

## Depression and Psychological Well-being in Old Age

Doshi Dhara R<sup>1\*</sup> and Yogesh A Jogsan<sup>2</sup>

<sup>1</sup>Department of Psychology, Saurashtra University, Rajkot, India

<sup>2</sup>Assistant Professor, Department of Psychology, Saurashtra University, Rajkot, India

### Abstract

The main purpose of this research was to find out the mean difference between adult and aged in depression and psychological well being. The total 60 sample were taken out which 30 were adult (20 to 59 years) male and female and 30 were aged (60 years and above) male and female. The research tool for depression, Beck depression inventory was used. Here Gujarati adaption used. For psychological well being, Sudha Bhogle's Psychological well being scale was used, translated in Gujarati and the *t*-test was applied to check the difference of depression and psychological well being and the Karl-person 'r' method used to check the correlation. Result reveals that significant difference in depression and psychological well being with respect to both adult and aged. While co-relation between depression and psychological well-being reveals -0.70 negative correlation.

**Keywords:** Depression; Psychological well-being; Old age

### Introduction

Ageing is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and the social conditions. Define ageing in terms of the biology; referring to "the regular changes that occur in mature genetically representative organism living under comprehensive environmental conditions as they advance in chronological age." old age has been viewed, as problematic period of one's life and this is correct to same extent. The aged become increasingly dependent on others. As man grows, his reduced activities, income and consequent decline in the position of the family and society makes his life more vulnerable. An old person begins to feel that even his children do not look upon him with that degree of respect, which he used to get some years earlier. The old persons feel neglected and humiliated. This may lead to the development of psychology of shunning the company of others.

Old age homes are a need of today as the life-styles are changing fast and diminishing acceptance of family responsibilities towards one's elders. Older people are, therefore, in need of vital support their overall quality of life. The above studies demand that we should understand the concept of old age homes thoroughly and evaluating psycho-social status of senior citizen and related factors.

Edward J. Stieglitz defines aging "as the elements of time living." According to him "aging is a part of living." Aging begins with conception and terminates with death. Aging may best be defined as the survival of a growing number of people who have completed the traditional adult roles of making a living and child bearing. Physiologically aging is characterized by diminishing of bodily functions. Many researchers have divided old age into three categories.

- Early old age or young old age which extended from age 60 to age 69.
- Old age or advanced old age, this begins at the age 70 and ends at age 79.
- From the age 80 and the above is considered older old age.

The disintegrating system of joint family, rapid industrialization and urbanization and changing social values have together caused serious problem for the aged. They are treated like an unavoidable burden if they ceased to remain productive members. Occupational problems of aging are generally accepted fact that the lack of employment security of older

workers constitutes a significant social problem. The ever increasing complexity of technological innovations have produced labour market in which many older workers find themselves on the margins without any secure attachment to a job or even actually displaced and unable to Nutrition is a major problem among the elderly. Many live alone and there is tendency for such persons not to consume well-balanced meal because they believe that preparing meals for one person is too much trouble. Low income is another reason that malnutrition is women among older individuals. Some research indicates that many consider housing to be a major problem during later years of life. Suitable housing condition is important for any one regardless of age. Few factors have as much potential for promoting the well-being of the elderly as housing of appropriate size, which offers safety, comfort, and opportunity of choice between privacy and contact with the community.

Depression is one of the most common psychological conditions during the normal course of life with so much of losses and disappointments. Depression itself refers to a heterogeneous set of phenomenon ranging from simple mood swings to severe affective state. Geriatric depression is a major health hazard with devastating outcomes. According to Kalpan and Shaddock [1] 15 to 20% of old population may experience depression. Depression in old age is quite complex and it is much difficulty in diagnosis due to medical illnesses, dementia syndromes and heterogeneity of patients in the population. Arriving at an accurate diagnosis requires clinicians to differentiate between depression and after match of stroke, other types of brain injuries and illnesses. The changes in brain that underline depression remain elusive and researchers continue to grapple with clues to find its biological underpinnings and causes.

