OPEN ACCESS

Research Psychologie, Orientation et Conseil
Vol. 3 No. 3. June 2026, pp. 176-189

DOI. 10.70177/rpoc.v3i3.3870

Research Article

THE ROLE OF ELDERLY FAMILY DYNAMICS IN MANAGING CLINICAL DEPRESSION: INSIGHTS FROM THERAPY

Thika Marliana[1], Iis Indriayani[2], Agung Tri Nugraha[3], Jamiatun[4]
[1]Universitas Respati Indonesia, Indonesia
[2]Universitas Respati Indonesia, Indonesia
[3]Universitas Respati Indonesia, Indonesia
[4]Universitas Respati Indonesia, Indonesia

Corresponding Author:

Thika Marliana,
Universitas Respati Indonesia, Indonesia.
Jl. Bambu Apus 1 No.3, Cipayung, Jakarta Timur, DKI Jakarta 13890
Email: perawathika@yahoo.ac.id

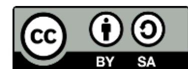
Article Info

Received: January 10, 2026
Revised: March 05, 2026
Accepted: April 11, 2026
Online Version: June 03, 2026

Abstract

Late-life clinical depression is influenced not only by psychological factors but also by family dynamics that shape treatment adherence and emotional recovery. However, the role of family involvement in geriatric depression management remains insufficiently explored. This qualitative phenomenological study involved 20 older adults diagnosed with clinical depression and 20 family members participating in therapeutic care. Participants were recruited from the *teman curhat.ID* telecounseling service. Data were collected through semi-structured interviews and analyzed using thematic analysis with independent coding and constant comparative techniques. Three major themes emerged: navigating the burden of care, communication dynamics as a therapeutic catalyst, and structural intersections of professional and familial care. Supportive family communication, emotional validation, and collaborative caregiving improved treatment adherence, emotional resilience, and recovery outcomes. Conversely, caregiver burden, unresolved conflict, and excessive familial control reduced patient autonomy and hindered emotional independence. Balanced family-centered interventions are essential to strengthen therapeutic effectiveness while preserving psychological autonomy in elderly individuals with clinical depression.

Keywords: Emotional Support, Family Dynamics, Family Therapy



© 2026 by the author(s)
This article is an open-access article distributed under the terms and conditions of the Creative Commons Attribution-ShareAlike 4.0 International (CC BY SA) license (https://creativecommons.org/licenses/by-sa/4.0/).

Journal Homepage	https://research.adra.ac.id/index.php/rpoc ISSN: (P: 3048-0078) - (E: 3048-1937)
How to cite:	Marliana, T., Indriayani, I., Nugraha, T, N & Jamiatun, Jamiatun. (2026). The Role of Elderly Family Dynamics in Managing Clinical Depression: Insights from Therapy. *Research Psychologie, Orientation et Conseil, 3*(3), 176-189. https://doi.org/10.70177/rpoc.v3i3.3870
Published by:	Yayasan Adra Karima Hubbi

INTRODUCTION

Late-life depression's prevalence is intensified through intricate interactions involving chronic comorbidities and reduced social connections, which commonly lead to widespread underdiagnosis (Jabłonowska & Grzeszczuk, 2025; Yong et al., 2023). Moreover, the biopsychosocial framework suggests that conventional biomedical treatments often neglect the recurrent patterns of physical deterioration and psychosocial strain, thereby requiring a more holistic therapeutic strategy to mitigate these functional deficits effectively (Chen et al., 2025). Contemporary research findings underscore the critical involvement of social psychiatry in this domain, wherein familial ties and communal engagement may act as safeguards or exacerbate emotional strain via internalized stigma and interpersonal disputes.

In light of these considerations, the notion of Difficult-to-Treat Depression may require a comprehensive multidimensional approach that incorporates psychiatric comorbidities along with the developmental and interpersonal challenges associated with family caregiving environments (Paganin, 2024). The incorporation of psychoeducational interventions within clinical settings is crucial, since such strategies enable families to manage the intricate dynamics of cultural stigma and emotional fluctuations, ultimately improving adherence to prolonged therapeutic regimens (Xu & Koszycki, 2023). In elderly individuals, clinical depression frequently presents with subthreshold symptoms that, despite not satisfying complete diagnostic standards, markedly increase the risk of mortality and place considerable emotional and financial strains on those providing care (Aisenberg, 2022).

The prevalence of clinical depression both in younger and elderly populations exhibits distinct epidemiological patterns; while younger cohorts often show higher rates in developed nations (Kessler et al., 2009), the prevalence of late-life depression is globally estimated at approximately 31.7%, reflecting substantial geographic and methodological heterogeneity (Zenebe et al., 2021). Within Asian contexts, clinical depression rates among the elderly typically range between 6% and 10% (Matsubayashi et al., 2010), whereas specific studies in Indonesia reveal elevated and widely fluctuating figures between 11.2% and 16.3%, underscoring the critical necessity for personalized therapeutic paradigms that account for varying socioeconomic statuses and environmental stressors (Handajani et al., 2022; Idris & Hasri, 2023). These variations highlight the limitations of standardized care and necessitate a shift toward models that prioritize individualized, socioculturally sensitive interventions to optimize mental health outcomes. Integrating such models requires moving beyond mere symptom management toward the promotion of resilience and prosocial behaviors, which serve as protective factors against the stigmatization often experienced by aging populations.

