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**SOCIOTROPY AND AUTONOMY IN OLDER ADULTS
AND THE RELATIONSHIPS BETWEEN THE PERSONALITY
STYLES, SOCIAL SUPPORT, AND AFFECT**

**A thesis presented in partial fulfilment of
the requirements for the degree of
Doctor of Philosophy
in Psychology at
Massey University, Palmerston North**

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2007

ABSTRACT

High rates of depression and anxiety are found among older adults. This study investigated the relationship between vulnerability factors and protective factors experienced among this age group. Sociotropy and autonomy are orthogonal cognitive schemata, which influence the experience, and treatment of depression and anxiety in vulnerable individuals. Both sociotropy and autonomy are related to our view of self and others in our world, so it is likely that they influence how social support (which has been identified as a protective factor against the development of depression) is used and perceived. While the concepts of sociotropy and autonomy have been studied extensively in samples of young adults, little research has been undertaken with older adults and none with a New Zealand sample. This study addressed this deficit, with a sample of 492 community-living older adults aged 65 years and older, which was obtained from the New Zealand electoral roll. The present research comprised two stages.

The first stage investigated the structure of sociotropy and autonomy, and consisted of two studies. In Study 1, data obtained from the older adult sample via a postal survey, indicated that the single Sociotropy scale and the two autonomy subscales (Independence and Solitude) of the Revised Sociotropy-Autonomy Scale [SAS-Rev] (D. A. Clark, Steer, Beck, & Ross, 1995) were moderately correlated, contrary to previous findings. Principal components analyses were run on the items to examine the structure of the scales more closely. Two sociotropy subscales (Interpersonal Sensitivity and Attachment) and one autonomy scale (Independence) emerged. The scales were still weakly correlated. In Study 2, the structure of sociotropy/autonomy was examined in a student sample in order to ascertain if the difference in structure was due to age. Data obtained from 120 students living in New Zealand, via an online survey, indicated the same independent factor structure as proposed by D. A. Clark et al. (1995). Thus it is proposed that the nature of sociotropy and autonomy is different for older adults than for younger age groups. Also, for older adults, sociotropy and autonomy are not independent constructs and are less clearly differentiated than in younger age groups.

Stage 2 examined the influence of the two sociotropy factors (Interpersonal Sensitivity and Attachment) and the autonomy factor (Independence) on the structure of older adults' support networks, the amount of support they receive from family and friends, and how much support they perceive to be available from family and friends. Positive Affect and Negative Affect were also assessed, as indicators of mental well-being. Attachment was found to be a unique predictor of decreased Available Family Support, increased Available Friend Support, and increased Received Family Support. Received Friend Support was the only support predictor of increased Positive Affect. Of the sociotropy/autonomy factors, higher levels of Independence resulted in increased levels of Positive Affect, while Sensitivity predicted increased levels of Negative Affect and negatively contributed to Positive Affect. None of the sociotropy/autonomy factors moderated the relationship between Received Friend Support and Positive Affect.

Implications for assessment of sociotropy/autonomy in older adults, the development of support programmes, and cognitive interventions aimed at enhancing the mental well-being of older adults are discussed. Additional studies are required to provide a more in-depth explanation of the relationships between sociotropy/autonomy and functions of social support among older adults. Suggestions are offered for how future research could further clarify the present findings.

ACKNOWLEDGEMENTS

While this dissertation is under my name, no research project such as this is a single person event, and many people have helped me bring it about. I appreciate their time and input and wish to give them my thanks.

Firstly, I would like to acknowledge the participants who freely gave of their time and effort in responding to the surveys. Without them, this research project would not have got off the ground. Their interest is very much appreciated.

A very big thank you to Associate Professor Paul Merrick, my first supervisor for his guidance and encouragement throughout the time it took for this project to be completed. I really appreciate your enthusiastic interest in my study, and your willingness to share your expertise in the area. And thank you for being so patient as I battled with the process of producing this dissertation. Thank you also to Associate Professor Kevin Ronan, my second supervisor, for your interest in my research, even after you had left New Zealand to live in Australia.

Several members of the Psychology Department at Massey University have provided advice and assistance with this research project, and the production of the dissertation, and I appreciate their help. I also wish to also acknowledge Glennis Wallbuton for her assistance with the inputting of the older adult data, Harvey Jones for his expertise in setting up the online survey, and Alistair Noble for his advice with the data analysis. And I extend my gratitude to Ella Kahu for the interest and effort she put into proofreading the manuscript.

I wish to acknowledge the assistance of prominent researchers in the area, Doctor Alan Vaux for his help with providing me with the Social Support Behavior Scale, and the supporting research on it, and Doctor Toru Sato for his interest in my research. It was encouraging when researchers of this calibre were willing to answer e-mail queries and expressed their interest in my study.

Last, but most certainly not least, I am very grateful to my friends and fellow students who provided support and encouragement, particularly Jane and Walter Craig, Virginia Bristowe, Emma Dresler-Hawke, Pia Pechtel, and Tomoko Yamaguchi. And a huge thanks to my family, Mum and Dad, and especially Megan, who have lived and experienced this dissertation along with me. Now I can give you an affirmative answer, when you ask when I will be finished. Your patience with my absence is very much appreciated, and I look forward to being able to spend more time with you.

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