

SOME CORRELATES OF PSYCHOSOCIAL DEPENDENCY AMONG THE ELDERLY

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The Psychosocial Dependency Scale (Rossman, Blöschl, 1982) was adapted on a sample of noninstitutionalized elderly persons ($N = 158$), and the final, short version of the scale was used in subsequent analysis. Stepwise multiple regression analysis was performed with the dependency scale as a criterion and sociodemographic, life satisfaction and psychological distress variables as predictors.

The results showed that previous unemployment status, higher level of psychological distress and low education were the variables that most significantly accounted for the variation in the dependency scores.

The developmental view of the concept of psychosocial dependency of the elderly is emphasized.

The concept dependency is used in several meanings. Very often in gerontological literature related concepts are used as if they mean the same as dependency. For instance, the terms impairment, disability, handicap and dependency are used interchangeably in the context of assessing the needs of the elderly for service. Looking at how it is used, it appears that there are several kinds of dependency. Dependency may refer to a practical helplessness (economic, physical, weakness, institutional care) which necessitates attention or care by others, to helplessness or powerlessness in a social/personal relationship (a position which forces those of »lower status« to be dependent upon those of »higher status« for their well-being) or to a psychological need to be looked after, controlled or nurtured (Van Den Heuvel, 1986). It is the social nature of dependency that might be regarded as the one fundamental feature of any definition. Dependency always has reference to a social relationship (Wilkin, 1986). Various forms of dependency of old people are often described as reactive processes to changing environments, i. e. to some kind of loss or impairment. Dependency, as a relatively stable characteristic of personality is used mostly in connection with younger age periods, especially childhood.

Each period in the life span has its own problems of adjustment. The problems change during various periods, but the method of attacking the problem is likely to remain the same (Hurlock, 1959). A

developmental concept of aging views aging as a normal developmental stage of life that can be successfully mastered as were tasks of earlier phases (Brody, 1977). The ways in which aging individuals cope with new demands of old age are a function of personality and reflect long-standing lifestyles. There is no one particular pattern of aging. Older people are even more heterogeneous than younger people — they have had a longer lives and more varied experiences that produce a higher degree of differentiation. The developmental view of dependency has been underestimated in gerontological literature. Functional dependency due to physical or mental impairment or lack of financial resources is more often investigated in the elderly population in comparison with other age groups. This aspect of dependency is more situation — specific and probably affects different people differently.

Similarly, most instruments developed to measure dependency of elderly people frequently measure the need for assistance in a very narrow range of activities of daily life. Thus, the operational definition of dependency is a failure to perform certain specified activities to a pre-defined standard (Wilkin, 1986). What is measured and how it is interpreted depends to a large extent on the underlying theoretical and conceptual models adopted.

In psychological literature dependency is more thoroughly investigated in the early childhood and less in the other stages of life. Two board aspects of dependency are mentioned: instrumental dependency, i. e. seeking for assistance in obtaining a goal, and emotional dependency or seeking affection. The distinction must be also made between dependency motivation and dependent behaviour, which is another problem for the assessment of dependency. The dependency motive is usually defined as the wish to be nurtured, aided, comforted, and protected by others or to be emotionally close to or accepted by other people (Mussen et al., 1974). While dependency is a fairly stable characteristic, the expression of dependency is strongly affected by the immediate situation. Beginning with the total dependency of infancy, the nature of emotional support required by the individual changes over time, as does his need for instrumental services. In the older person, a life-long manifestation for a dependent person may emerge with greater force at this time, when the aging persons are confronted with age specific losses. The way in which the crisis is handled reflects the longstanding relationship patterns (Brody, 1977). It is also necessary to distinguish between normal, healthy dependence and that which is extreme or neurotic. Dependency should be seen as a condition which occurs in all individuals throughout life. But there are also persons who have an immense need for love, affection, approval, and support from other people.

In the current study we attempted to develop a measure of psychosocial dependency among the elderly, following such a theoretical framework. Dependency is considered to be a relatively stable character

trait which is attributed to various experiences in life. It has to be investigated in connection with other personality characteristics and in interaction with the characteristics of the social and physical environment. The aim of this study was also to find out patterns of relationships among sociodemographic variables, life satisfaction, psychological distress and psychosocial dependency of the elderly.

METHODS

The sample covers 158 elderly people of sixty years and older who were not disabled and institutionalized. The mean age was 70 years with a range of 60 through 86. Sixty-three percent were female and 37 percent male.

The following measures were administered to each subject: (1) a translated version of a questionnaire measuring psychosocial dependency (Rossman, Blöschl, 1982), (2) a questionnaire measuring psychic and somatic complaints (Hautzinger, 1984)¹ adopted for this elderly sample, (3) eleven-point rating scale of life satisfaction and (4) biographical data questionnaire. The instruments were administered individually during a face-to-face interview.