Clinical depression exerts an influence extending beyond the afflicted individual to encompass their proximate social milieu, wherein family members emerge as pivotal actors in both the etiology and resolution of the condition. Whereas conventional therapeutic paradigms predominantly emphasize the patient's symptomatic manifestations and intrapsychic mechanisms, contemporary investigations endorse the integration of familial dynamics into therapeutic protocols. Familial engagement in depression management may encompass the provision of emotional sustenance or direct participation in therapeutic sessions, thereby exerting a substantive impact on the trajectory of the individual's psychological recovery or deterioration. The integration of familial support mechanisms has been shown to yield significant benefits in improving mental health outcomes for the geriatric population. Specifically, financial assistance from relatives plays a crucial role in enhancing patient self-

esteem and mitigating persistent negative psychological effects (Yu & Liu, 2021). This paradigmatic shift accentuates the imperative to conceptualize the family's role not merely as a peripheral context but as an active and consequential participant in intervention strategies.

Several research shown that family members play diverse roles, with varying levels of support and involvement in the management of clinical depression. In cultures underpinned by values of collectivism and filial piety, this support remains a primary protective factor against social isolation (Gu et al., 2023), whereas in rapidly urbanizing regions, the erosion of traditional multi-generational households often necessitates the development of novel community-based support structures (Ahmed et al., 2024). The intersection between therapy and family involvement remains an under-explored area in many clinical settings, leaving a gap in both practice and research that this study aims to address (Mubashir, 2025). By exploring the nuanced impact of family dynamics, this research contributes to expanding the existing knowledge base on depression treatment and offers new perspectives on effective intervention strategies.

Key concerns that arise in this context include the family's communication patterns, the emotional roles family members play, and the presence or absence of conflict (Rapp et al., 2020). These factors can either facilitate therapeutic progress or serve as barriers to the effective management of depression. A comprehensive understanding of these dynamics is vital for ensuring that therapeutic interventions are both complete and effective. To foster a person-centered model of care, it is important to formally involve caregivers in the decision-making process. Their participation is often underrecognized, yet they express a clear eagerness to engage as active partners in providing care. The gap of previous studies is primarily focused on isolated variables, often decoupling intergenerational assistance from instrumental support requirements, which fails to capture the holistic impact of familial configurations on mental well-being. Existing literature frequently relies on linear assumptions that overlook the "clustering" of multidimensional support, failing to account for the non-linear equifinality wherein various intergenerational factors converge to influence depressive outcomes.

This research addresses the pressing need to examine how family dynamics affect clinical depression treatment. Existing literature frequently treats family influence as a secondary or background factor, often failing to delve into the intricate ways in which family relationships can impact therapy. A central goal is to assess whether family involvement in therapy leads to more favorable treatment results compared to when family dynamics are not considered. The research will also explore specific family-related factors, such as emotional support, communication patterns, and conflict resolution strategies, to determine their impact on the therapeutic process.

RESEARCH METHOD

This study adopts a qualitative research design to explore the role of family dynamics in managing clinical depression. A qualitative approach is deemed appropriate as it allows for a comprehensive understanding of the experiences, perceptions, and interactions within family systems during therapy (Liu et al., 2020). The aim is to delve into the complexities of family dynamics and their influence on the therapeutic process, rather than focusing solely on statistical analysis or generalization. Through in-depth interviews and thematic analysis, the study seeks to uncover how family involvement impacts the management of depression, offering rich, contextually grounded insights into therapeutic outcomes.

The population for this study consists of individuals diagnosed with clinical depression who are currently undergoing therapy. The participants interviewed consisted of family members of elderly individuals with depression who accessed the telecounseling service teman curhat.ID, operated by lecturers at Respati Indonesia University. Researchers requested permission from elderly patients who had completed their prescribed mental health therapy sessions to include family members living in the same household. This inclusion criterion was set to enable a more objective exploration of family dynamics that influence successful depression treatment outcomes in older adults. The sample was purposively selected to ensure that participants had significant ongoing therapeutic engagement and had family members actively involved in their treatment (Nadeem, 2024). A total of 20 participants were chosen, all of whom had been diagnosed with clinical depression and had at least one family member engaged in their therapeutic process. The family members of the participants were also included in the sample, with 20 family members interviewed, ensuring a comprehensive perspective on the influence of family dynamics in treatment.

Data collection was carried out using semi-structured interviews as the primary instrument. This interview format allows for flexibility in exploring the participants' personal experiences while maintaining a structured approach to ensure consistency across interviews. The interview guide was developed to capture a broad range of family-related factors, including communication patterns, emotional support, conflict resolution, and the overall role of family members in the therapy process. Additionally, open-ended questions were used to encourage participants to share their thoughts freely, providing deeper insights into the intricacies of family influence (Elhami & Khoshnevisan, 2022). The interviews were audio-recorded, transcribed verbatim, and subjected to thematic analysis, which is well-suited for identifying recurring patterns and themes within the data.