Depression in old age creates many problems in carrying out activities of daily living. In other words, there is on increased dependency on others and health care systems. They have also viewed

**\*Corresponding author:** Doshi Dhara R, Department of Psychology, Saurashtra University, Rajkot, India, E-mail: [dhara\\_1888@rediffmail.com](mailto:dhara_1888@rediffmail.com)

**Received** March 16, 2013; **Accepted** April 27, 2013; **Published** May 03, 2013

**Citation:** Dhara RD, Jogsan YA (2013) Depression and Psychological Well-being in Old Age. J Psychol Psychother 3: 117. doi:10.4172/2161-0487.1000117

**Copyright:** © 2013 Dhara RD, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

that depression in later life has serious consequences including increased health cost, distress on care givers, amplified disabilities and increased morbidity and suicide. Loss of a spouse takes a heavy toll on health and is one of the primary causes of depression. Being left alone often prevents many older persons from enjoying life. Use of multiple medicines, retirements, financial crisis, fear of death, bereavement etc. worsen the situation. Weissman et al. [2] has observed that those who are divorced or separated are more likely to be depressed than those who are married. Moreover, women are more likely to be depressed than men. Marital status and sex have consistent effect across countries, even through the overall rate of depression differs.

Psychological well-being studied extensively as there is a need to improve the state of mental conditions of people. Researchers find a large number of people are getting affected by mental health problems. Research studies reveal that there is a prevalence of depression [3,4], lower life satisfaction and more adjustment problems among elderly [5,6] well-being individuals and societies. Wellness is generally used to mean a healthy balance of mind, body and spirit and it results in an overall feeling of well-being. In other words; wellness is a view of health that emphasizes the state of the entire being and its ongoing development. There are several determinants of wellness and some of them include better understanding of concepts like health practices, spirituality, family, environment, work, money and security, health services, social support and leisure. Behaviors of others that convey criticism or imply that a person is unworthy of love or friendship are more likely to be related to depression that is the more basis of support. A study was conducted by Tejal [7] on psychological well being aged individuals in India. It was found that institutionalized aged experience poor sense of psychological well being than the non-institutionalized aged. Moreover, females have greater psychological well-being than the males. Level of psychological well-being is comparatively higher among the lower age group aged than higher age group aged. The present study is an attempt to find out the state of depression and psychological well-being in old age.

## Review of Literature

### Geriatric depression, loneliness and psychological well being role of age and gender

Study found that no gender difference in this context. On the other hand, there was a positive correlation between depression and loneliness, and they had significant negative relationship with well-being. Implications were highlighted in terms of policy formulations, family as well as community based care the aged [8].

### A study on the psychological problems of institutionalized elderly with reference to Bhopal

The study focused mainly on psychological, spiritual, social, economic, health and environment conditions of the aged made were institutionalized. The result shows that the problems of ageing are multi factorial in nature and intervention of social workers in geriatric care is highly recommended in today's world [9].

## Objectives

The main objectives of study were as under

1. To measure the depression among adult and aged.
2. To measure the psychological well being among adult and aged.
3. Check co-relation between depression and psychological well being.

## Null-Hypothesis

To related objectives of this study null-hypothesis were as under

1. There is no significant difference in depression among adult and aged.
2. There is no significant difference in psychological well being among adult and aged.
3. There is no co-relation between depression and psychological well being.

## Methodology

### Research tools

For the purpose following test tools were considered with their reliability, validity and objectivity mentioned in their respective manuals. In present study two inventory used.

- A. Back Depression Inventory (BDI) was developed by Beck et al. [10]; consist of 21 items assess the presence and intensity of depressive symptomatology and the items were scored from 0 to 3. This inventory has test-retest reliability coefficient ranging from 0.74 to 0.83 on different time intervals and positively correlated with Hamilton depression rating scale with a person of 0.71. Reliability and validity of Gujarati adaption in Sardar Patel University was 0.80 and 0.65.
- B. **Psychological well-being scale:** Sudha Bhogle [11] made psychological well-being scale. 28 items included in psychological well-being scale. In this scale, positive and negative both type of items are included. In positive sentences '1' score awarded for every 'yes' response and '0' score awarded for every 'no' response. In negative sentence '0' score awarded for every 'yes' response and '1' score award for every 'no' response. Reliability of this scale is 0.85. Which is very high? Validity of this scale seems high.

### Procedure of data collection

The testing was done on a group of adult and aged male and female. 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 or that no subject encircled both the answer given against a question.

