



Loneliness and Depression in Senior Citizens

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ABSTRACT

With increasing age, individuals become more susceptible to physical, psychological, social and emotional problems. Psychological and social factors may worsen the effects of chronic illness which are generally present in old age. Many people experience loneliness and depression in old age, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in the community activities. The study aims to investigate the level of loneliness and depression among senior citizens. The study also aims to find the relation between loneliness and depression. The present study was carried out in Hisar and Sirsa district of Haryana state. A total of 400 elderly equally representing both males and females of age group 65-70 years were selected randomly for the study. Loneliness was assessed by using UCLA Loneliness scale developed by Russell (1996). To assess depression of senior citizens Geriatric Depression Scale (1986) was used. The results elucidates that majority of the respondents had moderate level of loneliness followed by low and high. The results of the study regarding depression unveils that majority of the respondents were having moderate level of depression followed by normal and severe. Further positive and significant correlation is found between loneliness and depression of senior citizens.

Keywords: Psychological, loneliness, depression, UCLA loneliness scale.

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INTRODUCTION

Old age is the final developmental stage which is adorned by folds of wisdom, generatively and ripened meaning of life for successful aged. Since the dawn of civilization, human beings have recognized a progression through the life course, from infancy through old age [6]. There are approximately 98 million elderly people in India, and it is estimated that this population will increase to 240 million by 2050. India has currently become grey country with highest population of the aged in the world after china. These age groups are also known as "geriatric age groups". Due to dependence for personal requirement, old age is sometimes called "second childhood" [7]. Old age has its own challenges and is the indispensable or unavoidable part of man's life. Researches indicate that old age is more vulnerable to certain losses. Elderly people lose their life partners, relatives, friends, neighbor due to disease, divorce, death, geographical mobility, retirement etc. It is that stage of life in which people face various common problems viz physical helplessness, economic insecurity, loneliness, increased leisure time, lack of social support and health complaints etc., which directly affect the mental health as well as psychological wellbeing. Loneliness is the distress that results from discrepancies between ideal and perceived social relationships. While common definitions of loneliness describe it as a state of solitude or being alone, loneliness is actually a state of mind. It causes people to feel empty, alone and unwanted. People who are lonely often crave human contact, but their state of mind makes it more difficult to form connections with other people. Loneliness has always been considered as a common problem among the older people. Loneliness is a subjective experience. That means if one thinks that they are lonely then they will feel lonely. Everybody who is alone is not necessarily lonely. Some people enjoy solitude [2]. Loneliness is known to be a major risk factor for depression, which itself accelerates functional decline and increases mortality rate. Even sub-clinical depression may increase risk of all-cause mortality. Loneliness is also associated with disrupted sleep. Insomnia affects immune function, glucose regulation, cardiovascular risk, dementia risk, mood, and daytime function (Singer 2018). WHO describes depression as "Depression

is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, sleep or appetite, low energy and poor concentration". Biological symptoms include loss of appetite; changes in sleep pattern and low energy. In certain time everyone may feel sad and low mood but it does not last for few days or a week [3-7].

Depression is a common mental health disorder in late-life and an important public health problem because of its devastating consequences at any given time in a community. According to the World Health Organization (WHO) report, patients over 55 years with depression have a four times higher death rate than those without depression, mostly due to heart disease or stroke. Although there are known, effective treatments for depression, fewer than half of those affected in the world receive such treatments. Age is an important determinant of mental health. Old age is a period of transition when one has to deal not only with the physical aging, but also with the challenges affecting the mental and social wellbeing. Among the various mental disorders, depression accounts for the greatest burden among elderly. Depression decreases an individual's quality of life and increases dependence on others. If depression is left untreated, it can have significant clinical and social implications in the lives of the elderly. Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. True clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for an extended period of time [11-14]. Many researchers have found significant relation between loneliness and depression. Loneliness is sometimes said to be the determinant of depression among old age people. So keeping in mind the facts about loneliness and depression in elderly the present study was framed with the following objectives:

- To assess the level of loneliness among senior citizens
- To assess the level of depression among senior citizens
- To determine the relationship between loneliness and depression of senior citizens

MATERIAL AND METHODS

Locale of the study: As per the objectives, the study was conducted in Hisar and Sirsa districts of Haryana state, randomly selected. Various areas of Hisar and Sirsa city were considered to draw the sample.

Research samples

A total sample of 400 senior citizens was selected randomly. From each district a sample of 200 senior citizens was selected comprising of 100 males and 100 females. Lists of senior citizens ranging from 65-70 years of age group were prepared from various areas of the city, using snow ball method.