The procedure for data collection involved scheduling individual interviews with both the participants and their family members. Each interview lasted approximately 60 to 90 minutes and was conducted in a quiet, private setting to ensure confidentiality and minimize distractions. Before the interviews, all participants were provided with an informed consent form, which detailed the purpose of the study, confidentiality measures, and their rights as participants. The data collection process was carried out over a period of three months to ensure thorough exploration of the family dynamics involved in managing depression. After the interviews, the recorded data were transcribed, coded, and analyzed using thematic analysis to identify key themes related to the role of family dynamics in depression treatment.

This approach allowed for a deeper understanding of how family support, communication, and conflict play a role in the therapeutic outcomes of individuals with clinical depression (Lauzier-Jobin & Houle, 2021). The analytical process continued until theoretical saturation was achieved, ensuring that no new themes or categories emerged from the accounts provided by the study subjects. To ensure rigor and minimize subjective bias, two researchers independently performed open coding, creating a hierarchical framework of interpretive themes through constant comparison. Discrepancies in the coding process were addressed through iterative discussions between the researchers until a consensus was reached, reinforcing the credibility of the findings. Subsequently, the identified codes were synthesized into a thematic map to elucidate the core features and overarching patterns within the participants' lived experiences. Ethical considerations were strictly maintained throughout the research, with

informed consent obtained from all subjects to ensure the protection of their well-being and data privacy.

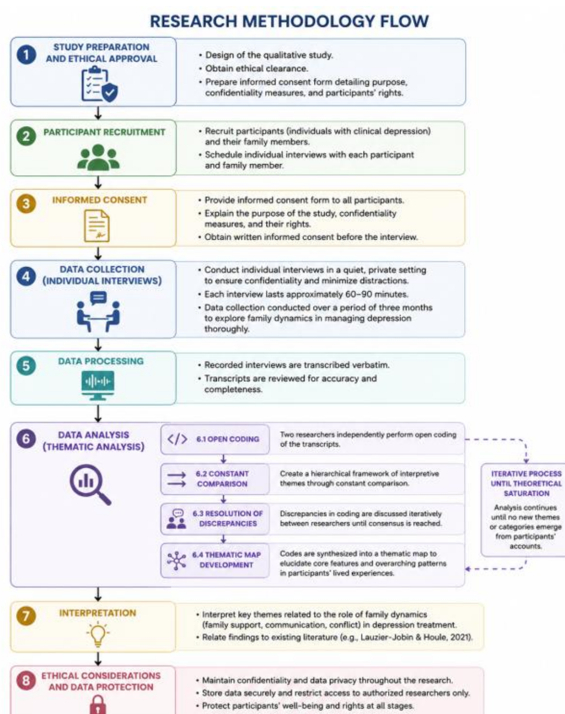


Figure 1. Research Procedure for Exploring the Role of Family Dynamics in Clinical Depression Treatment

Figure 1 illustrates the sequential research procedure employed in this qualitative study investigating the influence of family dynamics on the treatment outcomes of individuals with clinical depression. The process began with study preparation and ethical approval, followed by participant recruitment and the acquisition of informed consent. Data were collected through individual interviews with participants and their family members, conducted in private settings over a three-month period. The recorded interviews were subsequently transcribed and subjected to thematic analysis, which included open coding, constant comparison, discrepancy resolution, and thematic map development. Two researchers independently analyzed the data to enhance credibility and reduce subjective bias. The analytical process continued until theoretical saturation was achieved, ensuring comprehensive theme identification. Finally, the findings were interpreted in relation to family support, communication, and conflict, while strict ethical standards and data protection measures were maintained throughout the study (Lauzier-Jobin & Houle, 2021).

RESULTS AND DISCUSSION

The study's dataset was derived from 20 participants diagnosed with clinical depression and their respective 20 family members who were actively engaged in their therapy process. The participants were recruited from various mental health facilities, ensuring a diverse representation in terms of age, gender, and familial structure. The data was collected through semi-structured interviews, which were subsequently transcribed and analyzed. Table 1 summarizes the demographic characteristics of both the participants and their family members,

including age, gender, and relationship to the participant, as well as the length of time each family member had been involved in therapy.

The results indicate that the majority of participants (60%) were between the ages of 30 and 45, with an almost equal distribution of male and female participants. Most of the family members involved in therapy were Child (45%), followed by spouse (30%). The length of family involvement ranged from 5 to 12 months for most participants, highlighting the sustained engagement of family members in the therapeutic process.

Table 1. Demographic Characteristics of Participants and Family Members (N=20)

Participant Age	n	Family Member Role	Length of Involvement in Therapy
60-80	6	Spouse	6 months
40-50	1	Brotherhood	12 months
30-45	9	Adult Child	8 months
30-45	3	Son in-law	9 months
19-25	1	Grand Child	5 months

The thematic analysis demonstrated that family dynamics functioned as a critical determinant in the therapeutic management of clinical depression. Three major themes emerged from the qualitative synthesis: navigating the burden of care, communication dynamics as a therapeutic catalyst, and structural intersections of professional and familial care. These themes collectively illustrate how family involvement simultaneously acts as a source of emotional protection and psychological strain within the recovery process.

The first theme, navigating the burden of care, revealed that caregivers frequently experienced emotional exhaustion, role conflict, and psychological distress while supporting family members with depression. Some of the participants' expressions of navigating the burden of care were expressed by participant A (45 years old), the child of a participant, as follows: "It is a constant cycle of trying to manage their daily moods while suppressing my own anxiety, often leaving me feeling isolated and fundamentally overwhelmed by the weight of responsibility".

