

The Importance of Psychosocial Well-Being for Aging Adults

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Overview

- Components of Psychosocial Well-Being
- Resilience During Challenging Times
- Depression and Depressive Symptoms
- Loneliness and Social Isolation
- Social Networks and Social Support
- Special Case: Oldest-Old Adults

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Mental Health and Psychosocial Well-Being

- "Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes."
- "Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community."
- "Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case."
- WHO, 2022: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

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Subjective Well-Being

- Subjective Well-Being is Multi-dimensional:
 - Psychological Well-Being
 - Depression and Depressive Symptoms
 - Loneliness
 - Positive Psychology
 - Resilience
 - Social Well-Being
 - Interpersonal Relations
 - Social Isolation
 - Social Networks
 - Social Support
 - Financial Well-Being
 - Spirituality and Religiosity

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Psychological Well-Being



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Components of Psychological Well-being

POSITIVE ASPECTS

- Happiness
- Life Satisfaction
- Positive Affect
- Negative Affect
- Optimism
- Purpose

NEGATIVE ASPECTS

- Depression
- Depressive Symptoms
- Loneliness

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Psychological Well-Being

- Global Well-Being follows a U-shaped pattern:
 - Highest among 18- to 21-year-olds and among 74-85-year-olds
 - Lowest point among individuals between 45 and 54 years of age (Stone et al., 2010)
- Older adults ignore, overlook, or downplay negative information and situations (Mather, 2012)
- Emotional Well-Being:
 - Emotional well-being improves over the life span, reaching a peak and then leveling off (but not declining) in the seventh decade of life
 - Emotions become more consistent over time, and more mixed (positive and negative emotions are more likely to occur together) as people age
 - People with more reports of positive emotions than negative emotions tend to live longer (Carstensen et al., 2011): Socio-emotional selectivity

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Ryff's (2014) Components of Psychological Well-Being



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Mental Health and Psychological Well-Being

Core dimensions of psychological well-being (Ryff & Essex, 1992):

Self acceptance: Positive attitude toward self

Positive relationship with others: Warm, satisfying, trusting relationships with others

Autonomy: Self determination and independence

Environmental Mastery: Competence in managing environment

Purpose in Life: Goals in life and sense of directedness

Personal Growth: Feeling of continued development

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Resilience

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What is Resilience?

“An ability to recover from or adjust easily to misfortune and change”
Merriam-Webster

“Good outcome in spite of serious threats to adaptation or development” (Masten, 2001, p. 227)

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Resilience: A Common Experience

- Research has shown that resilience is ordinary, not extraordinary.
- People commonly demonstrate resilience.
- War-related events

<https://time.com/6158007/ukraine-resilience-time-cover/>



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Factors in Resilience

Primary factor in resilience is having **caring and supportive relationships** within and outside the family.

- Relationships that create love and trust, provide role models, and offer encouragement and reassurance help bolster a person's resilience.

The capacity to **make realistic plans** and take steps to carry them out

A **positive view of yourself** and confidence in your strengths and abilities

Skills in communication and problem solving

The capacity to **manage strong feelings** and impulses

- The Road to Resilience (American Psychological Association)

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Depression and Depressive Symptoms



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Depression

- Depression is not a normal part of aging
- Depression is one of the most common mental disorders and one of the most treatable (LaRue et al., 1985)
- Rate of depression (Reeves et al., 2011)
 - 18- to 24-year-olds: 10%
 - 25- to 44-year-olds: 8%
 - 45- to 54-year-olds: 10%
 - 55 years and older: 6%
- At any one point, between 2% and 5% of all adults have a clinical depressive disorder
- 15 to 20% have depressive order at some time during adulthood

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Depression

- Rate of severe depression (“major depression”) among older adults (1%) is lower than that in younger age groups (4%), higher in the oldest old (13%) and long-term care residents (40%; Gatz, 2000)
- Risk factors: women, whites, being widowed, lower economic resources, lower social support, poor health, functional health (Blazer, 2003)

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Symptoms of Depression

- Sadness or anxiety that last for weeks at a time.
 - Feelings of hopelessness, pessimism, guilt, worthlessness, helplessness
 - Irritability, restlessness
 - Loss of interest in activities or hobbies once pleasurable
 - Fatigue and decreased energy
 - Difficulty concentrating, remembering details and making decisions
 - Insomnia, early-morning wakefulness, or excessive sleeping
 - Overeating or appetite loss
 - Thoughts of suicide, suicide attempts
 - Persistent aches or pains, headaches, cramps, or digestive problems
- <https://www.cdc.gov/aging/depression/index.html>

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Diagnosis of Depression

- Dysphoria (feeling down, pessimistic, helpless, withdrawal)
- Physical symptoms (insomnia, changes in appetite, diffuse pain, fatigue, sensory loss)
- Symptoms must last at least two weeks.

