings examine the influence of perceived social support on depression among middle adolescence and older adults, among male and female participants. Findings from the study have proved the hypotheses and suggested that perceived social support predicts depression in middle and older-aged older adults and among male and female older adults (table 2). Further, findings have revealed a significant negative relationship between perceived social support and depression among older adults, male older adults, and female older adults (Table 3).

It is a fact that oldness is the time of deterioration in many areas like physical, emotional and sin relations with others where an older person must face many challenges related to physical health, feeling of loneliness, and depressive symptoms and intense need of social support. As previous research has supported those geriatrics is related to dependency due to health-related issues and receiving support services from others. It was found in previous research that old age is not only the age of physical deterioration, but it also creates problems in the psychological and social well-being of elderly persons and further social interaction has been considered as an important source to meet day to day goals and personal empowerment.

Another factor is that by reaching old age, people start feeling lonely because their children grow up and start living their own lives. This makes them believe

that they are without any support from them and they are alone. This period has been labelled as a mid-life crisis that was confused, painful and comprised of feelings of anxiety and depression. Another reason might be the generation and communication gap between the older adults and the adolescents of their time, and this gap makes them feel left out. At this stage, when they feel left out, they need social support from people who they think understands them and their feelings. So, if it is absent in some way, they become depressed.

One more important fact is that the need for affection is present in everybody in all the stages of life. At the time of student life and as a colleague, this need gets fulfilled by meeting a lot of people at school or work, by meeting people, but when a person gets old, and he gets retired, his need of affection is not fulfilled and according to Erik Erikson’s stage theory stage of stagnation arises, So there is an intense need for meeting people and getting social support in order to fulfil this need, and this is what our findings have revealed regarding the relationship if the older adults were provided with a high level of social support there would be a decrease in the level of depression (table 3).

Findings also concluded that among male and female older adults, there is also a negative relationship between the variables of depression and social support. The reason for this could be that these days the perception relating to perceived social support is changing, and males and females in their old age require the support system equally to meet instrumental, emotional, and social needs to take their lives in a smoother way and achieve a better quality of life.

Conclusion and Recommendations

In the light of study findings, it is concluded that provision and utilization of adequate support systems for the elderly can be beneficial in treating emotional problems and enhance the well-being of this

population. Moreover, for future research, it is recommended to have a large sample size for the generalization of results. Other demographic variables could also be studied for better results in our cultural orientation.