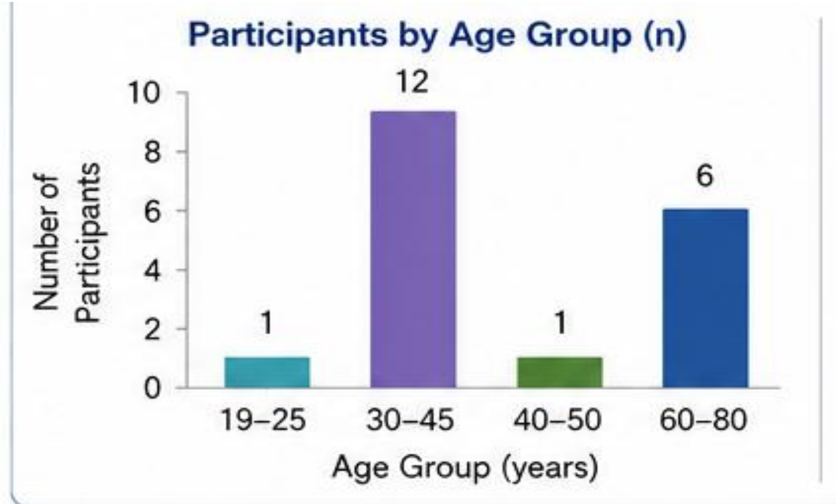


Figure 2. Family Involvement in Depression Therapy: Demographic Characteristics and Caregiving Challenges Among Family Members (N = 20)

Presents the demographic characteristics of participants and their family members involved in depression therapy, as well as the major themes identified through thematic analysis. The findings indicate that adult children constituted the largest caregiving group (n = 9), followed by spouses (n = 6), while the duration of involvement in therapy ranged from 5 to 12 months. The qualitative analysis revealed that family dynamics play a crucial role in the therapeutic management of clinical depression. Three central themes emerged: navigating the burden of care, communication dynamics as a therapeutic catalyst, and the structural intersections of professional and familial care. Among these, the burden of care was particularly prominent, highlighting the emotional exhaustion, role conflict, and psychological distress frequently experienced by caregivers. The participant quotation further illustrates the continuous emotional demands placed on family members, emphasizing that caregiving can serve as both a source of support and a significant psychological challenge throughout the recovery process.

This sentiment of being trapped between personal well-being and the demands of caregiving reflects the notion that family support operates as a double-edged sword, where the intensity of emotional investment can inadvertently exacerbate systemic distress. Other participants revealed that caregivers frequently experienced emotional exhaustion, as quoted by participant D (55 years old): "The constant vigilance required to monitor their medication adherence and mood swings leaves me with little space for my own life, creating an ongoing sense of role fatigue that is rarely acknowledged in clinical settings.

Furthermore, some family members experienced role conflict and psychological distress while supporting family members with depression, as illustrated by the similar expressions of participants C, G, K, and L T (21 years old, 33 years old, 37 years old, 41 years old, and 57 years old): "The necessity to mediate between the patient's refusal of psychiatric treatment and the expectations of healthcare providers induced significant internal pressure, leading to a profound sense of helplessness and emotional depletion, which complicates the boundary between supportive care and the potential for carer burnout".

Although caregiving strengthened emotional connectedness, prolonged exposure to depressive symptoms often generated caregiver fatigue and emotional vulnerability. Several participants described difficulties balancing caregiving responsibilities with personal well-being, suggesting that untreated caregiver burden may indirectly influence patient recovery outcomes.

The second theme, communication dynamics as a therapeutic catalyst, emphasized the importance of open dialogue, emotional validation, and empathic interaction in facilitating therapeutic progress. The following are the participants' expressions that contribute to the second theme. Participant M (31 years old) underscored that consistent, non-judgmental communication serves as a fundamental pillar for fostering trust, noting that "validation of my internal struggles by my partner significantly reduced my isolation, allowing for a more authentic expression of my symptoms within the home environment".

Participant J (63 years old), a spouse, corroborated this by highlighting that when communication is anchored in active listening rather than directive advice, it fosters a secure base that enables the patient to navigate their recovery with greater confidence, as dyadic interventions that prioritize collaborative communication effectively mitigate the psychological barriers to seeking consistent support. Participants who experienced supportive communication within the family reported improved emotional regulation, greater adherence to therapy, and

enhanced psychological resilience. Conversely, families characterized by criticism, emotional withdrawal, or unresolved conflict contributed to heightened emotional distress and recurrent depressive symptoms. These findings reinforce the notion that communication quality within family systems significantly shapes treatment engagement and recovery trajectories.

The third theme, structural intersections of professional and familial care, which was conveyed by participant K (35 years old) as follows: "The integration of our home-based support with the structured guidance provided by clinicians remains inconsistent, leaving me to navigate complex care decisions without adequate professional scaffolding."

Then, others sub-theme highlighted the complex relationship between formal therapeutic interventions and domestic caregiving practices. While family involvement frequently strengthened treatment continuity, some participants reported tension between professional recommendations and familial decision-making. In several cases, excessive familial control over treatment routines reduced patients’ sense of autonomy and emotional independence.

