

Negative Life Events and Mental Health Among Old Age People: Moderating Role of Social Support

Khizra Iqbal & Rizwana Amin
Bahauddin Zakariya University

Challenges related to physical and mental wellness increased with agedness among individuals. Psychological snags among older people might be resultant of the augmented possibility of being encountered to distressing life situations. Present study was done to find out whether social support moderates the path that links detrimental incidents in life to mental wellbeing amongst elder persons. Participants of the study were 100 (50 men & 50 women) old people who responded on Negative Life Event Scale (Wills, McNamara, Vaccaro, & Hirky, 1996), Mental Health Inventory (Veit & Ware, 1983), and Social Support Scale (Cohen & Hoberman, 1983) and approached through convenience sampling technique. Relationship was measured by utilizing Pearson product moment correlation coefficient while moderating effects of social support in linking negative events to mental health (i.e., psychological distress & psychological wellbeing) was assessed through hierarchical regression. Findings indicate positive relationship of negative life events with psychological distress whereas negative relationship with psychological wellbeing and social support. Moreover it is evident that help one received from community networks moderates interrelationship of deleterious life events and mental health (reduction in psychological distress while enhancing psychological wellbeing). Results propose to work to evolve intervention as well as prevention programs for old people that focused on coping with negative life events which resultantly enhance mental health in old age.

Keywords: Negative life events, mental health, social support, gender, old people

For geriatrics, mental health becomes very important in the course of retirement. In old age people, good mental health as well as

Khizra Iqbal and Rizwana Amin, Department of Applied Psychology, Bahauddin Zakariya University, Multan.

Correspondence concerning this article should be addressed to Rizwana Amin, Department of Applied Psychology, Bahauddin Zakariya University, Multan, Pakistan. Email: rizwana_aries@hotmail.com.

fairly good physical health can be predicted by healthy social support for the years to come (Nemade, 2014). When a person's emotional well-being falloffs anytime amid retirement age; it would improve the probability for conflicting elements to persist with the pretentious people. Therefore, it becomes challenging for those to remain optimistic and come out from downturn. When they realized of being esteemed by others, it has affirmative effect on their psychological wellness. On the other side, insufficient social support becomes evident if an individual continuously experienced life challenges. Nordqvist (2015) referred unexpected and stagy experiences (e.g., death of a spouse, unemployment) which can amend one's social world as negative life events.

Physical health and social support are key features that help to understand the overall wellbeing of a person. Immune system not only affected by social support but in also enhances well-being. Hence, it serves as a defensive component against developing psychological distress such as anxiety and depression. According to Larocca and Scogin (2015), support an individual received from one's society can anticipate its effects on general health in the latter part of one's life. Agedness swayed depressive symptoms because of lack of social support (Fiske, Wetherell, & Gatz, 2009). Encouragement and assistance from society enables older adults to cope with detrimental events in one's life. Life stressor and daily hassles become clearer to persons who do not have sufficient social support and resultantly it expedite worsening mental as well as physical health (White, Philogene, Fine, & Sinha, 2009). Age-related changes in cognitive functioning also influence on mental health. Common mental illnesses such as depression and anxiety remain, but the symptoms can be different in older people.

The World Health Organization (2008) characterizes health in terms of 'overall well-being (physical, mental, and social) in addition to absence of illness. As mental health is important to general health and wellbeing, it must be acknowledged for all persons, including older adults, with the same top priority as physical health is considered important. Therefore, mental health has been considered as progressively central part of the public health (Karel, Gatz, & Smyer, 2012). Researchers showed that there is lack of mental health services for older adults suffering from mental health issues as compared to young people and middle age people. Moreover, they are less likely to receive care from mental health specialist (Byers, Arean, & Yaffe, 2012). Karel et al. (2012) identified that approximately 20.4% of adults of age 65 and above have diagnosed with suffering from mental disorder including Dementia. Such patients living in nursing homes

reported chronic health problems and more than 50 percent of home residents experienced some form of cognitive impairments (Gabriel, 2007).

