



Loneliness and depression in old age

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ABSTRACT

Increased number of old population recently raises various social, economic and health issues. The various kinds of health hazards among old people include low mental health, depression, dementia and morbidity. There are several factors which affects the overall mental health of a senior citizen (people above 60 years). The primary objective of the present study was to identify the predictors of loneliness and depression among old people. The study included a sample of 60 old individual above age 60 from different old age homes. We interviewed each participant individually for a period of 30 minutes-1 hour to know about their internal self and overall psychological functioning. Qualitative analysis showed that social support and harmony in family life plays a crucial role for loneliness and depression among old people.

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Introduction

In old age almost everyone experiences declines in physical & psychological functioning. Ageing is characterized by losses in almost every domain important for an individual's life. As people, age men & women face more threats than challenges. This segment of life span is often seen as a period of particular stress. The departure of children from the home, the disability, retirement, diminished economic resources, the death of friends and spouse and one's own impending death are all noted stressful circumstances that lead to physical and psychological dysfunctions in elderly persons.

A key dimension of quality of life, however it is defined, is that of family and social relationships. Reduced social contact, being alone, isolation and feelings of loneliness reduce the quality of older people's lives. Consequently understanding the extent of isolation and loneliness amongst older people, and the factors associated with these states is important in both theoretical and policy terms. Being alone has long been seen as one of the major "problems" of later life and growing older. At times, it is a death-in-life existence darkened by the clouds of loneliness. Indian society is moving towards industrialized urban society where changes are causing adverse effects on psychological well-being of aged women. Women are twice as likely as men to experience a major depressive episode. (Shyam & Yadav, 2004) concluded that males score higher on general well-being than females.

Loneliness, isolation and social neglect are exemplified by many of the major stereotypes of later life. Included within this broad area of interest are four distinct but inter-related concerns being alone (i.e, amount of time spent alone), living alone, social isolation (as defined by low levels of social contact) and loneliness (a massive of the negative feelings held by individuals about their levels of social interaction). These terms are often used inter-changeably although conceptually it is important to distinguish between them. Many social surveys of older people include measures of loneliness and isolation.

Loneliness refers to an individual's subjective perception that he/she lacks close interpersonal relationships. An individual is lonely if he or she desires close interpersonal relationships but is unable to establish them. According to Peplau and Perlman (1982), "Loneliness is the unpleasant experience that occurs when a person's network of social relations is deficient in some way". Loneliness is an emotion which evolves from cognitive process when there is a discrepancy between desired and available relationships (Peplau, Mc Celli & Morasch, 1982). Older women and men are especially vulnerable to loneliness due to the significant changes in relationships which occur in old age.

Depression affects 10-15% of people over 65 living at home in the United Kingdom. It is the commonest and the most reversible mental health problem in old age. Depression is associated with physical illness and disability, life events, social isolation and loneliness. Depression in old age carries an increased risk of suicide and natural mortality. Depression in late life is largely undetected and untreated condition. Life events, social adversity and physical ill health are important risk factors, and social isolation, loneliness, physical impairment and disability are strong predictors of depression in old age.

Rowe and Kohn (1998) proposed three components of successful ageing (a) avoiding disease, (b) engagement with life, and (c) maintaining high cognitive and physical function. Jamuna and Rammurthy (1987), Jai Prakash and Murthy (1997) considered health status, education, life style, family relationship and social class, as some of the major affecting factors in the lives of women.

The primary objective of the present study was to identify the predictors of loneliness and depression among old people.

Method

Sample

The sample consists of 60 respondents (Senior Citizens) above age 60 from two old age home in the city of Bhubaneswar. Out of 60 respondents only 15 were female and

45 were male. Survey and interview method were used in the process of data collection.

Participants and Procedures

A qualitative study was undertaken to identify the predictors of loneliness and depression among old people. We interviewed 60 senior citizens individually as well as in group. We explained them about the purpose of our research. The interview ranged from short 5-minute conversation to full-1 hour interviews. All interviews were conducted during four week period. Interviews were conducted in most private setting possible.

Results

The results of the qualitative data collection using interview and survey method can be categorized into lack of social support, psychological well being, hopelessness, lack of close interpersonal relationship with family members and physical impairment.

Lack of Social Support

All respondents revealed that they are detached from their home. They do not have any kind of social relationships. Women respondents revealed that they had lost their life partners and lack of social support leads to isolation and loneliness. So availability of social support and existence of social networks may insure emotional support (Thoits, 1995) and enhance sense of control and self esteem (Krause and Borawski- Clark, 1994).

Psychological Well Being

Self concept is one of the most important aspects of psychological wellbeing. All most all respondents have negative self-concept which leads to depression and anxiety. Most of the respondents are dissatisfied in their life.

Hopelessness

Hopelessness was found to be a significant predictor of loneliness in both women and men. Lack of purpose and meaning in life is leading to hopelessness among elderly.

Interpersonal Relationship with Family Members

Lack of family relationship and interaction with acquaintances are major factor contributing depression and loneliness among elderly. Results from observational studies suggest that degree of social engagement, marriage, living with someone and avoiding loneliness may have a protective effect on developing dementia that could be applicable to both Indian and western societies (Pillai & Verghese, 2009).

Physical Impairment and Disability

Physical deterioration and inability work independently leads to hopelessness among elderly.

Discussion

The most common subjective causes for loneliness were illness, death of a spouse and lack of friends. Loneliness seems to derive from societal life changes as well as from natural life events and hardships originating from aging (Savikko, et.al, 2005). The main predictors of depressive disorders and depressive symptoms cases are: female gender, somatic illness, cognitive impairment, functional impairment, and lack or loss of close social contacts. Physical impairment is associated with lowered psychological wellbeing. Social support received from others and perceived support from adult is associated with lower well being. Care should be provided to the aged population in the family, which is the basic mode or basic security umbrella. At the same time elderly should prepare themselves to cope up with the fact changing society and take initiative to get involved in community services. Attitude of the young towards the old people need to be changed.

The relationship between dementia and loneliness is a complicated one. Data suggests that people who have strong social support and are socially active are less likely to have dementia symptoms. When people start experiencing cognitive deficits, they may withdraw and feel lonely which can increase their risk of depression and dementia (Vann & Marcellin, 2010)

Intervention for Mental Health and Psychological Well-being

Family therapy and cognitive behavioural therapy can be used for treating loneliness and depression among elderly. Attempt should be made to provide better mental health care facility to the inmates. So the role of psychologists, doctors, counsellors, and social workers plays a very important role in providing psychological care and need based support. Family members should have a positive bent of mind towards old age.

Creating meeting places to establish new networks may be an important measure to help new widows and widowers as a target group. Special geriatric services should be started in the hospitals as the majority of the aged have one or more health-related problems. Social skills training improve interpersonal relationships. In addition to social support groups and self-help groups, another type of intervention to stimulate social support is social skills training. Social skills training aims at keeping the individual to improve his relationship with other people, and in doing so to increase his access to social support. The aged persons should be involved in social activities to avoid loneliness among them (Bhatia & et.al., 2007).

Limitations

One of the most important limitations is that without data from other sources, we are not certain about the accuracy of these self-reported data.

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