References

- American Psychiatric Association. (2013). American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders. <https://www.psychiatry.org/psychiatrists/practice/dsm>
- Angner, E., Ghandhi, J., Purvis, K. W., Amante, D., & Allison, J. (2013). Daily functioning, health status, and happiness in older adults. *Journal of Happiness Studies*, 14(5), 1563-1574. <http://hdl.handle.net/10.1007/s10902-012-9395-6>.
- Barca, M. L., Selbæk, G., Laks, J., & Engedal, K. (2009). Factors associated with depression in Norwegian nursing homes. *International Journal of Geriatric Psychiatry: A Journal of the Psychiatry of Late Life and Allied Sciences*, 24(4), 417-425. doi: 10.1002/gps.2139.
- Bartolini, S., Bilancini, E., & Pugno, M. (2013). Did the decline in social connections depress Americans' happiness? *Social Indicators Research*, 110(3), 1033-1059. <http://hdl.handle.net/10.1007/s11205-011-9971-x>.
- Beekman, A. T., Deeg, D. J. H., Geerlings, S. W., Schoevers, R. A., Smit, J. H., & Van Tilburg, W. (2001). Emergence and persistence of late life depression: a 3-year follow-up of the Longitudinal Aging Study Amsterdam. *Journal of Affective Disorders*, 65(2), 131-138. DOI: 10.1016/s0165-0327(00)00243-3
- Björkløf, G. H., Engedal, K., Selbæk, G., Kouwenhoven, S. E., & Helvik, A. S. (2013). Coping and depression in old age: a literature review. *Dementia and Geriatric Cognitive Disorders*, 35(3-4), 121-154. doi: 10.1159/000346633.
- Blazer, D. G. (2003). Depression in late life: review and commentary. The journals of gerontology series A: *Biological sciences and medical sciences*, 58(3), M249-M265. http://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=Blazer%2C+D.+G.+%282003%29.+Depression+in+late+life%3A+review+and+commentary.
- Bowling, A., & Gabriel, Z. (2004). An integrational model of quality of life in older age. Results from the ESRC/MRC HSRC quality of life survey in Britain. *Social Indicators Research*, 69(1), 1-36. <https://doi.org/10.1023/B:SOCL.0000032656.01524.07>
- Brach, J. S., Simonsick, E. M., Kritchevsky, S., Yaffe, K., Newman, A. B., & Health, Aging and Body Composition Study Research Group. (2004). The association between physical function and lifestyle activity and exercise in the health, aging and body composition study. *Journal of the American Geriatrics Society*, 52(4), 502-509. DOI:10.1111/j.1532-5415.2004.52154.x
- Bryła, M., Burzyńska, M., & Maniecka-Bryła, I. (2013). Self-rated quality of life of city-dwelling elderly people benefitting from social help: results of a cross-sectional study. *Health and quality of life outcomes*, 11(1), 1-11. doi: 10.1186/1477-7525-11-181
- Burke, K. E., Schnitger, R., O'Dea, B., Buckley, V., Wherton, J. P., & Lawlor, B. A. (2012). Factors associated with perceived health in older adult Irish population. *Aging & Mental Health*, 16(3), 288-295. doi: 10.1080/13607863.2011.628976.
- Cappeliez, P., O'Rourke, N., & Chaudhury, H. (2005). Functions of reminiscence and mental health in later life. *Aging & Mental Health*, 9(4), 295-301. doi: 10.1080/13607860500131427
- Cattan, M., & White, M. (2005). John Bond, and Alison Learmouth. 2005. "Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions." *Ageing & Society*, 25(1), 41-67. <https://doi.org/10.1017/S0144686X04002594>.
- Comer, R. J. (1992). *Abnormal Psychology. Later Life: Problems of Aging*. (P. 635), Freeman and The company, NY. http://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=Comer+R.+J.+%281992%29.+Abnormal+Psychology.
- Cutrona, C. E., & Russell, D. W. (1987). The provisions of social relationships and adaptation to stress. *Advances in Personal Relationships*, 1(1), 37-67. doi: 10.1037/rep0000089
- Dai, Y., Zhang, C. Y., Zhang, B. Q., Li, Z., Jiang, C., & Huang, H. L. (2016). Social support and the self-rated health of older people: A comparative study in Tainan Taiwan and Fuzhou Fujian province. *Medicine*,