RESULT AND DISCUSSION

Development of a measure of psychosocial dependency

Rossmann and Blöschl (1982) have developed the Psychosocial Dependency Questionnaire, which consists of three subscales measuring different aspects of dependency (emotional reliance on another person, achievement — related dependency and need of instrumental support). As this instrument taps those aspects of dependency that we intended to measure, it seemed to be useful for the purpose of our study. The subscales consist of ten items each, with »yes« or »no« response choices for each item. However, it should be noted that the division of items into subscales was made according to their face validity. Two studies with female adult subjects showed that depressed persons were characterized by heightened scores in the emotional and instrumental dependency subscales. The scores in the achievement related dependency were not predictable by a set of predictors (Rossmann, 1984).

A translated version of the Psychosocial Dependency Questionnaire consisting of 29 items was applied to 158 subjects in the current study.

¹ The present study was part of a larger study. A detailed description of this instrument and biographical data questionnaire is given in: Z. Raboteg-Šarić, V. Takšić, V. Božičević — Psychological distress and life satisfaction among the elderly: Relationships with some sociodemographic variables, 1988, in press.

Principal component factor analysis was performed on these results. Ten factors were extracted using Guttman-Kaiser criterium. These factors proved to be uninterpretable. Besides this, factorial results based on only two or three items would be useless because of unreliability. The concept which this instrument measures is multidimensional. At least as our sample of the elderly is concerned, it cannot be treated as measuring three different aspects of dependency. The results were also subjected to item-analysis. Fourteen items were selected for the final version of the Psychosocial Dependency scale by two criteria: these were the items that loaded highly on the first principal component and with item-total correlations higher than 0.40. They may be treated as measuring one common aspect of dependency. Other items from the original form were not correlated with this aspect of dependency and they were unrelated. The internal consistency of this final version is acceptable (coefficient $\alpha = 0.76$).

The final fourteen items are shown in Table 1. The content of the items reflect a strong need for emotional support from others, which probably stems from a lack of emotional relationship in which a person receives a sense of safety and security. In relationships in which a person's skills and abilities are acknowledged there is a strong feeling of anxiety. In situations that require actions or making decisions, the dependent person needs support or guidance from others.

It seems that this aspect of dependency is characteristic of personality. It may differ in intensity among different persons. The results of our sample ranged from minimal possible (\emptyset) to maximum possible (14) with a mean of 7.8 (SD = 3.61).

Table 1.

Final Version of a Scale Assessing Psychosocial Dependency of the Elderly

Item	rit
1. I often think I would like to be looked after as if I were a child	0.57
2. I was always afraid of losing affection of people who I like	0.52
3. If I am depressed I like being encouraged by my friends	0.49
4. I am more easily hurt than other people when I am rejected by others	0.49
5. I am often worried about what other people are thinking about me	0.54
6. I need somebody who would love me more than anyone else	0.56
7. Whenever I did something stupid, I was so ashamed that I wanted the ground to swallow me up	0.50
8. If I accidentally say something silly while being with others, I feel uneasy for a long time	0.58
9. I am very upset if someone detects a mistake which I have made	0.62
10. When I get acquainted with new people I am afraid of doing something wrong	0.58
11. I sometimes stopped doing something because there was no one to support me	0.49
12. Without my family support I'd be rather helpless	0.59
13. Before I make a decision I ask my friends for their opinion	0.53
14. When I have to go to an agency I prefer if someone accompanies me	0.45

Correlates of psychosocial dependency

In order to estimate the relative weights of variables related to dependency, stepwise multiple regression analysis was performed with 14-item dependency scale as a criterion and sociodemographic, life satisfaction and psychosocial distress measures as predictors. The first and last steps of the analysis are reported in Table 2.

Table 2.

Stepwise Backward Multiple Regression Analysis with Psychosocial Dependency Scale as a Criterion

Step 1

Predictor variable	Correlation with the criterion	Beta weight	F for beta	p
<i>Gender</i> (1-male, 2-female)	0.05	-0.13	2.39	>0.05
<i>Age</i> (years)	0.09	-0.04	0.13	>0.05
<i>Education</i> (years of schooling)	-0.28	-0.18	4.35	<0.05
<i>Employment status</i> (1-retired, 2-never employed)	0.29	0.18	5.57	<0.05
<i>Marital status</i> (1-married, 2-not married)	0.08	0.23	5.45	<0.05
<i>Members in the household</i> (1-living with someone, 2-living alone)	-0.14	-0.21	4.77	<0.05
<i>Financial status</i> (self-assessed from low to high)	-0.05	-0.08	0.92	>0.05
<i>Life satisfaction</i>	-0.03	0.13	2.46	>0.05
<i>Psychic and somatic complaints</i>	0.37	0.32	14.28	<0.001
R = 0.508	R ² = 0.258	df = 9/148	F = 5.73	p < 0.01