In Pakistan, mental health issues are shared among aged population that cannot be ignored and demand consideration from mental health specialists as well as establishments (Bhamani, Karim, & Khan, 2013). American Psychological Association Office on ageing (2015) identified that expansion in mental and behavioral health services is required with agedness in America's populace. There is a dire need that professionals (psychologist and psychiatrists) would address behavioral and emotional issues of older adults especially for those who belonged to under developed communities. It becomes demanding to provide these services than ever within communities facing economic crisis. Provision of mental health services would be affected by heightened divergence in aged populace, thus required training in catering culturally competent care.

Dalgard, Bjork, and Tambs (2006), concluded that when people experienced any kind of stressor, social support enable one to cope with mental disorder. This buffering effect was particularly resilient for depression. According to Bailly, Joulain, Herve, & Alaphilippe (2012), one's ability to alter goals identified as a protective factor against depressive symptoms followed by negative life incidents. Alexandrino-Silva, Alves, Tofoli, and Wang (2011) suggested professionals who developed and providing intervention as well as prevention programs for ageing should focusing on incidences of adverse life situations. Moreover, it is proposed to pay attention on such elder people who experienced of accretion life challenges because of being high risk of developing mental health issues. Another research conducted by Siedlecki, Salthouse, and Oishi (2014), recognized that ones' enacted as well as perceived support envisages life satisfaction; strong family bonds predict positive affect while deleterious affect was foretold by perceived support. Furthermore, by entering personality variables influences of social support variables were generally reduced. Social support found to have a robust sway on aged populace with health problems (Melchiorre, Chiatti, Lamura, Torres-Gonzales, & Stankunas, 2013).

In individual's 'stages of development, support one receive from society becomes important dynamics in relating overall mental wellbeing. The lack of social support displays several issues midst the wedged persons. Absence of supportive system as well as dysfunctional intimate and social relations may become critical with agedness. Moreover, high social support is not only related with less psychological issues but also reported less utilization of health care

services. Contrary to it, emotional abuse in older adults is related to poor social support.

Current study is an attempt to find the whether social support buffers the path linking adverse life situations to mental health. It was checked on sample of individuals aged 60 and older. Present study was conducted to identify how negative life events influence in old age and leads towards mental health problems. Following objectives were formulated for the study:

1. To determine the relationship among negative life events, mental health, and social support.
2. To examine the moderating role of social support in linking negative life events to mental health.
3. To identify the differences based on demographics variables in negative life events, mental health, and social support.

Method

Participants

The participants consisted of 100 old people (50 males, 50 females) age ranged 60 to 85 years ($M = 72.4$, $SD = 6.86$). Sample was approached through convenient sampling method. Details of the sample are given in Table 1.

Table 1

Demographic Characteristics of Sample (N = 100)

| Demographic Variables | <i>F</i> | Min | Max | <i>M</i> | <i>SD</i> |
|-----------------------|----------|-----|-----|----------|-----------|
| Age | | 60 | 85 | 72.4 | 6.86 |
| Gender | | | | | |
| Men | 50 | 1 | 2 | 1.42 | .496 |
| Women | 50 | | | | |
| Spouse Status | | | | | |
| Alive | 57 | 1 | 2 | 1.43 | .497 |
| Deceased | 43 | | | | |
| Socioeconomic Status | | | | | |
| Poor | 23 | 1 | 3 | 2.5 | 7.32 |
| Middle | 62 | | | | |
| High | 15 | | | | |

Table 1 showed Sample description about demographics. It is indicated that present research consisted on equal number of men and women. Most of the participants are from middle class and their spouses were alive.

Instruments

Following instruments were used in the present study. Demographic information like age, gender, spouse status (alive/deceased), socioeconomic status of the participants was also collected.

