



Weakening of familial integration and depression

Connection between persons living alone and the spread of depression in France between 1970 and 2002

**Géraldine Duthé
Jean-Louis Pan Ké Shon**

Institut national d'études démographiques, Paris

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Outline

- Theoretical aspects
 - Depression: a modern disease
 - Living alone: a social fragility
 - Defining depression
- Analysis from French health surveys
 - Measuring depression
 - Comparison 1970-2002: depression / living alone
 - Method and analysis of the connection
- Discussion and conclusion



Depression: a modern disease

According to Ehrenberg - *La fatigue d'être soi* - 1998

- Changes in social regulation
 - ← 19th century:
 - discipline (Taylorism, Fordism)
 - compliance (opinion, tradition, authority)
 - prohibition
 - ← mid 20th century:
 - individual initiative
 - to be efficient and oneself
- Changes in individual mental strain

Increase of a new pathology: depression

 - feeling of inadequacy
 - tiredness with being oneself



Living alone: social fragility (1)

- The spread of depression coincides with a growing number of persons living alone (6% in 1960 *vs* 15% today in France)

Persons who live alone are known to be generally more socially fragile, and specifically depressive. What is the impact of this change on the increasing depression rate?

- The two major concepts of Durkheim - *Le suicide* – 1897

Integration

Interaction between individuals in a group

Regulation

Importance of balance (not too strong but sufficient)



Living alone: social fragility (2)

- Self-esteem as a condition of well-being (Brisett, 1972)
 - Self-assessment
 - Self-control
- Perturbation of mental health (Thoits, 1983)
 - Undesirability of events
 - Low control over them
- Social support (Cobb, 1976 ; Pearlin *et al.*, 1981)
- Living alone: social fragility which leads to mental fragility
 - Lower integration and regulation
 - Norm of the couple (but this is changing)
 - Lower social support (absence of partner)



Depression: a variety of definitions

- Jacobson - *Depression* – 1971
Gap between the ideal ego and the representation of oneself
- Fréden – *Aspects psychosociaux de la dépression* – 1982
Gap between the ideal ego and real life (perception of ego)
- Medical definitions: complexity of diagnoses
ICD-10 (WHO), DSM-IV (APA)
- Criticism of definition (Ehrenberg – 1998)
No specificity, diversity of symptoms, imprecise term of depression...
“we don’t know what we treat, but we treat it better with time”