Step 7

Education	-0.19	5.75	<0.05	
Employment status	0.22	8.76	<0.01	
Psychic and somatic complaints	0.19	6.34	<0.05	
R = 0.453	R ² = 0.205	df = 3/154	F = 13.27	p < 0.001

Three of the predictor variables showed statistically significant correlations with the dependency measure. More dependent individuals, as measured by the Psychosocial Dependency Scale were more likely to be less educated ($r = -0.28$, $p < 0.01$), and show higher levels of symptomatology ($r = 0.37$, $p < 0.01$). Among those more dependent was a higher

proportion of persons who never had a prior occupation ($r = 0.29$, $p < 0.01$). When nine predictor variables were entered into the regression equation, due to their intercorrelations, five of them showed significant beta weights. A multiple correlation of predictor variables with a criterion measure was statistically significant. However, this correlation coefficient accounted for only 25% of the variation in the dependency measure.

What is perhaps more informative is the incremental contribution of each predictor variable for a criterion variable. In stepwise backward multiple regression analysis variables that do not significantly contribute to variance in criterion variable are left on by one from the analysis in the following steps. The exclusion is stopped if any of the remaining predictor variables would statistically significantly decrease the proportion of an explained variation in a criterion measure. Only three of our predictor variables are necessary to account for 20 percent variation in the dependency measure: education, employment status psychic and somatic complaints. The direction of each of these relationships corresponds to common sense notions of dependency and with general patterns of results found among elderly samples. Rossman (1984) found heightened dependency in depressed children as well as in their mothers. In another study (Rossman and Blöschl, 1982), depressed women described themselves as suffering from more psychosomatic symptoms, having fewer extrafamilial contact persons, greater need of emotional reliance on others and a greater need emotional reliance on others and a greater need of instrumental support in everyday life. Many items of the questionnaire, measuring psychological distress, applied in our study are mild symptoms of depression and anxiety. The results of this measure are significantly correlated with the dependency measure. Psychosocial distress may affect dependency by making an individual feel unhealthy and accept dependent and defensive strategies in order to protect and defend himself. What is more likely, characteristics of dependent personalities, such as reliance on others and need for affection and social support, make such an individual more vulnerable to stress. They have no adequate personal resources which would enable them to adapt to many changes in their life associated with aging.

Marital status and »members of the family« variables are confounded. They are highly correlated ($r = 0.63$, $p < 0.01$), of course, because married persons live with their partners. There was also a relatively high proportion of »not married« persons (predominantly widowed). Many of them did not live alone, but with members of their family. This fact could best explain the results of the multiple regression analysis, and their inverse relationship with a criterion. Although neither of the two variables alone was correlated with a criterion measure, in a combination of nine predictors, their unique variance accounted for variation in the dependency.

Dependency scores were also predictable by education and prior employment status. A large proportion of any sample of the aged population is made up of women who have no history of a paid occupation. There is a positive overall relationship between engagement and life satisfaction, producing diverse patterns of aging. On the other hand, both work and life style are function of schooling. Economic dependency upon wage earners may foster other dependent behaviour characteristics. Contrary to this, individuals who were employed for a long period had performed many social role activities and had developed many interests and interpersonal relations and, probably, more effective styles of coping with stressful life circumstances. Similarly, educated persons are more likely to show higher levels of functioning and adaptation to rapid changes in their society and environment, experienced in old age period.

Given that the future aged are going to be better educated and healthier, we may probably expect more independent elderly persons in future. In any case, improvements in the educational level could be one for the most promising preventive actions, the consequences of which need further explorations.

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Zora Raboteg - Šarić: NEKI KORELATI PSIHOSOCIJALNE ZAVISNOSTI STARIJIH OSOBA

Sažetak

Na uzorku od 158 starijih osoba primijenjena je prevedena verzija skale za mjerenje psihosocijalne zavisnosti (Rossman, Blöschl, 1982) i konačna, adaptirana verzija korištena je u daljnjoj analizi.

Provedena je stupnjevita regresijska analiza sa mjerom psihosocijalne zavisnosti kao kriterijem i sociodemografskim varijablama, skalom zadovoljstva životom i upitnikom o psihičkim i somatskim tegobama kao prediktorima

Rezultati su pokazali da su manje obrazovanje, veća prisutnost psihičkih i somatskih tegoba i prethodna nezaposlenost varijable koje u najvećoj mjeri doprinose objašnjenju varijance u mjeni zavisnosti.

U radu se izlaže razvojno shvaćanje koncepta psihosocijalne zavisnosti starijih osoba.