### Research samples

According to the purpose of present study total 60 samples has been selected. There were 30 adult (20 to 59 years) male and female and 30 were aged (60 years and above) male and female were taken as a sample. Aged was taken in old age home at Rajkot City (Gujarat-India).

### Research design

The aim of present research was to a study of depression and psychological well being in old age. For these total 60 adult and aged were taken as a sample. Here to measure depression, back depression inventory was used. For psychological well being, Sudha Bhogle's [11] psychological measures were used to check the difference between groups t-test and the Karl-Pearson 'r' method was used to check the correlation.

## Result

According to table 1 the result obtained on the basic area of depression reveals significant difference among adult and aged.

The aged received high mean score 11.15 as compared adult 9.58 with the standard deviation 3.50 and 2.92. The *t*-value 3.41, is significant at 0.01 level. Aged are depressive as compared adult. So we can say that first hypothesis was not accepted.

According to table 2 the result obtained on the basic area of psychological well-being reveals significant difference among adult and aged.

The adult received higher mean score 132.31 as compared aged 126.16 with standard deviation 12.54 and 14.85. *t*-value was 3.17, significant at 0.01 level. Result show that adult fills more psychological well-being as compared aged. So we can say that second hypothesis was not accepted.

According to table 3 the results obtain that negative correlation between depression and psychological well-being. The -0.73 negative correlation between depression and psychological well-being. It means as the depression increases the psychological well being decreases and depression decreases the psychological well being increases. So we can say that third hypothesis was not accepted.

Evidence research finding given by Joseph and Pullappaly [9]. Conduct study on elderly people.

## Discussion

Old age is usually discussed in connection with the different types of problems encountered by the aged and the welfare measures associated with providing them a better quality of life. It has been observed that physical diseases, psychological illness and adjustment problems are quite common during this phase of life. People in general are apprehensive and speak about the difficulties that they face during the fag end of their lives. In aged physical changes include wrinkling of skin, stopped posture, flabbiness of muscles, decreased vision and hearing, a decreased efficiency of cardiovascular system. The theme of this age period is loss, which may be identified like loss of physical abilities, loss of intellectual processes, loss of work role and

| Sample Group | N  | Mean  | SD   | T      |
|--------------|----|-------|------|--------|
| Aged         | 30 | 11.15 | 3.50 | 3.41** |
| Adult        | 30 | 9.58  | 2.92 |        |

\* *p*<0.05

\*\* *p*<0.01

NS = Not Significant

Table 1: Showing the Mean, SD and *t*-value of Depression (N=60).

| Sample Group | N  | Mean   | SD    | T      |
|--------------|----|--------|-------|--------|
| Aged         | 30 | 126.16 | 12.54 | 3.17** |
| Adult        | 30 | 132.31 | 14.85 |        |

\* *p*<0.05

\*\* *p*<0.01

NS = Not Significant

Table 2: Showing the Mean, SD and *t*-value of Psychological Well-being (N=60).

| Variables                | N  | r     |
|--------------------------|----|-------|
| Depression               | 60 | -0.73 |
| Psychological Well-being | 60 |       |

Table 3: Showing the correlation between depression and psychological Well-being.

occupational identification (Retirement), loss of intimate ties, such as death of spouse, friends and other acquaintances.

The major adjustment to be made includes adjustment to physical changes, retirement, loss of spouse and post-child rearing period (Empty nest syndrome), and grand parenthood. If favorable factors such as satisfaction of needs, retention of old friendships, positive social attitudes, etc. are present, they Foster ego integrity of the person. However without adequate support to sustain and bear the losses the older adult (Aged) is unalterable to a profound sense of insecurity. Despair and disgust can take over the person, including the feeling, time is running outland there are no alternatives possible at this late date. Serious personality breakdown in old age may lead to criminal behavior or suicidal tendencies.

