

Research Article

Confidant Availability (In)Stability and Emotional Well-Being in Older Men and Women

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Abstract

Purpose of the study: The present study examined the role of stability and change in the availability of a family member and a friend as a confidant in older adults' emotional well-being.

Method: Participants in two waves of the Wisconsin Longitudinal Study ($N = 4,631$; $M = 64.3$, 53.7% female) were assessed on depressive symptoms and the availability of a family member and friend as confidant. Using mixed linear effects models, four groups were compared over time and across gender on depressive symptoms: those with and without a family/friend confidant at both waves and those who lost and gained a family/friend confidant.

Results: Those with stable availability of a family or friend confidant consistently scored the lowest on depressive symptoms; the gain of a family or friend confidant corresponded with a decrease in depressive symptoms, with a larger effect seen for the gain of a family confidant; the loss of a family confidant was associated with an increase in depressive symptoms over time; and stable availability of a family or friend confidant was more strongly linked to lower levels of depressive symptoms among women, whereas stable unavailability of a family confidant was linked to higher levels of depressive symptoms.

Implications: Stable availability of either a family or friend confidant in late life is especially salient to emotional well-being, notably among women. Emotional well-being benefits from the gain of a confidant highlight the importance of supplementing or substituting a loss, especially of a family confidant, which is associated with a significant increase in depressive symptoms.

Keywords: Confidants, Family, Friends, Depressive symptoms, Gender differences

The importance of close social relationships for aging well has transitioned from being an assumption 20 years ago (Adams & Blieszner, 1995) to a well-established fact today (Antonucci, Ajrouch, & Birditt, 2013; Carstensen, 1995; Cohen, 2004; Holt-Lunstad, Smith, & Layton, 2010; Uchino, 2006). Among social ties, confidant relationships—those relationships in which individuals can share their most private feelings and personal concerns—have emerged as an especially key type of social relationship (Cornwell, Schumm, Laumann, & Graber, 2009). However, the availability of confidants in the U.S. population in

general has declined over a 30-year period, with the modal response being “no confidant available” in 2004 data from the General Social Survey (McPherson, Smith-Lovin, & Brashears, 2006). This is especially troubling for older adults, because a large volume of research shows that in this age group having confidants is linked to higher well-being (see below). Although the benefits associated with having confidant relationships are well-established, only a few studies (e.g., Bookwala, Marshall, & Manning, 2014; Cornwell & Laumann, 2015) have focused on specific aspects of confidant relationships—such as who the

confidant is (kin vs. non-kin)—or on changes in confidant relationships—in assessing these benefits. The present study examined the role of stability versus change over time in the availability of two types of confidant relationships—having a family member as a confidant and having a friend as a confidant—in older adults' emotional well-being as indicated by symptoms of depression.

Confidant Relationships and Emotional Well-Being in Late Life

Older adults commonly report the availability of confidants (e.g., Cornwell & Laumann, 2015; Litwin & Stoeckel, 2013; Robertson & Mosher-Ashley, 2002), but both gains and losses occur over time in the confidant relationships available to older adults (Cornwell, 2015; Wenger & Jerrome, 1999), especially in the wake of major life transitions such as the death of a spouse (Ha, 2008). Variability also exists in the distribution of confidant relationships among older adults. For example, gender differences exist in the availability of confidant relationships. Women, in general, are more likely to have confidants and to have more diverse compositions of confidant relationships than men (e.g., Antonucci, Lansford, & Akiyama, 2001; Connidis & Davies, 1990; Robertson & Mosher-Ashley, 2002; Tower, Kasl, & Darefsky, 2002). Research also has found that older adults identify both family members and friends as confidants (Antonucci et al., 2001; Bookwala et al., 2014; Ha, 2008; McPherson et al., 2006; Wenger & Jerrome, 1999). Among family members, spouses are the most common confidants, although men are more likely to identify their spouse in that role than are women (Robertson & Mosher-Ashley, 2002; Wenger & Jerrome, 1999).

According to social support theory, close social relationships are linked to clear benefits in terms of well-being (Berkman, Glass, Brissette, & Seeman, 2000; Cohen, 1988, 2004). Given their deeply personal and close nature, confidant relationships in particular can be expected to have strong associations with higher well-being. Moreover, socioemotional selectivity theory (Carstensen, 1995) posits that people become even more strongly motivated to preserve and enhance their closest social ties as they age, as a means to maintain emotional well-being. Thus, confidant relationships are likely to be particularly relevant to lower emotional distress and greater emotional well-being among older adults. These benefits associated with confidant relationships are likely to operate through contributing a sense of belonging and felt security (Duner & Nordstrom, 2007), minimizing feelings of social isolation and loneliness (Hawkey et al., 2008; McPherson et al., 2006), providing greater access to psychosocial resources (e.g., supportive behaviors, sense of control, effective coping), and facilitating health protective behaviors (Berkman et al., 2000).

