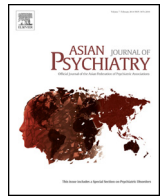




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Does psychological resilience mediate the impact of social support on geriatric depression? An exploratory study among Chinese older adults in Singapore

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ABSTRACT

Social support and resilience were considered to be two significant influential factors for depression in late life. The study aims to present a mediation model for understanding the interrelations among social support, resilience, and geriatric depression. A cross-sectional survey study was conducted among 162 community-dwelling Chinese older adults in Singapore. Findings indicated a significant indirect effect of social support on geriatric depression through the mediation of resilience, by controlling demographic variables. Further, an identical influencing pattern between problem-solving resilience and emotion regulation resilience were found in the two individual models, suggesting a similar mediation role in linking social support and geriatric depression. These results extended and integrated earlier findings on the relationship of psychosocial factors and geriatric depression, and pointed out practical implications for future work on depression interventions.

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1. Introduction

An increasing volume of evidence has shown that both the number and percentage of older adults have increased dramatically in modern society (Agüero-Torres et al., 2001). Population aging has led to many concerns about older adults' mental health in recent decades (Kraaij et al., 2002). People are experiencing many negative stressors in their late life, such as physical illnesses, loss of friends and family members, lack of social interaction, or inadequate economic resources. Depression is one of the most highly prevalent mental disorders caused by the accumulation of stressors in late life (de Beurs et al., 2005). It is estimated that around 12% of adults aged 65 or above in Europe are suffering from depressive symptoms (Copeland et al., 2004). Even higher rates of geriatric depression have been reported in East Asia, such as Taiwan (Chong et al., 2001) and Japan (Wada et al., 2004). Geriatric depression not only negatively affects an individual's well-being (Mann, 2002), but also increases the burden on the public healthcare system (Snowden et al., 2008).

1.1. Resilience and depression

Many studies have investigated the protective factors that are protective against stressors and depression in late life. Among them, psychological resilience is generally considered to be an important protective mechanism for individuals who are in the face of stressors and adversity (Bonanno, 2004; Masten, 2001). The term 'resilience' originally comes from physics, but in psychology it is used to describe the psychological ability to adaptively cope with stress and adversity. A substantial number of previous studies have indicated the significant association between resilience and depression (see a review of Elisei et al., 2013). However, relevant findings extended to older adults are sparse (Gooding et al., 2011). Mehta and colleagues' study (2008) was one of exceptions which reported the predictive effect of resilience on depression among community-dwelling older adults. Since aging is characterized by specific physical, social, and psychological stressors, it is worthwhile further confirming the influence of resilience on depression in late life.

1.2. Social support, resilience and depression

Similar to resilience, social support was examined to be another protective factor to geriatric depression. Previous empirical findings have demonstrated clearly that a perception of low social

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support leads to depressive symptoms in late life (Barg et al., 2006; Chi and Chou, 2001; Rubinstein et al., 1994). Although the importance of social support in depression and other mental disorders were examined by researchers and clinicians, very few studies have been conducted on explaining how social contexts “get under the skin” to affect individual’s depression (Marroquín, 2011). It is far less known on the mechanisms of how social support impacts depressive psychopathology. The empirical discussion of influential mechanisms is essential, for it can open up the field’s understanding towards a clearer picture of “how and when social support works, and how and when it does not” on depressive symptoms (Marroquín, 2011).

The extant literature has linked social support with psychological resilience from a neurobiological perspective (see a review of Ozbay et al., 2007). Clinical studies have indicated that low social support led to physiological and neuroendocrine indices of heightened stress reactivity, including increased heart rate (Stansfeld et al., 1997) and blood pressure (Uchino et al., 1996). It therefore reduces individual resilience by exaggerating cardiovascular and neuroendocrine responses to external stressors. In social science domain, researchers also explained the role of social support as a resilience factor (Cobb, 1976; Cohen and Wills, 1985). They indicated that people who receive high social support are theoretically better able to adapt to and/or modify external stressors, thereby promoting better adjustment and psychosocial functioning. This relationship was further examined in aging studies, with results demonstrating that high social support can enhance resilience to stress among older adults (Lamond et al., 2008; Netuveli and Blane, 2008).