Negative Life Event Inventory. Negative Life Event Inventory (Wills, T. A., McNamara, G., Vaccaro, D., & Hirky, A. E. (1996). was used by experts to assess stressors as well as stress level. The scale comprised twenty items, and includes 11 events that may occur to close members of family for example, 'Somebody in my family had a serious illness', whereas 9 items measured personal life events for example 'I had a serious accident'. By summed up items number 1,2,3, 5,6,7,8,10,14,18 and 19. Family events score obtained, for personal life events stress score calculated by adding items 4, 9,11,12,13,15,16,17 and 20. Higher score reflects more stressful life events by adding scoring response 1= *No* and 2= *Yes*.

Mental Health Inventory. The inventory comprised of 38 items which include 16 items of Psychological Wellbeing subscale and 22 items of Psychological Distress subscale. Cronbach's alpha is .82 (Veit & Ware, 1983).

Social Support Scale. The social support scale was developed by Cohen and Hoberman (1983). The Instrument consisted on three subscales designed to assess three dimensions included appraisal support, belonging support and tangible support. Each subscale is measured by 4-point Likert scale ranging from *Definitely true* to *Definitely false*.

Procedure

The booklet including informed consent and instruction form, demographic variable sheet, and questionnaires was given to the elderly people (both male and female) who were selected through convenient sampling technique from different areas of Multan. The Debriefing was given to the participants. It was ensured to all

participants that all data provided by them will remain confidential and used only for research. After getting the data, the scoring of questionnaire and statistical analyses of data was performed. After processing the statistical analyses the results were generated.

Results

The current study intended to explore the moderating effects of social support in linking negative life events to mental health among older people and finding out the variations on selected demographic variables. Results were computed through SPSS-21.

Table 2
Correlation Coefficient of Negative Life Events, Social Support and Subscales of Mental Health (N = 100)

| Scales | 1 | 2 | 3 | 4 |
|----------------------------|---|-------|--------|--------|
| 1. Negative life events | - | .62** | -.39** | -.41** |
| 2. Psychological distress | | - | -.64** | -.55** |
| 3. Psychological wellbeing | | | - | .72** |
| 4. Social Support | | | | - |

** $p < .01$.

Results indicate that negative life events are positively correlated with psychological distress and negatively associated with psychological wellbeing and social support. Psychological distress is negatively correlated with wellbeing and social support. Psychological wellbeing is positively associated with social support.

Table 3
Hierarchical Regression Analysis Showing the Moderating Effect of Social Support in Linking Negative Life Events to Psychological Distress (N = 100)

| Variables | Model 1 | | | Model 2 | | | Model 3 | | |
|--------------|---------|-----|---------|----------|-----|---------|---------|-----|---------|
| | B | SE | β | B | SE | β | B | SE | β |
| NLE | -.73 | .30 | -.56* | -.71 | .34 | -.57* | -.71 | .34 | -.57* |
| SS | | | | -2.05 | .37 | -.95 | -2.14 | .39 | -.96*** |
| NLE x SS | | | | | | | -.05 | .01 | -.62** |
| R^2 | .19 | | | .33 | | | .41 | | |
| F | 23.41** | | | 24.68*** | | | 21.91** | | |
| ΔR^2 | .18 | | | .32 | | | .39 | | |

Note. NLE = negative life events; SS = social support.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 3 depicting significant moderation of social support between negative events and psychological distress ($F = (21.91, p < .001)$ and ($B = .620, p < .001$) which reflect that model is significant and high ratio of adverse life events and low social support leads to psychological distress in aged people.