- 95(24).doi.org/10.1097/MD.00000000000003881.
- Gaveras, E. M., Kristiansen, M., Worth, A., Irshad, T., & Sheikh, A. (2014). Social support for South Asian Muslim parents with life-limiting illness living in Scotland: a multi perspective qualitative study. *BMJ Open*, 4(2), e004252.<https://bmjopen.bmj.com/content/4/2/e004252.short>
- Graham, C. A., Sanders, S. A., & Milhausen, R. R. (2013). Sexual excitation/sexual inhibition inventory for women. In Handbook of sexuality-related measures (pp. 261-271). Routledge.<https://doi.org/10.1371/journal.pone.0193080>
- Jang, Y., Kim, G., & Chiriboga, D. (2005). Acculturation and manifestation of depressive symptoms among Korean-American older adults. *Aging & Mental Health*, 9(6), 500-507.<https://doi.org/10.1080/13607860500193021>
- Janssen, B. M., Van Regenmortel, T., & Abma, T. A. (2011). Identifying sources of strength: resilience from the perspective of older people receiving long-term community care. *European Journal of Ageing*, 8(3), 145-156. doi: [10.1007/s10433-011-0190-8](https://doi.org/10.1007/s10433-011-0190-8)
- Janssen, B. M., Van Regenmortel, T., & Abma, T. A. (2014). Balancing risk prevention and health promotion: towards a harmonizing approach in care for older people in the community. *Health Care Analysis*, 22(1), 82-102. doi: [10.1007/s10728-011-0200-1](https://doi.org/10.1007/s10728-011-0200-1).
- Kalache, A., Barreto, S. M., & Keller, I. (2005). Global ageing. The Demographic Revolution in All Cultures and Societies. W: ML Johnson (red.), The Cambridge Handbook of Age and Aging, 30-46. <https://www.mdpi.com/2076-0760/4/4/940/htm>
- Koizumi, Y., Awata, S., Kuriyama, S., Ohmori, K., Hozawa, A., Seki, T., ... & Tsuji, I. (2005). Association between social support and depression status in the elderly: Results of a 1-year community-based prospective cohort study in Japan. *Psychiatry and Clinical Neurosciences*, 59(5), 563-569. <https://doi.org/10.1111/j.1440-1819.2005.01415.x>.
- Levinson, D. J. (1977). The mid-life transition: A period in adult psychosocial development. *Psychiatry*, 40(2), 99-112. https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=Levinson%2C+D.+J.+%281977%29.
- Levinson, D. J. (1986). A conception of adult development. *American psychologist*, 41(1), 3.
- Licht-Strunk, E., van der Windt, D. A., Van Marwijk, H. W., de Haan, M., & Beekman, A. T. (2007). The prognosis of depression in older patients in general practice and the community. *A systematic review. Family Practice*, 24(2), 168-180. doi: [10.1093/fampra/cml071](https://doi.org/10.1093/fampra/cml071)
- Martin, J. (2018). Social support and leisure time physical activity in young black women. *College Student Journal*, 52(1), 139-149.<http://dx.doi.org/10.1136/bmjopen-2013-004252>.
- Minardi, H. A., & Blanchard, M. (2004). Older people with depression: pilot study. *Journal of Advanced Nursing*, 46(1), 23-32. doi: [10.1111/j.1365-2648.2003.02962.x](https://doi.org/10.1111/j.1365-2648.2003.02962.x)
- Mueller, et al. (2004). The course of depression in elderly patients. *American Journal of Geriatric Psychiatry: Official Journal of the American Association for Geriatric Psychiatry*, 12(1), 22-29. <https://doi.org/10.1176/foc.3.1.76>
- Rizwan, M., & Syed, N. (2010). Urdu translation & psychometric properties of social provision scale. *The International Journal of Educational & Psychological Assessment*, 4, 33-47. □ISSN 2094-0734. https://www.researchgate.net/publication/272148936_Urdu_Translation_and_Psychometric_Properties_of_Social_Provision_Scale
- Rosenvinge, B. H., & Rosenvinge, J. H. (2003). Occurrence of depression in the elderly--a systematic review of 55 prevalence studies from 1990-2001. *Tidsskrift for den Norske laegeforening: tidsskrift for praktisk medicin, ny raekke*, 123(7), 928-929. https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=Rosenvinge%2C+B.+H.%2C+%26+Rosenvinge%2C+J.+H.+%282003%29.+Occurrence+of+depression+in+the+elderly
- Seitz, D., Purandare, N., & Conn, D. (2010). Prevalence of psychiatric disorders among older adults in long-term care homes: a systematic review. *International psychogeriatrics*, 22(7),

- 1025-1039. [doi: 10.1017/S1041610210000608](#).
- Siddiqui, S., & Ali Shah, S. A. (1997). Siddiqui-shah depression scale (SSDS): development and validation. *Psychology and Developing Societies*, 9(2), 245-262. [http://www.scalesandmeasures.net/files/files/SiddiquiShah%20Depression%20Scale%20\(1997\).pdf](http://www.scalesandmeasures.net/files/files/SiddiquiShah%20Depression%20Scale%20(1997).pdf)
- Simonsick, E. M., Guralnik, J. M., Volpato, S., Balfour, J., & Fried, L. P. (2005). Just get out the door! Importance of walking outside the home for maintaining mobility: findings from the women's health and aging study. *Journal of the American Geriatrics Society*, 53(2), 198-203. [DOI: 10.1111/j.1532-5415.2005.53103.x](#).
- Subramaniam, H., & Mitchell, A. J. (2005). The prognosis of depression in late life versus mid-life: implications for the treatment of older adults. *International Psychogeriatrics*, 17(4), 533-538. [doi: 10.1176/appi.ajp.162.9.1588](#).
- Van Der Horst R, McLaren S. Social relationships as predictors of depression and suicidal ideation in older adults. *Aging & Mental Health* 2005, 9(6), 517–525. [doi: 10.1080/13607860500193062](#).
- Varma, V. R., Tan, E. J., Wang, T., Xue, Q. L., Fried, L. P., Seplaki, C. L., ... & Carlson, M. C. (2014). Low-intensity walking activity is associated with better health. *Journal of Applied Gerontology*, 33(7), 870-887. [doi: 10.1177/0733464813512896](#)
- World Health Organization, (2012). Global Burden of Disease-WHO, 2012. <http://www.nimh.nih.gov/ststistics/pdf>
- Zain Al-Dien, M. M. (2010). Perceptions of sex education among Muslim adolescents in Canada. *Journal of Muslim Minority Affairs*, 30(3), 391-407. [doi: 10.1080/13607860500193765](#)
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52(1), 30-41. https://doi.org/10.1207/s15327752jpa5201_2