This finding suggests the necessity of clearly defining therapeutic boundaries while maintaining collaborative family participation. Overall, the findings indicate that family-centered therapeutic approaches may substantially improve depression management outcomes when supported by healthy communication, emotional support, and balanced caregiving roles. These results further support contemporary holistic mental health frameworks that position family systems as integral components of psychological recovery rather than peripheral support structures.

Family experienced emotional exhaustion as a primary consequence of the constant vigilance required to manage a loved one's fluctuating mental state, which often leads to significant psychological distress and role fatigue (Tang et al., 2022). Such experiences are compounded in child-centered cultural contexts where caregivers may suppress their own negative emotions to shield dependents, inadvertently obscuring the need for targeted intervention. Furthermore, the relational integration of family members characterized by deep obligation and perceived stigma often functions as a source of emotional burden that can paradoxically increase, rather than mitigate, depressive risks within the household. This research appears to be consistent with the findings of previous studies conducted by scholars who emphasize that relational integration, often laden with conflict or stigma, can prove more emotionally burdensome than protective (Zhao et al., 2026). Moreover, the intersection of cultural expectations and intergenerational support obligations often intensifies this strain, as caregivers struggle to reconcile personal well-being with the perceived necessity of fulfilling familial duties (Qin et al., 2025). Consequently, healthcare providers must acknowledge these systemic tensions by incorporating familial perspectives into person-centered mental health interventions, which can facilitate more comprehensive and effective care.

Role conflict and psychological distress while supporting family members with depression stem from the tension between maintaining personal autonomy and fulfilling traditional expectations of filial piety, which often forces caregivers to navigate their own psychological decline alongside the patient's recovery (Zhu & Lyu, 2024). To mitigate this excess burden, healthcare providers must transition toward integrated models that offer family psychoeducation and flexible support programming. Such interventions should ideally incorporate financial incentives and specialized nursing training to alleviate the economic and practical stressors associated with high-level caregiving, particularly in contexts where medical expenditures remain a significant burden on the household. Clinical practice must actively

address internalized stigma, which frequently manifests as maladaptive denial or resistance to professional care due to anticipated social judgment. Addressing these barriers requires healthcare systems to implement proactive strategies that facilitate social support and optimize family functioning, thereby reducing the caregiver's perception of isolation and internal conflict. This research builds upon the findings of earlier studies that observed that enhancing practical social support and strengthening family functioning significantly attenuates the longitudinal burden experienced by caregivers of individuals with severe mental disorders. Diversifying these interventions to include mindfulness-based training and emotional regulation techniques can bolster caregiver resilience, effectively bridging the gap between professional guidance and domestic caregiving demands(Kaggwa et al., 2023). Ultimately, establishing sustainable mental health frameworks requires policy reforms that prioritize accessibility and incentivize formal support structures to offset the socioeconomic strain placed on domestic caregivers.

The role of family dynamics and the importance of open dialogue for facilitating collaborative problem-solving cannot be overstated, as it empowers caregivers to devise optimal solutions for complex daily challenges, thereby alleviating psychological distress and strengthening overall family resilience (Cui et al., 2024). Specifically, implementing diagnostic communication protocols can help formalize these interactions, ensuring that healthcare professionals provide the tailored guidance and emotional support necessary to navigate recurring distress and safety concerns. Promoting early intervention programs that provide psychoeducation can enhance family readiness and equip caregivers with the practical tools required to effectively manage acute behavioral challenges within the home. Prioritizing the assessment of belief divergences between patients and caregivers allows clinicians to tailor interventions that align with fluctuating states of hope, ultimately fostering more dynamic, resilience-oriented interactions.

It's important for every family member to feel recognized and appreciated, and emotional validation, because such acknowledgment directly counteracts the self-blame and grief often associated with the long-term caregiving trajectory (Roncone et al., 2023). Clinicians must recognize that caregivers frequently encounter trauma and threats of violence, necessitating a clinical approach that explicitly addresses these safety issues and promotes professional-led coping strategies to enhance long-term emotional regulation. Therapeutic interventions should transcend individual skill-building by targeting the structural interplay between resources, beliefs, and communication patterns to catalyze positive resilience spirals rather than negative cascades (Chen et al., 2025). Beyond individual support, clinicians should prioritize mapping the broader social network to identify untapped communal resources, thereby ensuring that responsibility for care is distributed rather than concentrated within a single member.

Empathic interaction in facilitating therapeutic progress serves as a cornerstone for fostering a secure, contained environment where relatives feel empowered to navigate the complexities of their caregiving roles (Hansson et al., 2023). Healthcare professionals should actively invite partners and children into clinical meetings, as this facilitates a more transparent exchange of information regarding prognosis and symptom management that patients might otherwise withhold. Such inclusive clinical practices are vital for fostering joint responsibility and ensuring that caregivers receive the encouragement necessary to persevere in their demanding roles (Roxburgh et al., 2025). Clinicians should adopt a "hope-inspiring competence" model, which integrates goal-setting and positive self-talk into family

psychoeducation to actively sustain the caregivers' morale throughout the recovery process. The research findings are validated by prior studies that indicate that hope is a multifaceted construct essential for family resilience, requiring structured programs that actively involve caregivers in the recovery process to mitigate the psychosocial burdens associated with long-term care (Martinez et al., 2023). Hope is not a static state but a dynamic process that requires nurturing, particularly when external factors such as institutionalization or poor communication threaten to erode the caregiver's outlook. Beyond traditional clinical assessment, the emerging integration of predictive digital health tools and artificial intelligence-driven care companions presents a transformative opportunity to enhance longitudinal support; these technologies facilitate the real-time tracking of stress markers and provide adaptive, personalized psychoeducational content, fundamentally shifting the paradigm from reactive monitoring to proactive, data-informed resilience preservation.