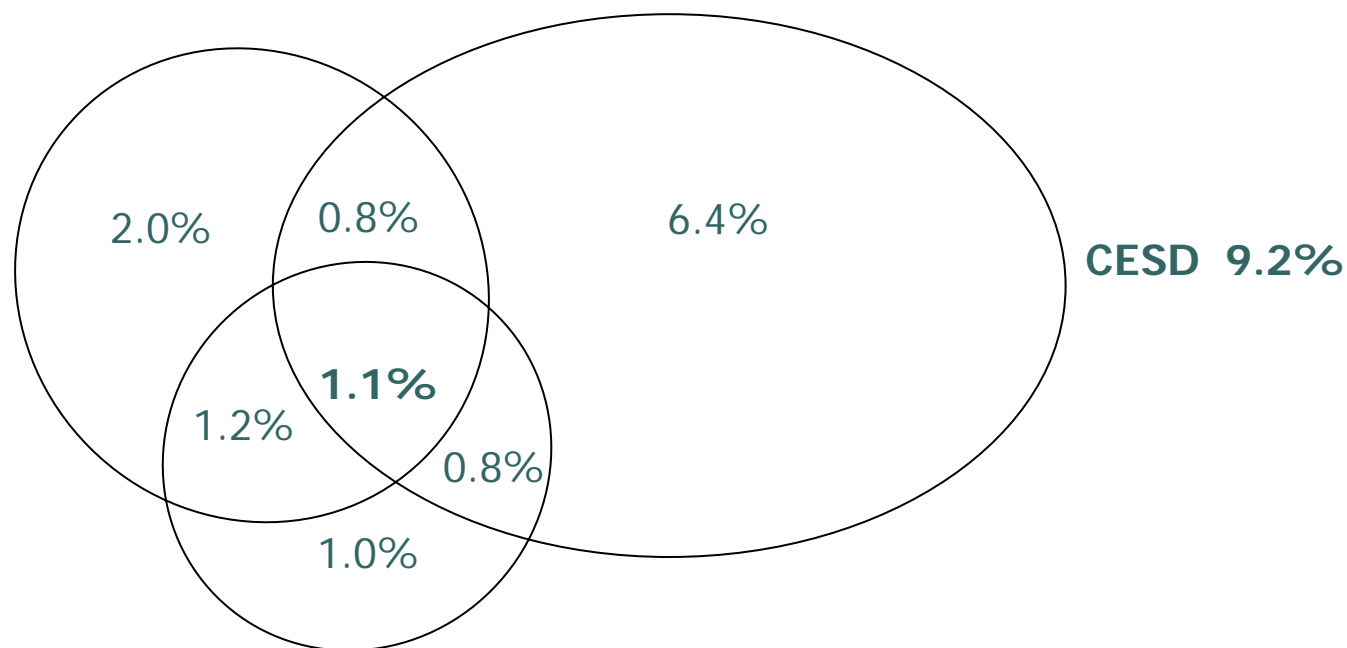


Depression: data from the French health surveys

- Health and medical consumption surveys
 - decennial survey
 - representative of ordinary French households
 - 1970 and 2002
- Depressive persons
 - Self-reporting
 - Reason for medical care (hospitalization, consultation...)
- Antidepressant consumers
 - Drug consumption
- Other tool (only in 2002 survey)
 - CES-D (≥ 23)