Consistent with the theories of social support (Berkman et al., 2000; Cohen, 1988, 2004) and socioemotional selectivity (Carstensen, 1995), older adults who report the

availability of a confidant have been found to have superior well-being. Studies have found that confidant availability is linked to better overall mental health and quality of life (e.g., Bookwala & Gaugler, *in press*; Gironde, Lubben, & Atchison, 1999; Litwin & Stoeckel, 2013) and lower depression and anxiety (e.g., Antonucci et al., 2001; Grace & O'Brien, 2003; Hirvensalo et al., 2007; Li, Morrow-Howell, Proctor, & Rubin, 2013; Mechakra-Tahiri, Zunzunegui, Prévile, & Dubé, 2010; Newton et al., 2008; Schwarzbach, Luppa, Forstmeier, König, & Riedel-Heller, 2014; Yang, 2006). For example, Yang (2006) found the availability of confidants to be significantly associated with lower depressive symptoms concurrently and over time in a representative sample of older adults residing in North Carolina. Likewise, in a representative sample of older adults in Quebec, Mechakra-Tahiri and colleagues (2010) found there was a greater likelihood of minor or major depression among participants who did not have a confidant available. Among ill older adults, confidant availability also is salient to emotional well-being. In a sample of primary care patients with a mean age of 52 years, Newton and colleagues (2008) found that higher levels of depression and anxiety were linked with higher odds of confidant unavailability.

Who serves in the confidant role may have important implications for well-being. Studies that have distinguished between available confidant relationships on the basis of kin versus non-kin relations have found differential benefits of these ties for older adults (e.g., Antonucci et al., 2001; Bookwala et al., 2014; Litwin & Stoeckel, 2013). For example, Litwin and Stoeckel (2013) found that older adults with more family members in their confidant relationships had higher well-being than those with other compositions of confidants (e.g., those composed primarily of friends or other relationships such as neighbors, colleagues, etc.) and that some confidant relationships are more salient to women's than men's emotional well-being (Antonucci et al., 2001). When contextual factors are taken into account, different associations emerge between type of confidant relationship and depressive symptomatology. In a study on the health benefits of confidants among older adults who become widowed (Bookwala et al., 2014), having a friend as a confidant was associated with fewer somatic symptoms of depression; having a family member as confidant, however, did not have the same mitigating effects for older adults who transitioned to widowhood.

Changes in older adults' confidant relationships are common over time (Cornwell & Laumann, 2015; Wenger & Jerrome, 1999), with more transitions likely in confidant relationships with friends than family members (Wenger & Jerrome, 1999). Yet, very few studies have examined the impact on emotional well-being of changes in confidant relationships over time. Exceptions include Yang (2006) who found that those who reported an increase in the perceived availability of confidants over time reported a decrease in depressive symptoms and Cornwell and

Laumann (2015) who found that a net gain in the number of confidants over a 5-year period was linked to lower depressive symptomatology among older adults.

The Present Study

The present study takes a closer look at the role of stability and change in confidant relationships in emotional well-being. It focuses on the impact of (in)stability in the availability of two different types of confidant relationships on older adults' depressive symptomatology. As described above, confidant relationships are central to emotional well-being (e.g., Antonucci et al., 2001; Newton et al., 2008; Yang, 2006), although their role can vary depending on whether the confidant is a family member or friend (e.g., Bookwala et al., 2014). In addition, the availability of confidants is dynamic in late life and likely to change over time (Cornwell & Laumann, 2015; Wenger & Jerrome, 1999), especially in the case of friends as confidants (Wenger & Jerrome, 1999), and a gain in confidant availability is associated with benefits to emotional well-being (Cornwell & Laumann, 2015; Yang, 2006). The present study extends this field of inquiry by examining changes in depressive symptomatology based on a gain and loss in the availability of two different types of confidant relationships—with a family member and a friend—in a probability-based sample of older men and women who participated in the Wisconsin Longitudinal Study (WLS). Two primary hypotheses were tested: (a) stable availability of confidants will be linked to the lowest depressive symptomatology whereas stable unavailability of confidants will result in the highest level of depressive symptoms and (b) a gain in confidants will result in a decrease in depressive symptoms whereas a loss will lead to an increase in depressive symptoms. Because family confidant relationships tend to be more stable than friend confidant relationships (Wenger & Jerrome, 1999) and are more strongly related to well-being (Litwin & Stoeckel, 2013), the magnitude of effects for depressive symptoms was expected to be larger in the domain of family confidant relationships. In addition, because older women generally report more and diverse confidant relationships relative to older men (Connidis & Davies, 1990; Robertson & Mosher-Ashley, 2002; Tower et al., 2002), and specific confidants are more important to women's emotional well-being than men's (Antonucci et al., 2001), (in)stability in the availability of confidants was expected to be more salient to women's emotional well-being than men's.