The findings of this study illustrate the complex relationship between formal therapeutic interventions and domestic caregiving practices in the management of clinical depression. Formal therapeutic interventions refer to professional treatments delivered by psychologists, psychiatrists, nurses, and therapists, whereas domestic caregiving practices involve the emotional, practical, and social support provided by family members within the home environment (Lambert et al., 2021) This relationship is considered complex because family involvement may simultaneously function as a therapeutic resource and a source of unintended psychological pressure. On one hand, family participation frequently strengthened treatment continuity by encouraging patients to attend therapy sessions regularly, adhere to medication schedules, maintain healthy daily routines, and remain emotionally motivated throughout the recovery process. In this context, family members acted as essential support systems that sustained therapeutic engagement and promoted emotional stability.

However, some participants reported tensions between professional therapeutic recommendations and familial decision-making processes. These tensions emerged when family members adopted approaches that differed from clinical guidance. For instance, while therapists often encouraged patient autonomy and independent coping strategies, some family members became overly protective and assumed excessive control over treatment-related decisions. In several cases, family members monitored medication use rigidly, restricted social interactions, controlled emotional expression, or excessively supervised daily activities (Verwijmeren & Grootens, 2023) Although these actions were intended to protect and support the patient, excessive familial control often reduced patients' sense of autonomy, emotional independence, and self-confidence. Participants described feeling emotionally restricted, overly dependent on family members, and less capable of making personal decisions regarding their own recovery. Consequently, excessive control occasionally weakened motivation for recovery and hindered the development of emotional self-regulation skills.

These findings suggest that family involvement in depression treatment should maintain a balanced and collaborative approach. Effective family support should provide empathy, emotional encouragement, and practical assistance while simultaneously respecting patient autonomy and aligning with professional therapeutic guidance. Such balance is particularly important in family therapy, psychiatric nursing, geriatric mental health, and recovery-oriented mental health care, where the goal is not only symptom reduction but also the restoration of psychological independence and long-term emotional resilience.

The implications of these findings are significant for clinical practice. This research suggests that therapists should incorporate family dynamics into treatment plans, especially for individuals with clinical depression. By involving family members in therapy, clinicians can address underlying familial issues, improve communication, and provide the emotional support necessary for successful recovery (Xu, 2026). The study also indicates that family therapy, or at least family involvement in regular therapy sessions, could be an effective strategy in managing clinical depression. The broader implication is that a more holistic, family-centered approach to therapy could improve patient outcomes, offering a more comprehensive treatment model that accounts for both individual and familial factors.

CONCLUSION

This study highlights the dual role of family involvement in depression treatment. While home-based support enhances treatment adherence, excessive involvement requires careful clinical monitoring to preserve patient autonomy. Clinicians should recognize that well-intentioned family oversight may unintentionally diminish independent decision-making. To address this, treatment teams should establish structured collaborative frameworks where patients clearly define the roles and boundaries of relatives in care decisions. This approach helps clinicians balance support with potential interference, ensuring family assistance promotes empowerment. Future interventions should emphasize family education programs to help relatives identify controlling behaviors and safeguard autonomy within the household.

DECLARATION OF AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

In the course of preparing this work, the author employed Grammarly's AI assistance for language refinement, academic paraphrasing, and plagiarism detection to ensure that the content was original and free from duplication. Following the use of this tool, the author conducted a thorough review and revision of the material, thereby accepting full responsibility for the accuracy, integrity, and authenticity of the publication.

ACKNOWLEDGMENTS

I would like to thank you funding for this research. This work was supported by the The Ministry of Social Affairs, Directorate of Elderly Rehabilitation, has provided in-kind support to researchers in developing mental health programs for the elderly, ESQ Group, which has collaborated in developing a remote health service platform through teman curhat.id, and the Respati Education Foundation, which has funded this research.

AUTHOR CONTRIBUTIONS

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.
Author 2: Conceptualization; Data curation; In-vestigation.
Author 3: Data curation; Investigation.
Author 4: Formal analysis; Methodology; Writing - original draft.

DECLARATION OF COMPETING INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

REFERENCES

Ahmed, H. I., Khaled, H., Allam, A., Alodini, B., Azzam, A., Hjazeen, A., Hassan, H. S., Hussein, S. M., & Hassan, F. E. (2024). Depression in geriatrics: a systematic review and meta-analysis of prevalence and risk factors in Egypt [Review of *Depression in geriatrics: a systematic review and meta-analysis of prevalence and risk factors in Egypt*]. *BMC Geriatrics*, *24*(1). BioMed Central. https://doi.org/10.1186/s12877-024-05484-2

Aisenberg, D. (2022). Psychotherapy for late-life psychopathology – Updates to promote aging in place. *Frontiers in Psychology*, *13*. https://doi.org/10.3389/fpsyg.2022.994495