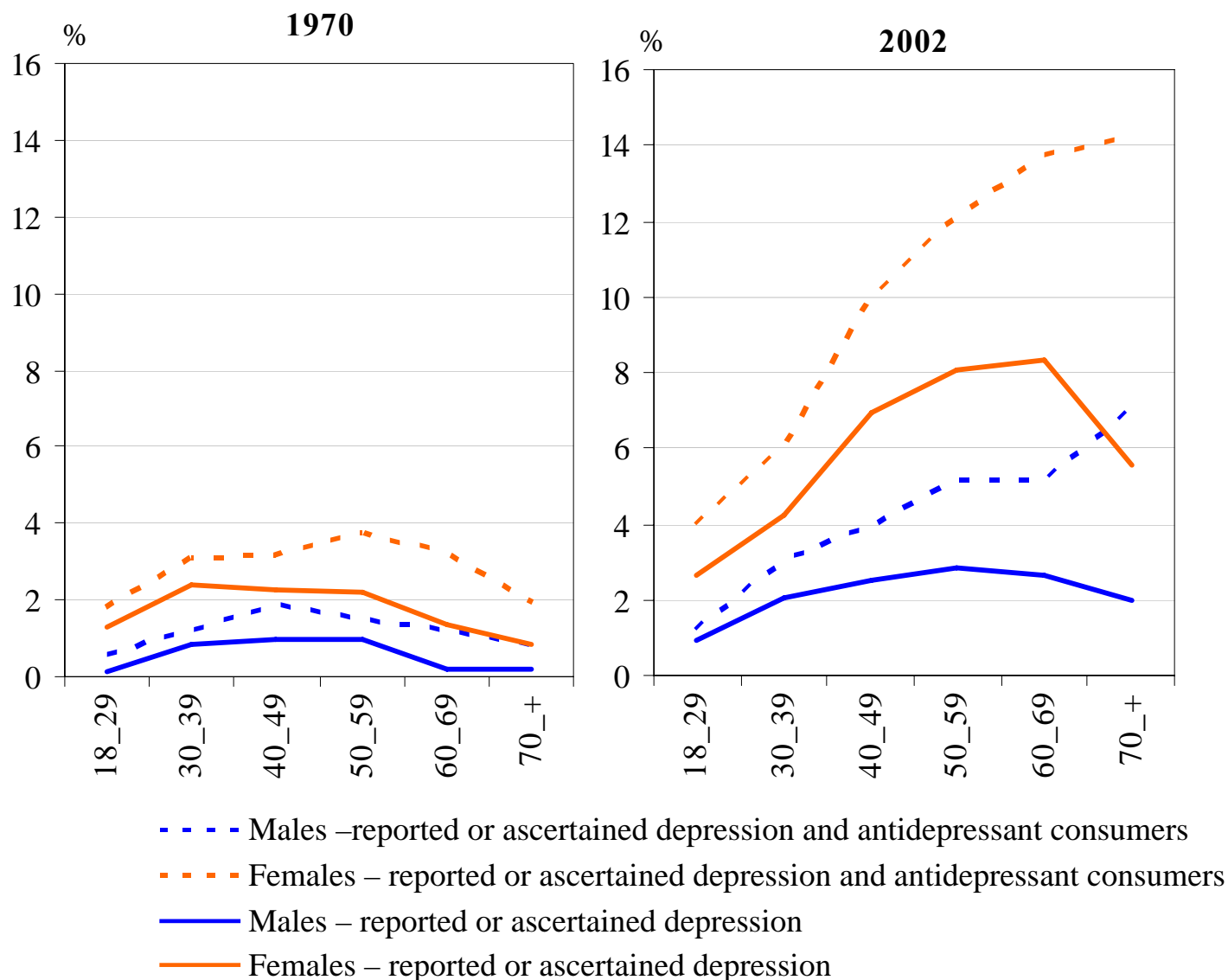
Depression: difficult to measure

Antidepressant consumers 5.1%



Depression reported or ascertained during the survey 4.0%

Depression: comparison 1970 – 2002 (1)



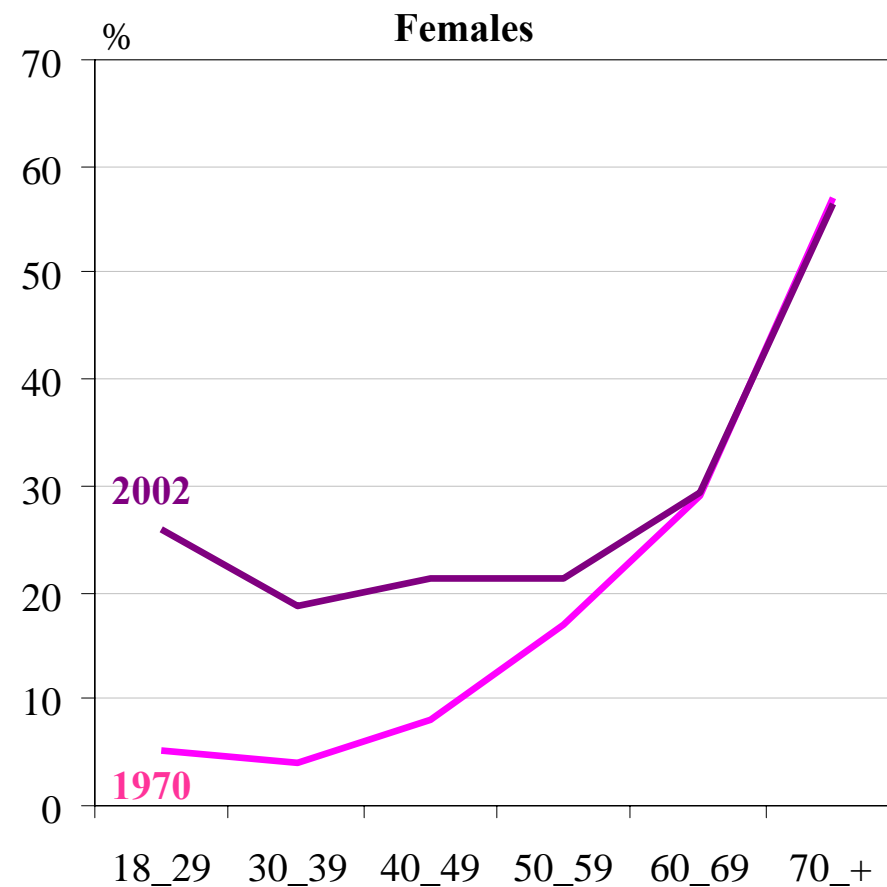
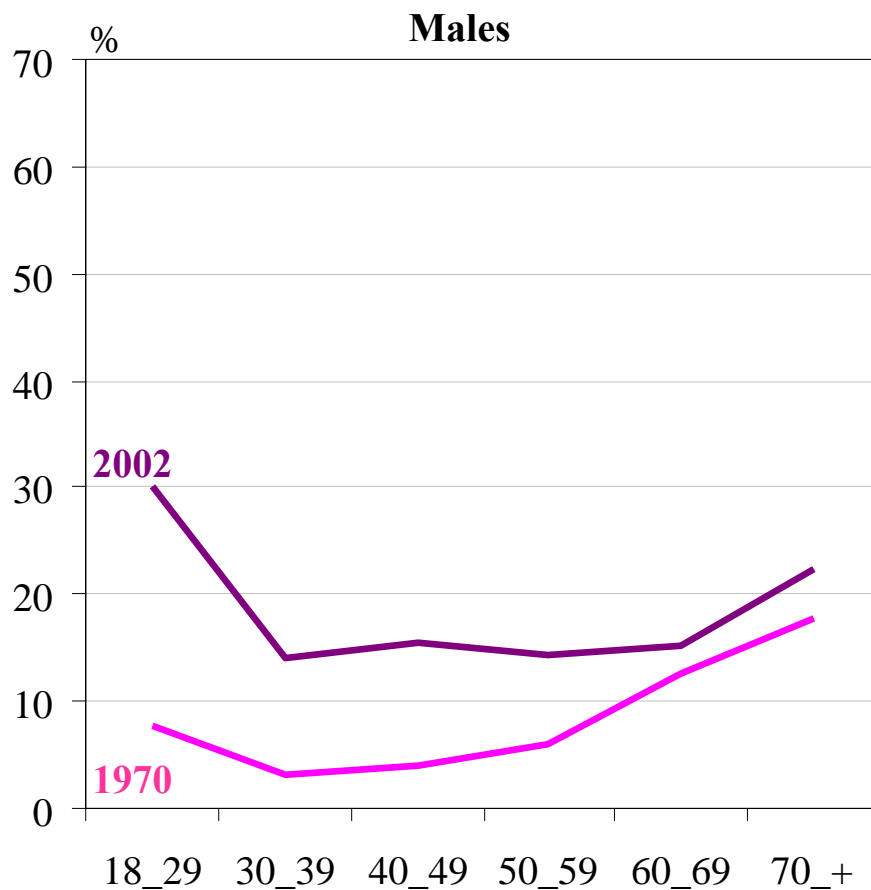