Method

Sample

The WLS is a multiwave study of a large sample of high-school graduates in the state of Wisconsin that began in 1957. The present study used data from the 1992 and 2004 waves of the WLS when the range of variables assessed was extensively expanded for variables related to social

relationships and health and well-being. The 1957 high-school graduates were in their 50s by 1992 and in their 60s by 2004. Because, as noted above, spousal loss is linked to changes in confidant availability, and especially because the spouse is commonly named as a confidant, only respondents who had experienced no change in marital status from Time 1 (1992) to Time 2 (2004) and indicated that they had no change in marital history (i.e., number of marriages) in the intervening period were included in the analytic sample. The final sample included 4,631 participants who had complete data on study variables. On average, the participants were 64.3 years old at Time 2 ($SD = 0.68$, range: 63–67 years), with the vast majority (88%) being 64 or 65 years of age. The sample had an average of 13.8 years of education ($SD = 2.4$) with a mean household income of approximately \$69,500 ($SD = \$83,900$). Slightly more than half of the sample were women (53.7%, $n = 2,487$) and 86.3% were married ($n = 3,998$) with most being married once ($M = 1.12$, $SD = 0.5$).

Measures

Availability of confidants was assessed in each wave of the WLS using two items, one that assessed the availability of a family member as a confidant ("Is there a person in your family with whom you can really share your very private feelings and concerns?") and the other that assessed the availability of a friend as a confidant ("Is there a friend outside your family with whom you can really share your very private feelings and concerns?"). Dichotomous responses (yes vs. no) were offered as options to these items, and thus, participants were identified at each wave either as having a family member as confidant or not and then independently as either having a friend as confidant or not. Based on their responses, participants were categorized into one of four groups for each type of confidant: stable-with-family/friend-confidant group; lost-family/friend-confidant group; gained-family/friend-confidant group; and stable-without-family/friend confidant group.

Depressive symptomatology was assessed using the 20-item Center for Epidemiological Studies-Depression scale (CES-D; Radloff, 1977). Sample items included "I was bothered by things that usually don't bother me" and "I felt that everything I did was an effort" rated on an eight-point scale. The WLS used a modified response scale for the CES-D such that participants indicated the number of days in the preceding week (0–7) during which they had experienced each symptom. Items were reverse coded as necessary, and Cronbach's alphas were .87 at Time 1 and .85 at Time 2.

Sociodemographic variables that were used in the analyses were gender, age, number of years of formal education, total household income, marital status, and marital history. Gender was treated as a factor in the statistical analyses; the remaining variables were included as covariates.

Results

The vast majority of participants reported the availability of a family member as confidant at both Time 1 and Time 2 (see Table 1) with smaller proportions reporting that they had gained a family confidant over time, lost one, or had no family confidant in both waves. A chi-square test of independence showed a significant association between gender and family confidant group ($\chi^2 [df = 3, N = 4,631] = 21.20, p < .001$). Adjusted standardized residuals, where a value larger than ± 3 represents lack of independence in a particular cell (Sharpe, 2015), indicated that more women and fewer men were in the stable-with-family-confidant group than would be expected by chance (absolute adjusted standardized residual = 3.6), whereas more men and fewer women were in the stable-without-family-confidant group (absolute adjusted standardized residual = 4.2). As Table 1 also shows, for the friend confidant groups, the “stable-with-friend-confidant” group again was the largest. However, the remaining three groups were all larger in size compared to the distribution seen for the availability of a family member as confidant. Once again, a significant association was obtained between gender and friend as confidant group ($\chi^2 [df = 3, N = 4,631] = 362.55, p < .001$). Adjusted standardized residuals showed that more women and fewer men were in the stable-with-friend-confidant group than expected by chance (absolute adjusted standardized residual = 18.6) and more men and fewer women were in the lost-friend-confidant, gained-friend-confidant, and stable-without-friend-confidant groups (absolute adjusted standardized residuals = 5.9–13.5). An examination of the overlap between changes in the family and friend confidant groups (not shown in Table 1) indicated that 1.8% ($n = 83$) of the sample lost both a family member and a friend as confidant from Time 1 to Time 2 and a slightly higher proportion (2.1%, $n = 98$) gained both a family member and a friend as a confidant over time; stability in having both a family member and friend as confidants across time was the case for 55.3% of the sample ($n = 2,560$) and 2.0%

($n = 94$) of the participants indicated that they had neither a family member nor friend as confidant at both time points.