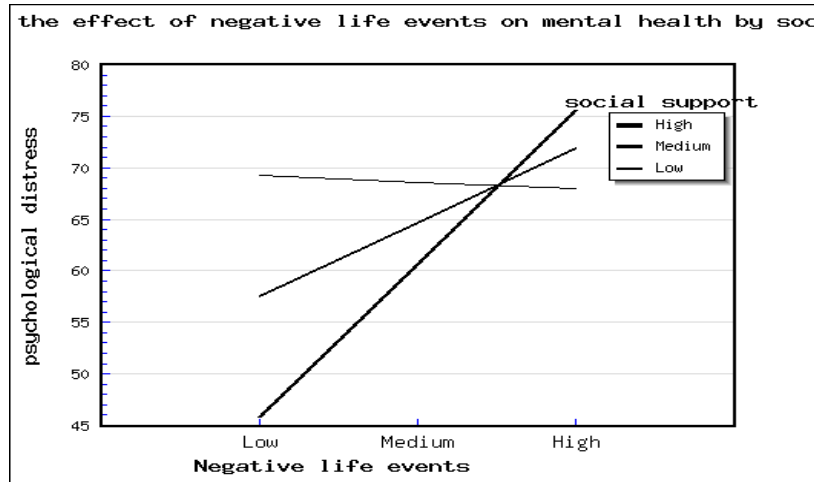


Figure 1. Interaction of social support and negative life events on psychological distress.

Unstandardized B coefficient of main effect and interaction effect were used to make Mod graph. The lines on graph show high moderation of NLE and social support with psychological distress. Graph shows an inverse association between social support and psychological distress among elderly people and high social support decreases feelings of distress.

Table 4

Hierarchical Regression Analysis Showing the Moderating Effect of Social Support in Linking Negative Life Events to Psychological Wellbeing (N = 100)

| Variables | Model 1 | | Model 2 | | | Model 3 | | | |
|--------------|---------|------|----------|-----|------|---------|------|------|---------|
| | B | SE | B | B | SE | β | B | SE | β |
| NLE | .80 | .25 | .71 | .82 | .27 | .73 | .89 | .28 | .75** |
| SS | | | | .85 | .33 | .75 | .90 | .34 | -.99*** |
| NLE x SS | | | | | | | -.05 | .01 | -.77** |
| R^2 | .15 | | .27 | | | .38 | | | |
| F | 18.24** | | 18.37*** | | | 19.83** | | | |
| ΔR^2 | .14 | | .26 | | | .36 | | | |

Note. NLE = negative life events; SS = social support.
* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 4 indicates results of hierarchical regression analysis of social support between the association of negative life events and psychological wellbeing. Table depicting significance moderation of social support between negative events and psychological wellbeing ($F = 19.83, p = .001$) and ($B = -.774, p = .001$) which reflect that modal is significant.

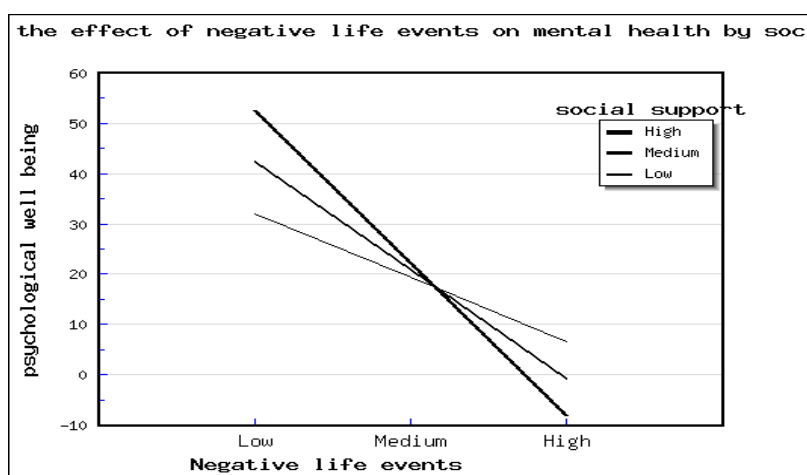


Figure 2. Interaction of social support and negative life events on psychological wellbeing.

The lines on Mod graph show high moderation of adverse life incidents and social support with psychological wellbeing. Social support plays a role as moderator between negative life events and psychological wellbeing in old age people and social support decreases the effect of negative events and boost wellbeing.

Table 5

Gender Differences on Study Variables (N = 100)

| | Men (n = 50) | | Women (n = 50) | | t(98) | Cohen's d |
|-----|-----------------|-------|-------------------|-------|---------|-----------|
| | M | SD | M | SD | | |
| NLE | 33.46 | 3.78 | 41.97 | 8.04 | -1.05 | .43 |
| SS | 35.06 | 5.63 | 29.85 | 7.67 | 3.92** | .34 |
| PD | 55.98 | 14.74 | 78.33 | 17.23 | -6.96** | .62 |
| PW | 51.89 | 12.47 | 42.16 | 17.36 | 3.26** | .29 |

Note. NLE = negative life events; SS = social support; PD = psychological distress; PW = psychological wellbeing.