Instruments:

Self-developed schedule for general information was used which contained questions regarding personal, social and economic variables. Personal variables included- age, sex, education, marital status and level of physical dependency.

Loneliness: Loneliness is the state of being alone and feeling sad about it. On the other hand, it is possible to feel loneliness in a crowd, especially if people aren't interacting with others. The scale developed by Russell (1996) was used to measure loneliness among senior citizen. A 20 item scale is designed to measure one's subjective feeling of loneliness as well as feelings of social isolation.

Scoring procedure:

A score of 1 was assigned to (Never) response and 4 to (Often). Reverse scoring was done for positive statement. The highest achievable score was 80 and lowest was 20. Lower the score means lower the loneliness.

Depression: Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. True clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for an extended period of time. The Geriatric Depression Scale (GDS) is a screening test used to identify symptoms of depression in older adults. The scale is a 30-item, self-report instrument that uses a "Yes/No" format. The scale was originally developed by J.A. Yesavage and colleagues in 1982.

Scoring procedure:

Questions 1, 5, 7, 9, 15, 19, 21, 27, 29 and 30 if marked 'no' gets a score of 1 and questions 2, 3, 4, 6, 8, 10, 11, 12, 13, 14, 16, 17, 18, 20, 22, 23, 24, 25, 26 and 28 if marked 'yes' gets a score 1. Total depression score is obtained by summing the marks of each question. Scores ranging from 0-9 indicates normal, 10-19 indicates mild depression and 20-30 indicates severely depressed.

Methods of data collection: After identifying the sample, above mentioned tools were administered upon selected senior citizens after getting permission, fixing time and date with them. The data was collected personally with individual approach. The whole procedure of fill the inventory was explained to

them fully and clearly. The instructions given on the questionnaire were explained to them. It was also made clear to them that their scores would be kept secret. It was checked that none of the subjects left any questions unanswered.

Analysis of data:

Qualitative data obtained from the measures were quantified and analyzed using the statistical package for the social science (SPSS for windows). To calculate statistical inferences frequency, percentage and correlation were computed.

Result and Discussion:

Loneliness of senior citizens as per city

Data presented in table 1 rendered results related to loneliness of senior citizens against city. The results of the study revealed that majority of the senior citizens from both the cities had moderate level of loneliness (45.50%) followed by low (32.25%) and high level of loneliness (22.25%).

Table 1: Loneliness of senior citizens as per city:

City	Hisar (n ₁ =200)	Sirsa (n ₂ =200)	Total (N=400)
Variables			
Loneliness			
Low (28-44)	68(34.00)	61(30.50)	129(32.25)
Moderate (45-61)	91(45.50)	91(45.50)	182(45.50)
High(62-78)	41(20.50)	48(24.00)	89(22.25)

Note: Figures in parentheses indicate percentages

Depression of senior citizens as per city

Results pertaining to level of depression were apparent in table 2. The data in table reflected that majority of the respondents from both the cities had mild (52.25%) level of depression, followed by normal (29.50%) and severe level of depression (18.25%).

Table 2: Depression of senior citizens as per city:

City	Hisar (n ₁ =200)	Sirsa (n ₂ =200)	Total (N=400)
Variables			
Depression			
Normal (0-9)	66(33.00)	52(26.00)	118(29.50)
Mild (10-19)	102(51.00)	107(53.50)	209(52.25)
Severe(20-30)	32(16.00)	41(20.50)	73(18.25)

Correlation between loneliness and depression

Correlation coefficient was computed between loneliness and depression of senior citizens. As depicted in table 3, loneliness was positively and significantly correlated with depression ($r=0.67^{**}$) of senior citizens. It can be interpreted from the result that higher the level of loneliness among senior citizens higher was the depression. Increase in the level of loneliness results in increase in the level of depression among senior citizens or vice-versa. The results of the study are in line with the findings of Singh and Misra [12], Azam *et al* [1], Raut *et al* [8] and Sayied and Abd-Elaziz [10] who also concluded that there is positive and significant correlation is found between loneliness and depression.

Table 3: Correlation between loneliness and depression of senior citizens:

Loneliness	Depression
Correlation	0.67**

CONCLUSION

Majority of the respondents had moderate level of loneliness followed by low and high level. Majority of the respondents from both the cities had mild level of depression followed by normal and severe. Positive and significant correlation is found between loneliness and depression.

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