Chen, Y., Lin, X., & Ye, X. (2025). A tripartite biopsychosocial intervention program enhances mental health and quality of life in elderly patients with depression secondary to geriatric diseases. *Frontiers in Psychology*, *16*. https://doi.org/10.3389/fpsyg.2025.1696674

Chen, Y., Zhang, L., Zhang, J., Yu, H., Zhou, Y., Li, Q., & Li, X. (2025). Factors contributing to family resilience in the context of schizophrenia: a descriptive qualitative study. *BMC Psychiatry*, *25*(1), 996–996. https://doi.org/10.1186/s12888-025-07285-2

Cui, P., Ming, Y., Hu, H., Cheng, C., Chen, X., Shi, J., Li, S., Chen, C., & Zhang, H. (2024). The impact of caregiver burden on quality of life in family caregivers of patients with advanced cancer: a moderated mediation analysis of the role of psychological distress and family resilience. *BMC Public Health*, *24*(1). https://doi.org/10.1186/s12889-024-18321-3

Elhami, A., & Khoshnevisan, B. (2022). Conducting an Interview in Qualitative Research: The Modus Operandi. *Mextesol Journal.*, *46*(1), 1–7. https://doi.org/10.61871/mj.v46n1-3

Gu, Y., Ali, S. H., & Guo, A. (2023). Comparing the role of social connectivity with friends and family in depression among older adults in China: evaluating the moderating effect of urban–rural status. *Frontiers in Psychiatry*, *14*. https://doi.org/10.3389/fpsyt.2023.1162982

Handajani, Y. S., Schröder-Butterfill, E., Hogervorst, E., Turana, Y., & Hengky, A. (2022). Depression among Older Adults in Indonesia: Prevalence, Role of Chronic Conditions and Other Associated Factors. *Clinical Practice and Epidemiology in Mental Health*, *18*(1). https://doi.org/10.2174/17450179-v18-e2207010

Hansson, K. M., Romøren, M., Hestmark, L., Heiervang, K. S., Weimand, B., Norheim, I., & Pedersen, R. (2023). "The most important thing is that those closest to you, understand you": a nested qualitative study of persons with psychotic disorders' experiences with family involvement. *Frontiers in Psychiatry*, *14*. https://doi.org/10.3389/fpsyt.2023.1138394

Idris, H., & Hasri, S. N. (2023). Factors Associated with the Symptom of Depression among Elderly in Indonesian Urban Areas. *Jurnal Psikologi*, *50*(1), 45–45. https://doi.org/10.22146/jpsi.72406

Jabłonowska, M., & Grzeszczuk, P. (2025). The Hidden Struggle: Depression Among Seniors. *Quality in Sport*, *44*, 62919–62919. https://doi.org/10.12775/qs.2025.44.62919

Kaggwa, M. M., Najjuka, S. M., Mamun, M. A., Griffiths, M. D., Nyemara, N., & Ashaba, S. (2023). Involvement and burden of informal caregivers of patients with mental illness: the mediating role of affiliated stigma. *BMC Psychiatry*, *23*(1). https://doi.org/10.1186/s12888-023-04553-x

Kessler, R. C., Birnbaum, H. G., Shahly, V., Bromet, E. J., Hwang, I., McLaughlin, K. A., Sampson, N. A., Andrade, L. H., Girolamo, G. de, Demyttenaere, K., Haro, J. M., Karam, A., Kostyuchenko, S., Kovess-Masféty, V., Lara, C., Levinson, D., Matschinger, H., Nakane, Y., Browne, M. O., … Stein, D. J. (2009). Age differences in the prevalence and co-morbidity of DSM-IV major depressive episodes: results from the WHO World

Mental Health Survey Initiative. *Depression and Anxiety*, *27*(4), 351–364. https://doi.org/10.1002/da.20634

Lambert, S., Brahim, L. O., McCusker, J., Coumoundouros, C., Audet, L., Yaffe*, M. J., Kayser, J. W., Magalhaes, M., Belzile, É., & Turner, N. J. (2021). Non-pharmacological Interventions for Caregivers with Depression and Caregivers of Care Recipients with Co-morbid Depression: Systematic Review and Meta-analysis [Review of *Non-pharmacological Interventions for Caregivers with Depression and Caregivers of Care Recipients with Co-morbid Depression: Systematic Review and Meta-analysis*]. *Journal of General Internal Medicine*, *36*(10), 3159–3178. Springer Science+Business Media. https://doi.org/10.1007/s11606-021-06891-6

Lauzier-Jobin, F., & Houle, J. (2021). Caregiver Support in Mental Health Recovery: A Critical Realist Qualitative Research. *Qualitative Health Research*, *31*(13), 2440–2453. https://doi.org/10.1177/10497323211039828

Liu, L., Wu, J.-J., Wang, J., Wang, Y., Tong, Y., Congcong, G., & Wang, Y. (2020). What Do Chinese Families With Depressed Adolescents Find Helpful in Family Therapy? A Qualitative Study. *Frontiers in Psychology*, *11*. https://doi.org/10.3389/fpsyg.2020.01318

Martinez, A., Baumgartner, J. N., Kaaya, S., Swai, P., Lawala, P., Thedai, B., Minja, A., Headley, J., & Egger, J. R. (2023). Hopefulness among individuals living with schizophrenia and their caregivers in Tanzania: an actor-partner interdependence model. *BMC Psychiatry*, *23*(1). https://doi.org/10.1186/s12888-023-04990-8