** $p < .01$.

Table 5 shows that there is nonsignificant difference in the scores for negative life events among men and women whereas significant differences were found in social support, psychological distress, and psychological wellbeing. Social support was reported more by men as compared to women. Sub scales of mental health shows psychological distress was more among women than men and psychological wellbeing was more in men than women.

Table 6

Differences on Study Variables based on Spouse Status (N = 100)

| | Alive (<i>n</i> = 57) | | Deceased (<i>n</i> = 43) | | <i>t</i> (98) | Cohen's <i>d</i> |
|-----|---------------------------|-----------|------------------------------|-----------|---------------|------------------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | | |
| NLE | 35.98 | 7.07 | 38.44 | 7.37 | -1.69 | - |
| SS | 35.00 | 7.08 | 30.06 | 5.92 | 3.69** | .32 |
| PD | 60.56 | 17.55 | 71.74 | 19.76 | -2.98** | .53 |
| PW | 53.63 | 13.46 | 40.09 | 14.54 | 4.80** | .18 |

Note. NLE = negative life events; SS = social support; PD = psychological distress; PW = psychological wellbeing.

** $p < .01$.

Table 6 show nonsignificant difference on negative life events among those with spouse and without spouse. Social support was more in those people who have their spouse than those who do not have. Mental health was also better in those who had their spouse than those without spouse.

Discussion

Research study was designed to explore the strengthening role of social support between negative events and mental health. Participants were approached from different areas of Multan city. Purpose was to examine how social support moderates mental distress and wellbeing among elderly who are exposed to negative life events such as job loss, death of loved ones, divorce etc. Negative events either personal or social affect the mental health in late life. According to Marano (2001) some negative and traumatic events experienced as youngsters or teens, for example, loss of parents or sexual, physical, or psychological mistreatment can produce depression in youngsters; and, having depression at an early age, they may be at an increased danger for mental health problems with agedness. Findings of study indicated that there was significant relation among negative life events, social support and mental health.

Results are consistent with Sood and Bakhshi's (2012) study that showed significant difference emerged in perceived social support and mental health of the aged population. Perceived social support significantly linked to psychological wellbeing and reduced psychological distress. Social support perceived as vital role in maintaining aged individual's mental health.

Results signposted that social support had significantly moderating the effect of negative events and mental health. Mental distress becomes low and psychological wellbeing increased as social support increased in old people. Findings are in lined with previous studies (Bailly et al., 2012). Their findings guide the prominence of ways of managing mental health issues of older adults. Especially, the capacity to modify aims proved to be a protective factor against depressive signs following undesirable life events. Portero and Olivia (2007) reported that the elders, who belong to social activity programs, could have better health and wellbeing because of their participation in it. The effects revealed an impact that social support leads to good psychological health and fitness.

There was also finding related to gender differences. Social support was more for men as compared to women. Piccinelli and Wilkinson (2000) concluded that there are gender differences in mental health, but these differences are associated with how one experiences life events; although, no acceptable proof is accessible on the differential role of life events in males and females. The presumption that women may be at higher danger of mental health issues owing to higher rates of unfavorable life events has become conflicting evidence, with a few studies demonstrating gender orientation contrasts in the expected direction and others discovering comparative levels of life events in men and women. Djernes (2006) suggested that women were more prone to present old age symptomatic distress. While mostly studies have reported that female gender have more distress and depressive signs as compare to males, sex contrasts have not generally been exhibited. Credible clarifications that explore a higher commonness of mental health problems indications in female participants contrasted with male participants. As Anis (2016) stated that every individual especially elderly, desires social support for maintaining degree of life satisfaction and wellbeing.

This demanding phenomenon needs instant consideration from the investigators, policy makers and the authorities for awareness and managing to enhance the social support and quality of life of the elderly.

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