Two repeated measures analyses of covariance were performed on depressive symptomatology using the linear mixed models procedure in SPSS (IBM SPSS Software, Armonk, NY), first with family confidant groups and the second with friend confidant groups. Confidant group, gender, and time were modeled as fixed effects; time was the repeated measures term; and age, number of years of formal education, total household income, marital status, and marital history were included as covariates. The compound symmetry covariance structure was used because it yielded a better fit to the data than the unstructured covariance structure for the model with family confidant groups (Bayesian information criterion [BIC] = 73,112.0 vs. 74,439.6, respectively, where smaller values represent better fit) and the model with friend confidant groups (BIC = 73,329.6 vs. 74,696.0, respectively).

Availability of Family Member as Confidant

The repeated measures analysis of covariance with family confidant groups revealed that although the three-way interaction term (family confidant group \times gender \times time) was not statistically significant, two two-way interaction terms were significant (see Table 2): family confidant group \times time and family confidant group \times gender. In light of these interaction terms, the three significant main effects are not interpreted.

The top half of the panel in Table 3 presents the means for depressive symptoms over time and across gender in each family confidant group. Post hoc paired comparisons for the family confidant group \times time interaction comparing depressive symptoms at Time 1 and Time 2 within each family confidant group revealed that depressive symptoms declined significantly over time in three of the four groups—the stable-with-family-confidant group, the gained-family-confidant group, and the stable-without-family-confidant group—with the magnitude of the

Table 1. Distribution of Family and Friend Confidant Groups by Gender

	Men		Women		Total	
	%	N	%	N	%	N
Family confidant groups ^a						
Stable with confidant at T1–T2	78.1	1,674	82.3	2,048	80.4	3,722
Lost confidant at T2	6.6	141	6.2	153	6.3	294
Gained confidant at T2	8.7	186	7.6	188	8.1	374
Stable without confidant at T1–T2	6.7	143	3.9	98	5.2	241
Friend confidant groups ^b						
Stable with confidant at T1–T2	49.4	1,059	75.7	1,883	63.5	2,942
Lost confidant at T2	16.6	356	9.3	231	12.7	587
Gained confidant at T2	12.5	267	7.3	182	9.7	449
Stable without confidant at T1–T2	21.5	462	7.7	191	14.1	653

Notes: ^aSignificant gender \times family confidant group association, $p < .001$.

^bSignificant gender \times friend confidant group association, $p < .001$.

Table 2. Type III Tests of Fixed Effects for Depressive Symptoms Using Change in Confidant Availability, Gender, and Time

Effect	Numerator <i>df</i>	Denominator <i>df</i>	<i>F</i>	<i>P</i>
Model 1: family member as confidant				
Family confidant availability	3	4,618	86.36	<.001
Gender	1	4,618	30.02	<.001
Time	1	4,623	69.06	<.001
Family confidant availability × gender	3	4,618	2.79	.039
Family confidant availability × time	3	4,623	21.29	<.001
Gender × time	1	4,623	3.81	.051
Family confidant availability × gender × time	3	4,623	1.29	.276
Model 2: friend as confidant				
Friend confidant availability	3	4,618	32.57	<.001
Gender	1	4,618	59.42	<.001
Time	1	4,623	108.05	<.001
Friend confidant availability × gender	3	4,618	3.89	.009
Friend confidant availability × time	3	4,623	3.68	.012
Gender × time	1	4,623	0.07	.787
Friend confidant availability × gender × time	3	4,623	1.31	.271

Note: The models included age, marital status, marital history, total household income, and years of education as covariates.

Table 3. Mean Depressive Symptoms in Confidant Groups Over Time

	Time 1	Time 2	Men	Women
Family member as confidant group				
Stable with family confidant ^{1,2}	14.40 ^{abc}	11.72 ^{abc}	12.15 ^{abc}	13.97 ^{abc}
Lost family confidant over time ¹	17.29 ^{ade}	19.36 ^{ad}	17.33 ^a	19.32 ^{ad}
Gained family confidant over time ^{1,2}	20.97 ^{bdf}	15.28 ^{bde}	16.29 ^{bd}	19.96 ^{be}
Stable without family confidant ^{1,2}	26.39 ^{cef}	21.21 ^{ce}	20.82 ^{cd}	26.78 ^{de}
Friend as confidant group				
Stable with friend confidant ^{1,2}	14.42 ^{abc}	11.81 ^{abc}	12.19 ^{ab}	14.04 ^{abc}
Lost friend confidant over time ^{1,2}	16.66 ^{ad}	15.39 ^a	14.33 ^a	17.72 ^a
Gained friend confidant over time ^{1,2}	18.21 ^b	14.35 ^b	13.59	18.96 ^b
Stable without friend confidant ^{1,2}	19.58 ^{cd}	16.20 ^c	15.76 ^b	20.03 ^c

Notes: Means adjusted for age, marital status, marital history, total household income, and years of education as covariates.

Column means (comparing across confidant groups within time or within gender) that share a superscript were significantly different, $p = .03$ to $.000$.

¹Row means comparing across time for a particular confidant group were significantly different in each group, $p = .03$ to $.000$.

²Row means comparing across gender for a particular confidant group were significantly different in each group, $p = .003$ to $.000$.

decline larger for the gained-family-confidant and stable-without-family-confidant groups. In the group that lost a family confidant from Time 1 to Time 2, however, a significant increase occurred in depressive symptoms. Next, post hoc comparisons were conducted comparing the four family confidant groups within each wave. All four groups were significantly different from each other on depressive symptoms at Time 1. What is notable, moreover, is that the two groups that had a family confidant at Time 1 (stable-with-family-confidant group and lost-family-confidant [at Time 2] group) scored lower on depressive symptomatology than the two groups that lacked a family confidant in this wave (gained-family-confidant [at Time 2] group and stable-without-family-confidant group). At Time 2, again the stable-with-family-confidant group scored the lowest on depressive symptomatology, significantly so than the other three groups; the stable-without-family-confidant

group scored the highest again, significantly higher than the group that had gained a family confidant but statistically comparable now to the group that had lost a family confidant by Time 2. The lost-family-confidant-group and gained-family-confidant-group switched in rank order from Time 1 to Time 2, with the former reporting significantly greater depressive symptomatology than the latter at Time 2. Group mean differences over time based on the availability of a family confidant are displayed in Figure 1a.

Post hoc comparisons also were performed to investigate the source of the significant interaction of family confidant group × gender. As Table 3 shows, regardless of time, women scored significantly higher on depressive symptoms than men in each family confidant group, with smaller gender differences seen in the stable-with-family-confidant and lost-family-confidant groups and

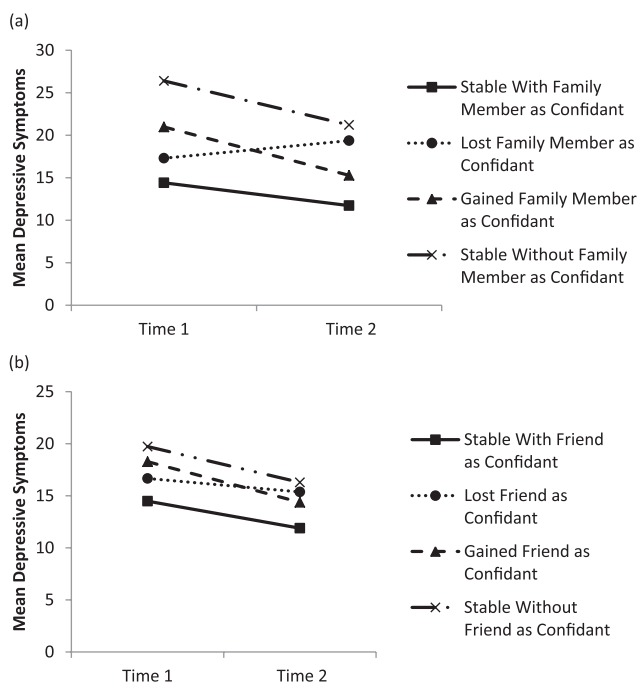


Figure 1. Mean depressive symptoms over time based on (in)stability in (a) family confidant availability and (b) friend confidant availability, adjusted for age, marital status, marital history, total household income, and years of education as covariates.