Matsubayashi, K., Sakagami, T., Wada, T., Ishine, M., Sakamoto, R., Yamanaka, G., Otsuka, K., Fujisawa, M., & Okumiya, K. (2010, January 1). MOOD DISORDERS IN COMMUNITY-DWELLING OLDER ADULTS IN ASIA. In *Journal of the American Geriatrics Society* (Vol. 58, Issue 1, pp. 213–214). Wiley. https://doi.org/10.1111/j.1532-5415.2009.02665.x

Paganin, W. (2024). Multifamily therapy in difficult-to-treat depression: an integrated and promising approach to rethinking clinical strategies. *Frontiers in Psychiatry*, *15*, 1484440–1484440. https://doi.org/10.3389/fpsyt.2024.1484440

Qin, B., Fu, D., Chen, S., Wang, F., Gao, B., Zhu, J., & Liu, G. (2025). Configurational effects of intergenerational support on older adults' depression: an empirical study from CHARLS data. *BMC Public Health*, *25*(1). https://doi.org/10.1186/s12889-025-21532-x

Rapp, A. M., Chavira, D. A., Sugar, C. A., & Asarnow, J. R. (2020). Incorporating family factors into treatment planning for adolescent depression: Perceived parental criticism predicts longitudinal symptom trajectory in the Youth Partners in Care trial. *Journal of Affective Disorders*, *278*, 46–53. https://doi.org/10.1016/j.jad.2020.09.028

Roncone, R., Giusti, L., Bianchini, V., Casacchia, M., Carpiniello, B., Aguglia, E., Altamura, M., Barlati, S., Bellomo, A., Bucci, P., Cascino, G., Concerto, C., Fagiolini, A., Marchesi, C., Monteleone, A. M., Pinna, F., Siracusano, A., & Galderisi, S. (2023). Family functioning and personal growth in Italian caregivers living with a family member affected by schizophrenia: Results of an add-on study of the Italian network for research on psychoses. *Frontiers in Psychiatry*, *13*. https://doi.org/10.3389/fpsyt.2022.1042657

Roxburgh, E., Taylor, B. L., Rammou, A., & Hodgekins, J. (2025). Experiences of informal caregivers supporting individuals diagnosed with bipolar disorder: a systematic review and thematic synthesis [Review of *Experiences of informal caregivers supporting individuals diagnosed with bipolar disorder: a systematic review and thematic synthesis*]. *International Journal of Bipolar Disorders*, *13*(1). Springer Science+Business Media. https://doi.org/10.1186/s40345-025-00391-w

Tang, J., Liu, T., Lu, S., Sing, C. Y., Sze, L., Lum, T. Y. S., & Tse, S. (2022). 'It was the deepest level of companionship': peer-to-peer experience of supporting community-

dwelling older people with depression - a qualitative study. *BMC Geriatrics*, *22*(1). https://doi.org/10.1186/s12877-022-03121-4

Verwijmeren, D., & Grootens, K. P. (2023). Shifting Perspectives on the Challenges of Shared Decision Making in Mental Health Care [Review of *Shifting Perspectives on the Challenges of Shared Decision Making in Mental Health Care*]. *Community Mental Health Journal*, *60*(2), 292–307. Springer Science+Business Media. https://doi.org/10.1007/s10597-023-01170-6

Xu, H., & Koszycki, D. (2023). Application of interpersonal psychotherapy for late-life depression in China: A case report. *Frontiers in Psychiatry*, *14*. https://doi.org/10.3389/fpsyt.2023.1167982

Yong, S., Hung, M.-W., Yuan, C. W., Chiu, C., Huang, M., & You, C.-W. (2023). Mind and Body: The Complex Role of Social Resources in Understanding and Managing Depression in Older Adults. *Proceedings of the ACM on Human-Computer Interaction*, *7*, 1–25. https://doi.org/10.1145/3579507

Yu, X., & Liu, S. (2021). Stressful Life Events and Chinese Older People Depression: Moderating Role of Social Support. *Frontiers in Public Health*, *9*. https://doi.org/10.3389/fpubh.2021.768723

Zenebe, Y., Akele, B., Selassie, M. W., & Necho, M. (2021). Prevalence and determinants of depression among old age: a systematic review and meta-analysis [Review of *Prevalence and determinants of depression among old age: a systematic review and meta-analysis*]. *Annals of General Psychiatry*, *20*(1). BioMed Central. https://doi.org/10.1186/s12991-021-00375-x

Zhao, I. Y., Kotozaki, Y., & Jiang, N. (2026). Editorial: Healthy ageing, social psychiatry of older adults and family caregivers. *Frontiers in Psychiatry*, *17*, 1791727–1791727. https://doi.org/10.3389/fpsyt.2026.1791727

Zhu, D., & Lyu, K. (2024). Anti-stigmatizing: a collaborative autoethnography on recovery from depression. *Frontiers in Psychiatry*, *15*. https://doi.org/10.3389/fpsyt.2024.1360967

Copyright Holder :
© Thika Marliana et al. (2026).

First Publication Right :
© Research Psychologie, Orientation et Conseil

This article is under: