

## Introduction

Perceived burdensomeness (PB) is a common source of distress for individuals who are terminally ill, and PB is positively associated with psychological problems and existential issues in this population (Wilson, Curran, & McPherson, 2005).

Other evidence suggests PB may be an important mediator of depressive symptoms and suicide ideation among community-dwelling older adults (Jahn, Cukrowicz, Linton, & Prabhu, 2011).

However, the literature regarding PB in later life has largely focused on those with advanced medical disease (see McPherson, Wilson, & Murray, 2007 for a review), with limited information regarding PB in older adults who are not dealing with a terminal illness.

This study investigated PB among a community sample of older adults.

PB was hypothesized to be positively correlated with anxiety, depression, suicide ideation, and hopelessness, and negatively correlated with good physical health and high belongingness.

An exploratory standard multiple regression analysis was used to determine how much unique variance in PB was explained by each of the variables.

## Method

### Participants and Procedure

The data for this study were collected as part of a larger research project that recruited participants through a mailing to older adults whose names were randomly drawn from a voter registration list. Participants for the present study were 230 community-dwelling individuals with a mean age of 73.0 years ( $SD = 6.92$ , age range: 64–96). The majority of the sample was female (54.3%), European American (87.4%), and married (70%). Mean years of education was 15.1 ( $SD = 3.04$ , range = 8–25).

### Measures

**Perceived Burdensomeness (PB).** The 18-item Interpersonal Needs Questionnaire (Joiner et al., 2009) was used to derive a 10-item PB subscale and measured the extent to which older adults believe they are a burden on the people in their lives (Marty, Segal, Coolidge, under review). Higher overall scores indicate greater PB. The PB subscale demonstrated good internal reliability and validity among older adults (Marty et al., under review).

**Anxiety.** The Geriatric Anxiety Scale (GAS) is a 30-item self-report measure of cognitive, somatic, and affective symptoms of anxiety in older adults (Segal, June, Payne, Coolidge, & Yochim, 2010). Higher scores indicate greater severity of anxiety. The GAS has demonstrated good internal reliability and solid evidence of validity in community-dwelling samples of older adults (Segal et al., 2010).

**Depression.** The Patient Health Questionnaire (PHQ-9) is a self-report 9-item measure of depressive symptoms, based on the *DSM-IV* diagnostic criteria for Major Depressive Disorder (Kroenke, Spitzer, & Williams, 2001). Higher overall scores indicate greater severity of depression. The PHQ-9 has demonstrated good reliability and validity among the general population (age range: 14 – 93 years; Martin, Rief, Klaiberg, & Braehler, 2006).

**Suicide Ideation.** The Geriatric Suicide Ideation Scale (GSIS) is a 31-item self-report measure of suicide ideation and related factors in older adults (Heisel & Flett, 2006). Higher scores on the total scale indicate higher suicidal ideation. The GSIS demonstrates strong reliability and validity among adults aged 65 and older (Heisel & Flett, 2006; Marty et al., 2010).

**Hopelessness.** The Beck Hopelessness Scale (BHS) is a 20-item self-report assessment of pessimism and hopelessness (Beck, Weissman, Lester, & Trexler, 1974). Response choices were modified from a *true/false* format to a 5-point scale. This type of response format has been used successfully with research samples of older adults (Heisel & Flett, 2005; Neufeld, O'Rourke, & Donnelly, 2010). Higher overall scores indicate greater hopelessness. The reliability and validity of the BHS have been established among older adults in the general population (e.g. Greene, 1981).

**Physical Health.** The 10-item physical functioning subscale of the RAND 36-item Health Survey (SF-36) is a self-report measure of subjective health status (Ware & Sherbourne, 1992). Higher scores indicate a more favorable health state. Reliability and validity of the SF-36 have been established among older adults (Bowling, 1997; McHorney, 1996).

**Belonging.** The Sense of Belonging Instrument-Psychological Experience subscale (SOBI-P) is an 18-item self-report scale measuring the psychological experience of belonging in adults (Hagerty & Patusk, 1995). A high score on the SOBI-P indicates that the individual feels valued, needed, and accepted by others. The SOBI-P has been used in several studies examining belongingness in older adults (e.g., Kissane & McLaren, 2006; McLaren, Gomez, Bailey, & Van Der Horst, 2007).

## Results

PB had medium-to-large positive correlations with anxiety, depression, suicide ideation, and hopelessness, and negative correlations with physical health and belonging (see Table 1).

Simultaneous multiple regression assessed the relative contribution of each predictor variable. The total variance explained by the overall model was 38.2%,  $F(6, 203) = 22.54, p < .001$ . Depression was the only significant positive predictor, whereas belonging was the only significant negative predictor (see Table 2).

Table 1

Measure	1	2	3	4	5	6	7
1. Burdensomeness	–						
2. Anxiety	.40	–					
3. Depression	.50	.63	–				
4. Suicide Ideation	.51	.45	.55	–			
5. Hopelessness	.42	.39	.44	.56	–		
6. Physical Health	-.22	-.29	-.40	-.30	-.19	–	
7. Belonging	-.54	-.39	-.41	-.62	-.52	.15	–
<i>M</i>	14.04	7.26	2.13	40.55	29.05	74.76	66.10
<i>SD</i>	4.51	6.20	2.30	8.9	6.39	23.08	6.14

Table 2

Predictor Variables	Standardized $\beta$
Anxiety	.05
Depression	.24*
Suicide Ideation	.13
Hopelessness	.06
Physical Health	-.02
Belonging	-.31**

Note.  $F(6, 203) = 22.54, p < .001, R = .63, R^2 = .40$ . Adjusted  $R^2 = .38, *p < .01, **p < .001$

## Discussion

The aim of the present study was to investigate perceived burdensomeness (PB) among community-dwelling older adults.

Results indicated PB was positively associated with several clinical variables, including anxiety, depression, suicide ideation, and hopelessness; and negatively associated with good physical health and high belongingness.

Depression was the only significant (positive) predictor, whereas belongingness was the only significant (negative) predictor.

These findings are consistent with previous studies examining PB among terminally ill older adults (e.g., Wilson et al., 2005) and suggest PB may be an important variable to consider when working clinically with older adults.

One limitation of the current study was the use of a convenience sample mostly made up of well-educated European Americans, with a relatively low level of PB, possibly restricting the generalizability of the findings to other culturally diverse and clinical populations.

The findings from the current study and those of previous studies (e.g., Jahn et al., 2011) suggest future research should investigate the effectiveness of treatment strategies targeted toward reducing PB among older adults.

The findings from this study provide basic information regarding the correlates of PB among community-dwelling older adults and suggest PB should be assessed clinically.