In light of evidence suggesting the interrelationships of social support and resilience, some researchers began to argue that social support reduces the risk for developing mental illness via fostering resilience (Ozbay et al., 2007). Pietrzak et al. (2010) suggested that psychological resilience fully mediated the association between unit support and depressive symptoms among veterans. In another study conducted on U.S. commissioned officers, Peat (2012) not only found the significant effects of team support on both resilience and depression, but also indicated the significant association between resilience and depression. Taken together, the accumulated evidences raise the possibility that resilience serves as a mediator in the impact of social support on depression. Nevertheless, there is still inadequate literature on examining the mediating effect of resilience in the relation of social support and depression among aging population, particularly for older adults in Non-Western contexts.

1.3. The present study

Advances in research of resilience and social support on older adults mainly resulted from studies with Caucasian population. Since different sociocultural contexts would result in variances in the way people adapt with stressors (Janevic and Connell, 2001) and receive social support (Chi and Chou, 2001), the findings and implications provided by the Western studies are not necessarily applicable in other regions. Current research related to resilience, social support, and geriatric depression are very limited in Asian, particularly in Chinese societies, despite that aging populations there are having a fast increasing rate (United Nations, 2013) and a high depression prevalent rate (Chong et al., 2001; Woo et al., 1994). Singapore is one of the Chinese societies with serious aging problems: elderly people older adults are reaching 10% of the total population (Department of Statistics, 2010), and more than 20% of them are suffering from geriatric depression (Chuan et al., 2008). Hence, gaining insight into the protective factors against geriatric depression is important for rapidly aging Chinese societies like

Singapore, because it can help develop adequate prevention and future treatment strategies in this particular cultural context. The present study therefore attempts to confirm and extend the relations of resilience, social support, and depression in a sample of Singaporean Chinese Older Adults.

The main objectives of current study are: (1) to confirm the effects of both resilience and social support on depression among Chinese older adults in Singapore; (2) more importantly, to examine the mediation effect of resilience in the impact of social support on depression among this group of older adults.

2. Methods

2.1. Participants

Potential participants are local Chinese Singaporean residences aged 65 years old or above. They were recruited from three different community areas located in the southwestern, northern, and eastern part of Singapore, respectively. Researchers approached and identified the proposed participants through the help of administrators and nursing staff in the local senior activity and community clubs. The participation of the study is fully voluntary, and the older adults were reimbursed for their time and travel. The informed consent was obtained for all participants before the study, in accordance with the protocol that was approved by Nanyang Technological University Institute Review Board (IRB2013-05-008).

2.2. Procedures

Each participant completed a cross-sectional survey in the local senior activity centers or community clubs, which lasted for approximately 20 min. For those who had literate and visual problems, they were assisted by trained student assistants from the research team during survey process. The survey was a structured self-reported questionnaire that collects basic demographic information and measures main outcome psychosocial variables. We provided two language versions, English and Chinese, with a consideration of the multi-culture context in Singapore.

2.3. Materials

Psychological resilience. In order to get an estimation of resilience, we administrated the Resilience Appraisals Scale (RAS) which was initially developed by Johnson and colleagues (2010). The RAS scale was reported to be germane to older adults, and has high validity and reliability in elderly population (Gooding et al., 2011). In the study we adopted two subscales from the original scale, which reflects individual’s appraisal resilience in emotion regulation and problem solving. In scales of RAS, participants indicate to what extent each statement applies to them using a five-point Likert scale (e.g. ‘I can generally solve problems that occur’) ranging from ‘strongly disagree’ to ‘strongly agree’. The Chinese version of the scale was translated from the original English version by three doctoral students, using the back translations method to ensure the high accuracy of each statement. Reliability of the RAS scale and two subscales were highly acceptable in current study, with alphas of .88, .86, and .85 for the resilience (total), problem solving resilience, and emotional regulation resilience, respectively.

Social support. The perceived social support was measured by the Duke Social Support Index (DSSI) from Landerman et al. (1989). The original DSSI is a long scale with 35 items, which often lead to physical and emotional exhaustion of participants, especially for older adults (Koenig et al., 1993). As a result,

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