the largest difference seen in the stable-without-family-confidant group. In addition, post hoc comparisons performed separately by gender showed that men in the stable-with-family-confidant group scored significantly lower on depressive symptomatology than the remaining three family confidant groups with the largest difference between this group and the stable-without-family-confidant group. In addition, men who gained a family confidant reported significantly fewer depressive symptoms than the stable-without-family-confidant group. For women, the general pattern of differences across family confidant groups was similar to that observed in men, but the magnitude of differences was larger for every comparison relative to their male peers. Specifically, women in the stable-with-family-confidant group scored significantly lower on depressive symptomatology than those in the remaining three family confidant groups, and women in the stable-without-family confidant group also scored significantly higher than their peers who had a family confidant at only one of the two waves (i.e., those who had either gained or lost a family member as confidant). For both men and women, however, depressive symptoms among those who lost a family confidant from Time 1 to Time 2 were not significantly different from those who gained a family confidant and, for men only, the lost-family-confidant group also was similar to the stable-without-family-confidant group. The pattern of group mean differences across men and women for the different family confidant groups is graphically displayed in Figure 2a.

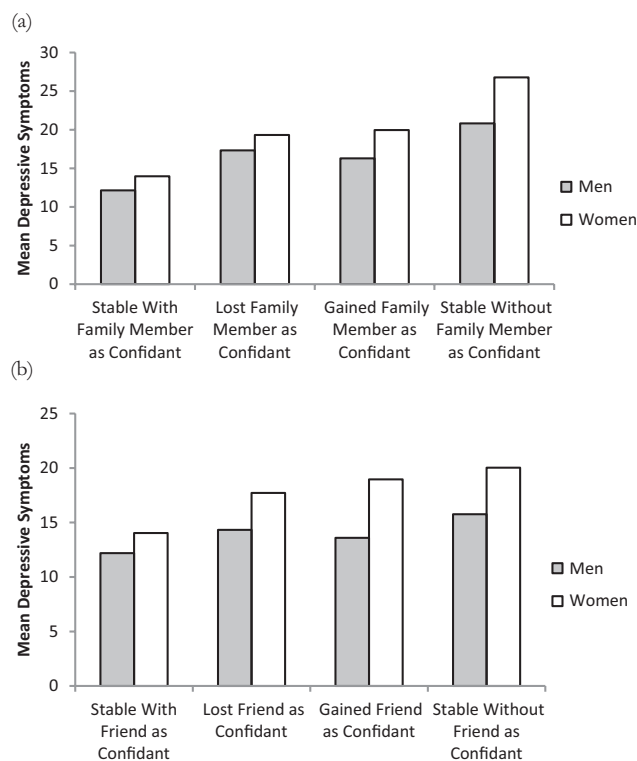


Figure 2. Gender differences in mean depressive symptoms based on (in)stability in (a) family confidant availability and (b) friend confidant availability; means adjusted for age, marital status, marital history, total household income, and years of education as covariates.

Availability of Friend as Confidant

A parallel repeated measures analysis of covariance was conducted to examine the effects of stability and change in the availability of a friend confidant on depressive symptoms over time and across gender. The same two-way interaction terms as in the previous model achieved statistical significance: friend confidant group \times time and friend confidant group \times gender (see Table 2); the three-way interaction was not significant. Because the significant main effects for the three factors in the model were included in these two interaction effects, they are not interpreted.

Post hoc comparisons showed that the pattern of findings varied somewhat from those obtained in the analysis with family confidant groups and that the magnitude of the group differences in this analysis in general was smaller than that obtained in the analysis with family confidant groups. In all four friend confidant groups, depressive symptoms declined significantly from Time 1 to Time 2 with the largest decline seen in the group that gained a friend confidant followed closely by the stable-without-friend-confidant group (see Table 3). As Table 3 also shows, when the four friend confidant groups were compared within each wave of the study, the stable-with-friend-confidant group scored significantly lower on depressive symptoms than the remaining three groups at Time 1. In addition, the other group that had a friend confidant at Time 1 (the group that later lost a friend confidant) scored significantly lower

on depressive symptoms than the stable-without-friend-confidant group. At Time 2, both groups that experienced a change in the availability of a friend confidant (gain or loss) and the group that consistently did not have a friend confidant available scored significantly higher on depressive symptoms than those who consistently had a friend confidant available. The changes in group means over time on depressive symptomatology across the friend confidant groups are displayed in [Figure 1b](#).