Elderly people need better physical health care and psychological care to nourish their well-being. Due to frail health condition, lack of adequate care and acorn by the family members, negligence by care givers, busy life schedule due to urbanization, elderly people are getting neglected. As a result they, become more vulnerable to physical and mental ailments. Institutional care is not just enough to rejuvenate their dormant mind and spirit. They need hospice care which includes keeping the old men and women at home in a conducive family environment and nursing them. In fact, hospice care is designed to provide palliative care and emotional support to dying patients and their family members [12]. We have witnessed renewed interest in home care for dying patients. Home care appears to be the care of choice for a substantial 50% of terminally ill patients [13]. Primary health care centers should have geriatric outpatient and inpatient facilities. Medicine or medical care alone will not guarantee wellness. Home using is recommended as it will be more beneficial and effective in keeping the aged people happy and content. They will enjoy better mental health and psychological well-being. Talking to the elderly people, keeping them engaged through activities, providing them with nutritious food with a touch of love and concern will definitely be a human approach to make them feel good, optimistic help them developing a zest for life. Successful coping to stress in old age leads to good mental health, satisfaction, happiness and better quality of life [14]. Government policies and provisions for helping the senior citizens should be strictly implemented and monitored so that the benefits will reach them without much delay. Moreover, they rightfully deserve these benefits. Aberrations should be immediately brought to the notice of the Government and other agencies for quick redressed.

## Conclusion

There were significant difference in depression and psychological well being among adult and aged. There were -0.73 negative correlations are seen between depression and psychological well-being.

## Limitations

In the Research work taken sample was not achieved with concentration on particular area. The study was restricted to only adult and aged. Therefore other person is not affected with the result. The present research includes 60 samples. So generalization the result might be unfelt here. No other mental except questionnaires had been doped the present research work for the collection of information. In sample selection for this research random method was followed. The present research is only part of the study, thus generalization should not be consummated, and the scientific is not approached in the selection of sample. The conclusions of the present research are significant so one aspect the limitation reveals that both depression and psychological well

being are internal aspect of a person's personality and character. There for in this practical world all persons take differently and act differently. So it is inevitably complicated task to determine the proportion of depression and psychological well-being person's character.

### Suggestions

Endeavour can be executed to analyze more than 60 data of sample with efficacy to attain better results. For the accumulation of information, variegated methods except questionnaires can be adopted selection of sample can be accomplished with the intake of different peoples from different state and district to ascertain their depression and psychological well being. To crown the edifice of the research work, other method of selecting sample can be appropriated.

### References

1. Kaplan HI, Shadock BJ (1996) Concise Text book of clinical psychology. Lippincott Williams and Wilkins, Philadelphia, USA.
2. Weissman MM, Bland RC, Canino GJ, Faravelli C, Greenwald S, et al. (1996) Cross-national epidemiology of major depression and bipolar disorder. JAMA 276: 293-299.
3. Rao, Venkoba A (1989) Psychiatry of old age in India, Ahmedabad/Bombay: Torrent laboratories/Sun Pharmaceuticals.
4. Mathur D, Sen A (1989) Depression in elderly and some of its psychological concomitants: A study of efficacy of the age-care centre. Indian Journal of Community Guidance Service 16: 27-39.
5. Singh JG, Sing S, Dawara V (1983) Adjustment problem of old people. Indian Journal of clinical Psychology 10: 127-131.
6. Chandrika P, Anantharaman RN (1982) Life changes and adjustment in old age. Journal of Psychological Research 26: 137-141.
7. Tejal N (2010) Psychological well-being. A study of place of residence-4 gender and age among aged people. Indian Journal of Psychology and Mental Health 4: 145-149.
8. Mohanth N, Begum FA (2011) Geriatric depression, loneliness and psychological well-being: Roll of age and gender. Indian Journal of Psychology and Mental Health 5: 53-61.
9. Joseph S and Pullappally TJ (2010) A Study on the Psycho-Social Problems of Institutionalized Elderly with reference to Bhopal. BSSS Journal of social work 2: 65.
10. Beck AT, Steer RA, Brown G (1996) The beck depression inventory-Second Edition. Manual for the Beck Depression Inventory-II. San Antonio, TX: Psychological Corporation.
11. Bhogle S (1995) Psychological Well-being Scale. Manual, National Corporation, Agra, Delhi.
12. Plumb JD, Ogle KS (1992) Hospice care. Prim Care 19: 807-820.
13. Mor V, Hiris J (1983) Determinants of site of death among hospice cancer patients. J Health Soc Behav 24: 375-385.
14. Sahoo FM (2001) Loneliness in the elderly. A project report, centre of advanced study in psychology, Utkal University, Bhubaneswar, Orissa.