Depression: comparison 1970 – 2002 (2)

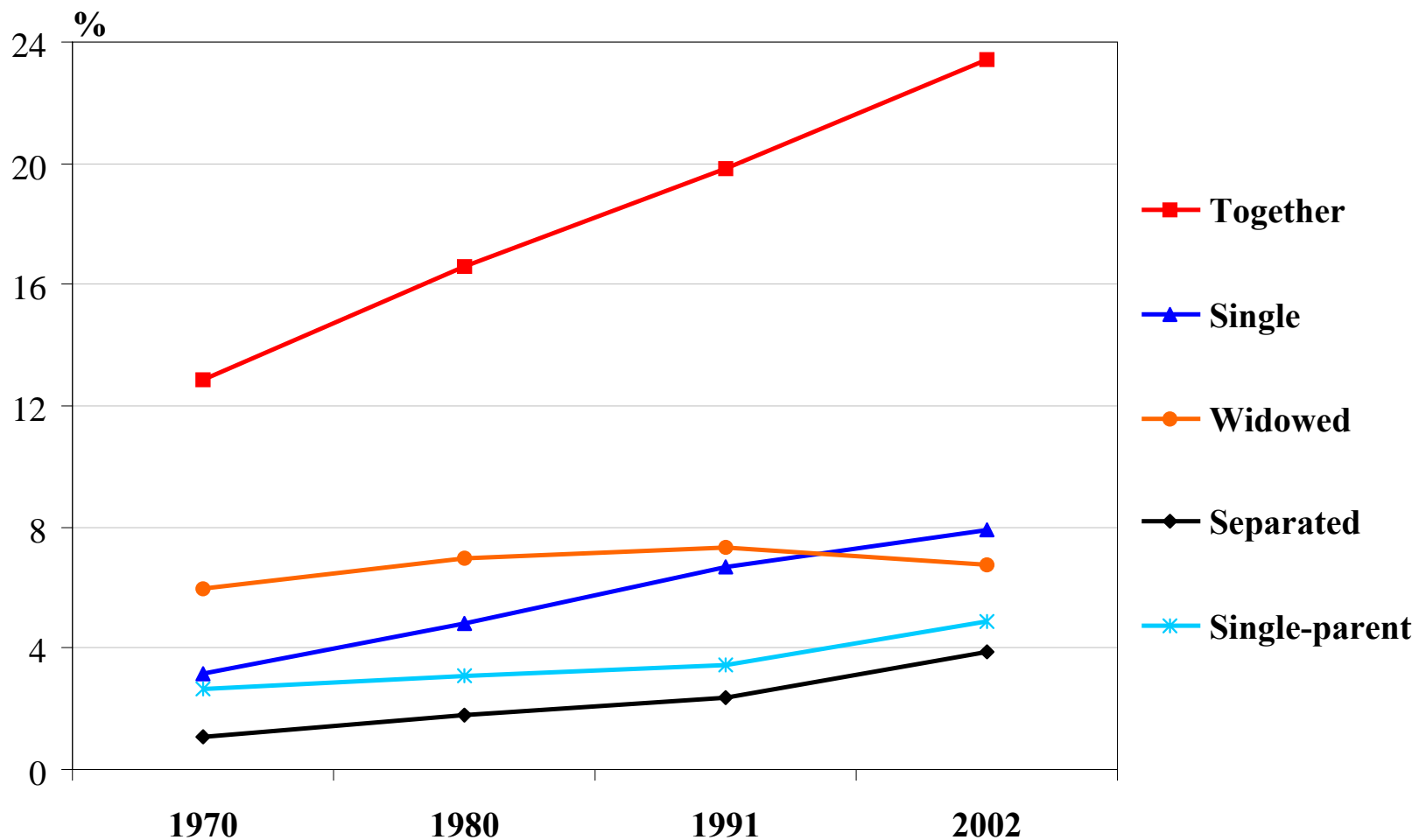
Reported or ascertained depression during the survey