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Causes of Depression

Biological and Physiological Theories

- Depression is linked to imbalances in or insufficient supplies of neurotransmitters (Maas, 1978)

Psychosocial Theories

- Depression is due to some psychologically traumatic event: loss and negative events
 - Loss of a job
 - Reduction of income
 - Death of family members or friends
 - Loss of home

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Treatment of Depression

Drug Therapy

- Tricyclic antidepressants (TCAs)
- Selective Serotonin reuptake inhibitors (SSRIs) – fewer side effects
- Antidepressants less effective in treating severe depression

Psychotherapy

- Behavior therapy: Change activities to alter mood
- Cognitive therapy: Alter maladaptive cognitions (negative thoughts about oneself and the world)

Exercise decreases depressive symptoms

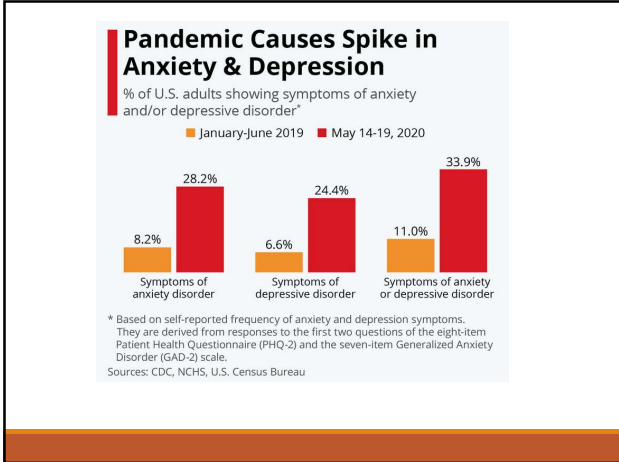
Combination therapies treatment of choice

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How to help

- If you are concerned about a loved one being depressed, offer to go with him or her to see a health care provider to be diagnosed and treated.
- If you or someone you care about is in crisis, please seek help immediately.
- Call 911
- Visit a nearby emergency department or your health care provider's office
- Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889) to talk to a trained counselor

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Loneliness and Social Isolation

Press release
Loneliness minister: "It's more important than ever to take action"

This Loneliness Awareness Week, the Loneliness Minister Baroness Barran has warned we are still in a 'critical stage' of tackling loneliness.

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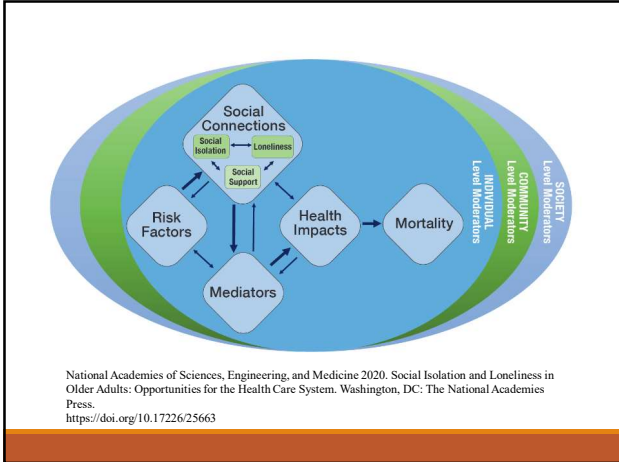
Definitions

- Social isolation
 - objective state of having few social relationships or infrequent social contact with others
- Loneliness
 - subjective feeling of being isolated
- Emotional Loneliness
- Social Loneliness



National Academies of Sciences, Engineering, and Medicine 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press.
<https://doi.org/10.17226/25663>

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Prevalence

- Approximately one-quarter (24 percent) of community-dwelling Americans aged 65 and older are considered to be socially isolated,
- A significant proportion of adults in the United States report feeling lonely (35 percent of adults aged 45 and older and 43 percent of adults aged 60 and older).

National Academies of Sciences, Engineering, and Medicine 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press.
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Social Isolation and Loneliness as Risk Factors

- Social isolation has been associated with a significantly increased risk of premature mortality from all causes;
- Social isolation has been associated with an approximately 50 percent increased risk of developing dementia;
- Loneliness among heart failure patients has been associated with a nearly four times increased risk of death, 68 percent increased risk of hospitalization, and 57 percent increased risk of emergency department visits; and
- Poor social relationships (characterized by social isolation or loneliness) have been associated with a 29 percent increased risk of incident coronary heart disease and a 32 percent increased risk of stroke.

National Academies of Sciences, Engineering, and Medicine 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press.
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Loneliness in Centenarians

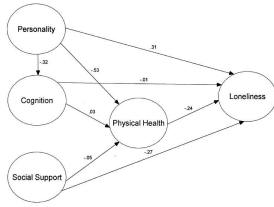


Figure 2. Regression model results, US results.

Martin, P., Hagberg, B., & Poon, L. W. (1997). Predictors of loneliness in centenarians: A parallel study. *Journal of Cross-Cultural Gerontology, 12*, 203-224.

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Loneliness Among Unmarried Older Adults

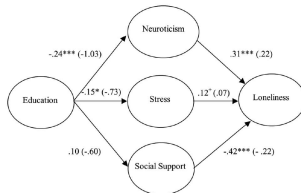


Figure 1. Integrated path model loneliness. *Note.* Unstandardized coefficients in parentheses. * $p < .10$; ** $p < .05$; *** $p < .01$.

