

## **Depression, Disability, & Coping in Midlife**

### **Overview**

The primary goal of this research was to better understand the implications and consequences of a chronic disability in middle adulthood. Vision impairment is the second most prevalent disability among middle-aged and older adults (NCHS, 1993), affecting 9.3 million Americans between the ages of 45 and 64 (The Lighthouse, Inc., 1995). Although little is known about how middle-aged adults deal with such a disability, recent evidence from a prior study conducted by the principal investigator (NIMH 1 R03 MH65382, K. Boerner, PI) shows that the risk for subsequent mental health problems such as clinically relevant levels of depression tends to be higher for middle-aged compared to older adults (Boerner, 2004). Also, the disability is likely to interfere with the pursuit of goals common during this point of adult life, which can result in a significant interruption of daily routines and emotional distress (Wheeler & Munz, 1990).

Research addressing the process of adaptation over the life span has shown that, in the case of loss and decline, adaptive coping approaches involve the ability to adjust one's goals and preferences to what is feasible instead of trying to pursue blocked goals (e.g., Brandtstädter, 1999). Prior work by the PI demonstrated that such coping tendencies were particularly beneficial for the mental health of middle-aged adults who reported high levels of vision-related disability (Boerner, 2004). There is also preliminary evidence from a study of vision loss among older adults suggesting that a person's concrete day-to-day coping with goal interference should be assessed in addition to dispositional coping tendencies (Horowitz et al, 2005). Thus, the proposed research seeks to characterize the situation of a thus far understudied group, middle-aged adults with visual impairment, by assessing their important life goals, the extent to which their disability interferes with these goals, and how they cope with this goal interference.

### **Specific Aims**

1. To identify the life goals that are important to middle-aged adults with a visual impairment.
2. To explore the extent to which visual impairment and functional disability interfere with particular life goals, and how individuals with visual impairment deal with this interference.
3. To examine the effect of vision-related goal interference on mental health, as mediated by both general coping tendencies as well as situation-specific coping.
4. To explore the links between general coping tendencies and situation-specific coping, as well as the differential effects of dispositional and situational coping on mental health.

The insights gained from this research will have several important implications: 1) findings can serve to identify those who are at risk for poor adaptation (e.g., developing clinical depression); 2) coping processes identified as beneficial can be incorporated into preventative and therapeutic mental

health interventions as well as into rehabilitative treatment programs; and 3) given that intervention goals which encompass important life goals are more likely to result in successful rehabilitation outcomes (Sivaraman Nair, 2003), it is important to understand how life goals can be affected by midlife disability. Further, since vision impairment is a prototypical disability, these insights can also be generalized to other disabilities.

## **Methods**

216 middle-aged adults (age 40-64) were recruited from a community-based vision rehabilitation agency. Telephone interviews that included structured and open-ended assessments of participants' life goals and their efforts to cope with vision-related disability and goal interference lasted about 40 minutes. Analytical approaches included theme-based as well as conceptually guided coding of the narrative data, and Hierarchical Regressions and Structural Equation Modeling (SEM) to examine the effects of impairment status, goal interference, and coping on mental health outcomes.

## **Status**

The final report was submitted to NIA in March 2010. Manuscripts are being prepared for submission to peer-reviewed journals.

## **Findings**

Study findings illuminate the multifaceted goals held by middle-aged adults with vision impairment. Across the three assessed domains, functional goals were reported most often, followed by social goals and psychological goals. Among functional goals, career, daily tasks, and mobility goals were identified by the highest percentage of participants. Family goals were identified most frequently for social goals, and life quality was identified most often for psychological goals.

Findings further illustrate how visual disability can interfere with goal pursuits, and that this interference is met with a rich array of coping strategies that reflect both assimilative and accommodative modes of coping. More specifically, strategies reported in response to inference with life goals reflected that a majority of participants used different types of strategies across the board - investment of internal resources, implementation of new approaches, reliance on technology as well as on help from others, and psychological self-regulation. Overall, the data showed clearly that coping with visual disability requires both coping directions - goal engagement and goal adjustment or disengagement. In terms of identifying individuals with vision impairment who may be at risk for negative mental health consequences (e.g., clinical levels of depression), findings suggest that low levels of accommodative general coping may be considered a risk factor.

Study findings underscore the need for vision rehabilitation to carefully assess client's life goals and to tailor services to the particular needs of the clients in addressing these goals. Moreover, we suggest that rehabilitation planning should encompass both a systematic assessment of personal goals as well as a program component regarding future steps managing and engaging with those goals. This program component can assist clients with a careful

analysis of their important goals in terms of feasibility, and offer guidance and counsel on how to work towards an accommodative rethinking or modification of unfeasible goals. For goals that have become challenging but remain feasible, this program component can provide problem-solving support and planning in terms of how to continue goal pursuit. Thus, rehabilitation services can not only more effectively assess the life goals of individuals with visual disability, but also provide guidance and support to help these individuals adapt to their disability and continue to live meaningful, goal-driven lives.

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**Funded by:** National Institute of Mental Health (NIMH)  
\$100,000

**Project Period:** 1/1/07 - 3/31/10

#### **Publications/Presentations**

Boerner, K. & Popivker, L. (August, 2008). Coping with functional loss in midlife. In K. Boerner (Chair), *Heartaches and headaches in midlife: The impact of untimely stressors*. Symposium presented at the Annual Convention of the American Psychological Association in Boston, MA.

Boerner, K. (November, 2009). Coping with disability – Life philosophy versus handling concrete challenges. In D. Jopp (Chair), *Mechanisms underlying resilience: Examination of resources and psychological strengths*. Symposium presented at the Annual Convention of The Gerontological Society of America in Atlanta, GA.

Boerner, K. (November 2010). Style vs. Substance: Differential Effects of Dispositional and Goal-Specific Coping. Poster to be presented at the Annual Convention of the Gerontological Society of America in New Orleans, LA.

Gibson, B., & Boerner, K. (November, 2009). *Disability and depression at midlife: Making sense of comparisons across three ethnoracial groups*. Poster presented at the 62<sup>nd</sup> Annual Convention of the Gerontological Society of America in Atlanta, GA.

Popivker, L. & Wang, SW, & Boerner, K. (August, 2008). *Dealing with functional loss: Effects on life goals*. Poster presented at the Annual Convention of the American Psychological Association in Boston, MA.

Popivker, L., & Wang, S. W., & Boerner, K. (in press). Eyes on the prize: Life goals in the context of visual disability in midlife. *Clinical Rehabilitation*.