Post hoc comparisons performed for the significant interaction of friend confidant group \times gender showed that, when depressive symptoms were compared across men and women within each friend confidant group, men again scored significantly lower on depressive symptoms than women in each group, with the largest difference seen in the gained-friend-confidant group (see [Table 3](#)). Relative to the analysis with family confidant groups, gaining a friend confidant was associated with a larger gender difference in depressive symptoms than the gain of a family confidant whereas being without a friend confidant available at both times was linked to a smaller gender difference than being without a family confidant at both times. When comparing across friend confidant groups separately for women and men, significant differences in depressive symptoms were fewer and smaller in magnitude for both women and men relative to the analysis using family confidant groups. Among men, the stable-with-friend-confidant group scored significantly lower on depressive symptoms than their peers in the lost-friend-confidant and stable-without-friend-confidant groups. Among women, the consistent availability of a friend confidant resulted in significantly lower depressive symptoms than the remaining three groups (those who reported a gain, loss, or stable unavailability of a friend confidant). [Figure 2b](#) graphically displays gender differences on depressive symptomatology for the different friend confidant groups.

Discussion

Drawing from research on the important role of confidants in older adults' emotional well-being (e.g., [Antonucci et al., 2001](#); [Newton et al., 2008](#); [Yang, 2006](#)), the present study compared depressive symptoms between older women and men based on stability and change in the availability of family and friend confidant relationships. The study tested the hypotheses that stable availability and unavailability of confidants among older adults would be associated with the lowest and highest depressive symptoms over time, respectively, and, in the case of instability in confidant availability, that gaining a confidant would be linked to a significant decline in depressive symptoms whereas losing a confidant would be associated with a significant increase. In addition, the availability of family confidants was expected to be more strongly linked to depressive symptoms than that of friend confidants because the former tend to be more stable ([Wenger & Jerrome, 1999](#)) and family and friend confidant

relationships were expected to be more salient to women's depressive symptomatology than men's given that women have more and diverse confidant relationships ([Connidis & Davies, 1990](#); [Robertson & Mosher-Ashley, 2002](#)) and confidant relationships can be more closely related to women's depressive symptoms ([Antonucci et al., 2001](#)).

Consistent with social support theory in general ([Cohen, 1988, 2004](#)) and past research on confidants in particular ([Antonucci et al., 2001](#); [Newton et al., 2008](#); [Yang, 2006](#)), the results overall showed that the availability of confidant relationships in late life was significantly related to levels of depressive symptomatology. As hypothesized, older adults with stable availability of a family confidant and of a friend confidant scored the lowest on depressive symptoms and those with stable unavailability of both types of confidant had the highest level of depressive symptoms over time. These findings suggest that higher levels of loneliness, lower emotional support, and fewer psychosocial resources, which are known to be associated with the lack of a confidant ([Berkman et al., 2000](#); [Hawkey et al., 2008](#)), may be especially characteristic of those with stable unavailability of a confidant and especially uncharacteristic of those with stable availability of a confidant.

As hypothesized, the present study also confirmed past research that "turnover" in confidants is relevant to emotional well-being ([Cornwell & Laumann, 2015](#)). A gain in the availability of a confidant—either family member or friend—resulted in the largest decrease in older adults' depressive symptoms over time in each model. This pattern shows that a confidant relationship even developed in late life may provide important supportive resources that bolster emotional well-being. In contrast, the loss of a family confidant from Time 1 to Time 2 resulted in a significant increase in depressive symptoms. Indeed, this was the only confidant group that showed an increase in depressive symptoms with the remaining three family confidant groups and the four friend confidant groups showing a decrease in depressive symptoms over time. Given the general trend for depressive symptoms among older adults to decline over time in this and other studies (e.g., [Haynie, Berg, Johansson, Gatz, & Zarit, 2001](#)), the increase in depressive symptoms among those who lost a family confidant is striking. It confirms that who the confidant is can be a relevant factor in well-being ([Bookwala et al., 2014](#)) and shows that the loss of a family confidant may render older adults especially vulnerable to experiencing low emotional well-being. This may be the case because confidant relationships with family are more stable ([Wenger & Jerrome, 1999](#)) and thus, may be expected to endure. A loss of such a relationship then could be experienced as especially stressful, increasing the risk of emotional distress. In light of these findings, it seems reasonable for researchers and practitioners to routinely assess losses in older adults' family confidant relationships and, if these occur, to discuss strategies that can supplement or substitute the losses. Such an approach, if implemented in a timely manner, may protect older adults from the likely

increase in depressive symptoms that can follow the loss of a family confidant.