Bishop & Martin (2007) THE INDIRECT INFLUENCE OF EDUCATIONAL ATTAINMENT ON LONELINESS AMONG UNMARRIED OLDER ADULTS. *Educational Gerontology, 33*: 897-917.

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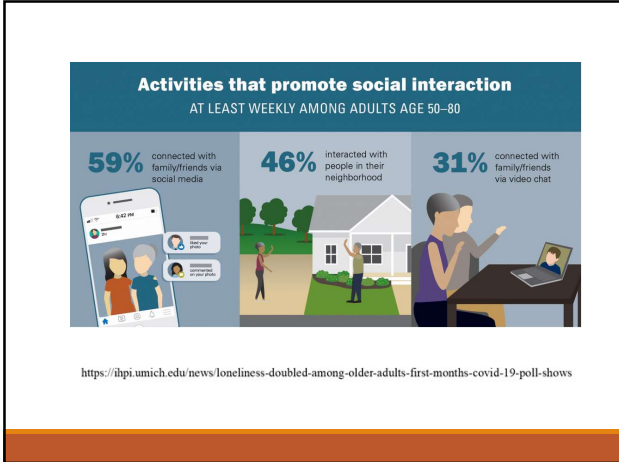
Changes in loneliness and social contacts, 2018 to 2020

AMONG ADULTS AGE 50-80

	October 2018	March-June 2020
	34%	41%
felt a lack of companionship		
	27%	56%
felt isolated from others		
	28%	46%
had infrequent social contact		

<https://ihpi.umich.edu/news/loneliness-doubled-among-older-adults-first-months-covid-19-poll-shows>

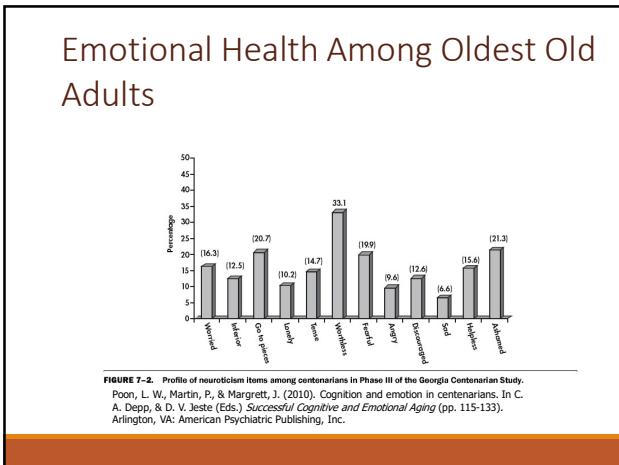
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Special Case: Oldest-Old Adults

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Decline of Positive Emotions

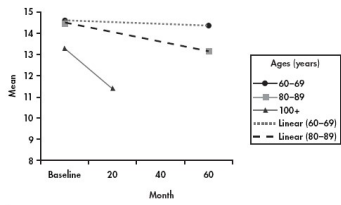
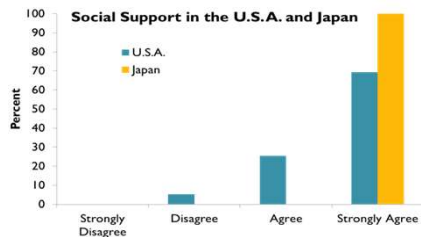


FIGURE 7-4. Age differences and changes in positive affect in the Georgia Centenarian Study.

Poon, L. W., Martin, P., & Margrett, J. (2010). Cognition and emotion in centenarians. In C. A. Depp, & D. V. Jeste (Eds.), *Successful Cognitive and Emotional Aging* (pp. 115-133). Arlington, VA: American Psychiatric Publishing, Inc.

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Social Support: "There are people I can depend on to help me, if I really need it"



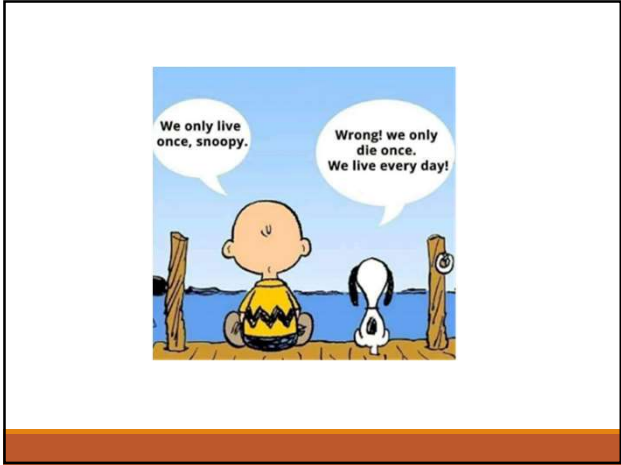
➤ Social support for centenarians is very strong, particularly in Japan

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Summary

- Psychosocial well-being contains many domains
- Positive aspects include: Happiness, Life Satisfaction, Positive Affect, Negative Affect, Optimism, Purpose
- Resilience can be developed and used in times of crisis
- Depression is common but also treatable
- Loneliness important dimension separate from depression
- Goal is to help maintain and increase overall well-being ("whole-person wellness")

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