%	1970	2002
Males	0.6	2.3
Females	1.8	6.0
Total	1.3	4.2

Living alone: comparison 1970-2002



Living alone: different marital statuses



Living alone : a risk factor for depression

Estimates of the model Risk of depression	1970		2002	
	Males	Females	Males	Females
Single	1.4 **	-0.2	1.0 ***	0.7 ***
Widowed	1.1	-0.3	1.4 ***	0.5 ***
Separated/divorced	-12.0	0.7	1.1 ***	1.0 ***
Single parent over age 50	-10.8	-0.1	1.6	-0.2
Single parent under age 50	-12.4	0.9 **	1.3 ***	0.7 ***
Couple with children (ref.)	-	-	-	-
Couple without children	0.0	0.0	0.3 *	0.1
Other situation	-0.2	-0.6	0.2	-0.3

Other covariates controlled:

sex, age, occupation, educational level, income, number of diseases.

*** p<1% ** p<5% * p<10%



Analysis: method

Impact of the weakening of family integration on the spread of depression

Model

Blinder-Oaxaca Decomposition Technique applied to logit models (Fairlie, 2006)

The aim is to identify and quantify the separate contributions of group differences in measurable characteristics.

Application

Estimate how the change in population structure in terms of persons living alone contributes to change in the depression rates between the two health surveys.



Analysis: results

Proportion due to each group in the gap between 1970 and 2002	Males	Females	Total
Single	+2.8	+2.3	+5.1
Widowed	+2.8	+4.2	+7.0
Separated/divorced	+2.4	+5.9	+8.2
Single parent over age 50	-0.1	+0.1	0.0
Single parent under age 50	+0.5	+5.6	+6.1
<i>Subtotal: persons living alone</i>	<i>+8.4</i>	<i>+18.1</i>	<i>+26.4</i>
Couple with children (ref.)			
Couple without children	+2.4	+2.5	+4.9
Other situation	-0.2	+1.4	+1.2

Other covariates controlled:
age, occupation, educational level, income, number of other declared diseases.



Discussion

- 30% of the difference between 1970 and 2002 in the depression rate comes from changes in population structure.

Resulting from global negative changes (ageing) and positive contributions (living alone, occupation and reported/ascertained diseases).

- What about the unexplained 70% of the increase ?

Unobserved factors such as

Progress in recognition and knowledge of the disease,

Other increasing mental tensions (e.g. in the work sphere),

Incompleteness of our statistical model (events in childhood...)



Conclusion

- **Social fragility of persons living alone, but especially separated persons and single parents**
Integration is not the only factor
- **Greater vulnerability of women after separation**
Unequal social status
- **Recent increase in number of separated persons and single parents**
A factor in the ongoing increase in depression
- **Weakening of familial integration: extension to other social institutions**
Church, workplace...
- **Question of individual adaptability to social changes**
Decreases mental strain



Thank you for your attention!

Weakening of familial integration and depression.
Connection between persons living alone and depression
and its evolution in France between 1970 and 2002.

Correspondence :
geraldine.duthe@ined.fr
jean-louis.pan-ke-shon@ined.fr

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