Interestingly, participants who were without a family or friend confidant at both waves, while reporting the highest levels of depressive symptoms over time, also showed a significant decline in depressive symptoms. This trend was similar to that seen with those who reported, by way of contrast, stable availability of a family member or friend as confidant. These results suggest that stable unavailability of close social relationships—such as confidant relationships—may not by default be linked to an increase in depressive symptoms. A plausible explanation may emerge from socioemotional selectivity theory (Carstensen, 1995; Charles & Carstensen, 2009), which states that, with age, individuals are characterized by a strong motivation for emotion regulation as a means to enhance their experience of positive affect. This motivation for emotion regulation may facilitate older adults' adaptation to the ongoing absence of a family or friend confidant and this adaptation, in turn, may buoy emotional well-being over time. Moreover, individuals with stable unavailability of close confiding relationships may be more self-reliant and characterized by agentic traits (Helgeson, 1994) that also may promote emotional well-being, similar to trends seen with never-married adults who typically have smaller social networks (Bookwala & Fekete, 2009).

Overall, the present findings showed that the magnitude of differences in depressive symptoms between groups was greater when considering family confidant groups than friend confidant groups. These results confirm past findings showing that confidant networks that include more accessible family relationships are linked to higher well-being overall (Litwin & Stoeckel, 2013) and further demonstrate that stability and instability in the availability of a family confidant, in particular, may have especially strong implications for older adults' emotional well-being. Although other research shows that the availability of a friend confidant has greater benefits than that of a family member in some instances—for example, among women (Antonucci et al., 2001) or following the loss of a spouse (Bookwala et al., 2014)—in the absence of a change in marital status or marital history (as was the case in the present study) the availability of a family confidant, consistently or at some point, is more strongly related to emotional well-being than is the availability of a friend confidant.

The current results also showed that the relevance of confidant relationships to emotional well-being is stronger, in general, among older women than older men. These results extend past research that has found women to have larger and more varied confidant networks than their male peers (e.g., Connidis & Davies, 1990; Robertson & Mosher-Ashley, 2002). Although men scored lower than women on depressive symptoms across all family confidant and friend confidant groups, comparisons conducted separately by gender showed that the availability of a family member as confidant and of a friend as confidant

had especially beneficial links to emotional well-being for women compared with men. Stronger differences were seen for women than men when comparing those who had stable family or friend confidant availability with the remaining groups. Stable unavailability of a family confidant (but not friend) also was associated with lower emotional well-being among women relative to men, with larger differences seen for women than men on comparing the stable-without-family-confidant group with those who experienced a transition in family confidant availability (loss or gain). Overall, these results indicate that stability in the availability of confidants is especially protective for women and the lack of a confidant—temporarily or continuously—puts them at an even greater disadvantage in terms of emotional well-being relative to their male peers. These findings may be explained at least in part by internalized social expectations among women to be more communal in their behaviors and relationships (Eagly, Wood, & Diekmann, 2000). A communal orientation is characterized by a focus on others and by both a tendency to respond to others' needs as well as an expectation that others will respond to one's own needs (Helgeson, 1994). Men, in comparison, tend to be marked by a more agentic, self-focused orientation (Helgeson, 1994) and thus, may be more impervious to the emotional ramifications of lost or consistently absent confidant relationships and to the lack of concomitant benefits from such relationships. Women's greater communal orientation and men's greater agentic orientation also can explain the observed over-representation of women among those who consistently had a family or a friend confidant over time and of men in groups that consistently did not have these types of confidants.

To conclude, the present study shows that both stability and instability in the availability of confidants—of family members and friends—among older adults, especially women, play an important role in late-life emotional well-being. It is important to note, however, that there are some limitations to the present study. First, the WLS sample was generally healthy (in separate analyses not discussed earlier, approximately 90% described their health as good or excellent) and exclusively Midwestern consisting of primarily Caucasian individuals with higher than average education and income levels. Thus, future research must replicate the present findings with more diverse samples in order to confirm their generalizability and examine the potential role of ethnicity and cultural differences. Second, the WLS data cannot speak to the exact quantity of available confidants or to the quality of participants' confidant relationships, the reasons underlying change in the availability of a family member or friend as confidant, or even whether the same family member/friend is identified as confidant across the two waves of data collection. Future research that includes a more detailed assessment of the quality and quantity of confidant relationships, reasons for any change in confidant availability (e.g., death, move, or conflict with confidant), and when (e.g., during illness vs. good health)

and what types of emotional support (e.g., related to health vs. interpersonal issues) are provided by confidants would enable a more informed analysis of the extent to which and reasons why confidant relationships are relevant to older adults' emotional well-being. Finally, the present study did not assess the role of individual difference variables in the relationship between confidant availability and emotional well-being. Future research could examine the extent to which personality variables (e.g., agentic vs. communal traits) explain variability in the (in)stability of confidant relationships and the extent to which they moderate the impact of such (in)stability on emotional well-being.

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