Family Criticism and Depressive Symptoms in Older Adult Primary Care Patients: Optimism and Pessimism as Moderators

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Objective: *Depression is a significant global public health burden, and older adults may be particularly vulnerable to its effects. Among other risk factors, interpersonal conflicts, such as perceived criticism from family members, can increase risk for depressive symptoms in this population. We examined family criticism as a predictor of depressive symptoms and the potential moderating effect of optimism and pessimism.* **Methods:** *One hundred five older adult, primary care patients completed self-report measures of family criticism, optimism and pessimism, and symptoms of depression. We hypothesized that optimism and pessimism would moderate the relationship between family criticism and depressive symptoms.* **Results:** *In support of our hypothesis, those with greater optimism and less pessimism reported fewer depressive symptoms associated with family criticism.* **Conclusion:** *Therapeutic enhancement of optimism and amelioration of pessimism may buffer against depression in patients experiencing familial criticism.* (Am J Geriatr Psychiatry 2013; ■:■–■)

Key Words: Family criticism, depression symptoms, optimism, pessimism, older adults

INTRODUCTION

Symptoms of depression are a global public health burden across the lifespan and, for older adults, are associated with decreased quality of life, poor health outcomes, and increased disability and mortality.[1] Risk factors for depression in older adults include cognitive impairment, decreased daily activities, higher rates of disease and functional limitation, and interpersonal and familial dysfunction.[2]

One particularly important form of interpersonal conflict is family criticism, or the extent to which an individual feels disapproval from or rejected or criticized by family members.[3] Such criticism may be especially relevant for older adults, who may make lifestyle, relationship, and medical decisions that are unsupported by members of their family; indeed, the experience of family criticism is associated with depressive symptoms in older adults.[4]

However, not all individuals who perceive family criticism report depressive symptoms, perhaps due to individual-level protective characteristics, such as dispositional optimism.[5] On the other hand, maladaptive characteristics, such as pessimism, may exacerbate this relationship. Conceptualized as a generalized positive outcome expectancy or broad belief that life is good, optimism is associated with better coping and greater well-being and physical health in older adults. Conversely, pessimism is defined as a negative view of life and the future and is related to poor mental and physical health.[6]

Older adults with greater optimism and lower levels of pessimism may be better able to manage the potentially deleterious impact of perceived family criticism; their ability to maintain positive expectancies may reduce the likelihood of experiencing depressive symptoms in response to family censure. As such, at the bivariate level, we hypothesized that optimism would be related to lower levels of family criticism, pessimism, and depressive symptoms and that pessimism would be associated with more

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http://dx.doi.org/10.1016/j.jagp.2013.04.008

family criticism and depressive symptoms. At the multivariate level, we hypothesized that greater family criticism would be related to greater levels of depressive symptoms and that optimism and pessimism would act as moderators, such that individuals with more optimism and less pessimism would report fewer depressive symptoms related to perceived family criticism.

METHODS

Participants

We recruited 105 older adult, primary care patients from private internal medicine practices and hospital-affiliated internal medicine and geriatric clinics in Rochester, New York, as part of a larger institutional review board−approved study.[6]

Measures

Patients completed informed written consent, and surveys were administered by trained interviewers. In addition to demographic questions indicating sex, race, and marital and employment status, we assessed cognitive functioning using the Mini Mental State Exam,[7] a reliable and widely validated measure of general cognitive functioning. Scores can range from 0 to 30, were scored continuously, and served as a covariate in our analyses; higher scores indicate greater cognitive impairment.

Depressive symptoms were assessed using the Hamilton Rating Scale for Depression (HRSD),[8] a 24-item, interviewer-administered measure of the presence and severity of current depressive symptoms. Greater scores indicate higher levels of depressive symptoms. In our study, the HRSD mean score was 7.73 (standard deviation [SD]: 5.18). The HRSD has adequate psychometric properties when used with older adults[9]; coefficient alpha in the present sample was 0.76.

The Life Orientation Test−Revised, consisting of 10 items on a five-point Likert scale, was used to measure optimism and pessimism via general dispositional outcome expectancies of the respondent.[5] Item examples were as follows: "In uncertain times, I usually expect the best" and "If something can go wrong for me, it will." A total optimism score, as well as subscale scores of optimism and pessimism, are possible, with greater scores indicating higher levels of optimism/pessimism; mean total score was 25.19 (SD: 3.96), and Cronbach alpha for all items was 0.69. Separate alpha scores were also calculated for the optimism (Items 1, 4, 10; mean score: 12.71, SD: 2.66; $\alpha = 0.56$) and pessimism subscales (Items 3, 7, 9; mean score: 5.54, SD: 2.20; $\alpha = 0.72$); remaining items are filler items.

Perceived family criticism was assessed using the Family Emotional Involvement and Criticism Scale (FEICS),[3] via seven items ranked on a five-point Likert scale; example items were as follows: "My family approves of most everything I do" and "My family complains about what I do for fun." The FEICS family criticism subscale exhibits excellent psychometric properties for use with middle- and older-adult medical patients.[3] In the current study, FEICS mean score was 7.43 (SD: 9.39), Cronbach alpha was 0.97, and greater scores indicate higher levels of family criticism.

Statistical Analyses

Bivariate correlation analyses were conducted to assess for associations between and independence of study variables; no relationships were multicollinear ($r > 0.70$), and thus all variables were retained in models. Multiple and hierarchical regressions and covarying age, race, sex, and cognitive status were conducted examining optimism and pessimism as potential moderators of the association between family criticism (independent variable) and depressive symptoms (dependent variable). Variables were entered, in blocks, in an a priori order, with covariates and predictors on the first step of the model and the interaction term on the second step.

RESULTS

Our sample was predominantly female (68 women; 62%), with a mean age of 74.24 years (SD: 5.56). Marital status of patients were as follows: 54% separated, divorced, widowed, or married but not living with spouse; 42% married and living with a spouse; and 4% single. Respondents were retired (88%) or employed part-time (10%) or full-time (2%).

In bivariate analyses ($df = 103$), the optimism subscale was significantly negatively related to the

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