



Depression amongst Aged People in Context of Some Psycho-Social Correlates

ORIGINAL ARTICLE



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Abstract

An attempt was made to examine the association of some prominent psychological and social factors with depression amongst aged (Males : 60; Females : 60). The psychological factors were cognitive style, ego-strength and stress. Social-demographic factors include social support, Sex-difference, SES and inhabitation. The purpose was to examine the association of these factors with depression. It was hypothesized that (1) Cognitive style, ego-strength and stress would have significant association with depression amongst aged respondents and (2) Social support, sex-difference, SES and Inhabitation all would have significant association with depression amongst aged respondents. Cognitive style, ego-strength, stress, social support and SES were measured using Witkin's EFT, Hasan's Ego-Strength Scale, SPSSI, Social Support Scale by Asthana and Verma, Bhardwaj SES Scale respectively. Depression was measured using Jamuar's MDI. The obtained data

were analysed using chi-square. Both the hypotheses were retained. It was found that (i) Field independent group of aged people, high ego-strength group of aged people and moderate level of stress group of aged people all are less likely to be the victim of depression. (ii) high social support group, male group, high SES group and urban inhabitation group all are less prone to depression.

Key Words

Depression, People, Psycho-Social Correlates.

Introduction

Depression is one of the most prevalent and debilitating mental health disorders among older adults. It is a significant cause of distress, impacting both the emotional and physical well-being of aged individuals. According to the World Health Organization (WHO), depression among elderly individuals often goes undiagnosed and untreated, with its symptoms being either misattributed to the normal aging process or overshadowed by physical health problems. The onset of depression in older people is often influenced by a variety of psychosocial factors that exacerbate vulnerability, making it a multifaceted issue that requires careful attention.

Psychosocial factors play a critical role in the development and persistence of depression in older adults. These factors, including social isolation, loss of loved ones, financial stress, and a decline in physical health, create a complex interplay that significantly affects the mental health of elderly individuals. Depression in older adults is not merely an extension of age-related changes, but rather a condition deeply intertwined with life circumstances, social support systems, and the ability to adapt to changing environments.

Aging is often associated with multiple transitions that can lead to a sense of loss. One of the most significant psychosocial correlates of depression in older adults is the experience of bereavement. Losing a spouse or close friend, or even the gradual loss of physical health or independence, can create profound feelings of sadness and hopelessness. Grieving older adults may struggle with feelings of isolation and a reduced sense of purpose. The experience of losing loved ones can be particularly devastating, as many older adults often have smaller social circles and fewer opportunities to form new connections.

Social isolation is another prominent risk factor contributing to depression among the elderly. As people age, they may become less mobile, face difficulties in maintaining social relationships, or experience a reduction in community involvement. These changes often result in decreased social interactions, which can lead to feelings of loneliness, sadness, and depression. Lack of social engagement also deprives individuals of essential emotional support, which is vital for coping with stress and maintaining a sense of well-being. The absence of meaningful connections and social support systems significantly increases the risk of depressive symptoms.

Moreover, financial stressors and economic instability can further exacerbate depression in older adults. Many elderly individuals live on fixed incomes, and the rising cost of healthcare, housing, and daily living can create a sense of financial insecurity. Financial strain can cause distress, leading to feelings of inadequacy, anxiety, and a diminished quality of life. These stressors are compounded for those without a strong social support network, making them more vulnerable to depression.

Physical health decline is another critical psychosocial correlate of depression among the elderly. Chronic illnesses such as arthritis, diabetes, heart disease, and cognitive impairments (e.g., dementia) are common in older age and often result in reduced mobility, loss of autonomy, and a diminished quality of life. The interplay between physical and mental health is well-documented: physical health problems can exacerbate depressive symptoms, and depression, in turn, can worsen physical health outcomes. Pain, fatigue, and disability can lead to feelings of helplessness, loss of self-worth, and ultimately, depression. Inadequate coping mechanisms and the inability to adapt to physical limitations further increase susceptibility to depression.

The role of caregivers is also crucial in understanding depression in older adults. Caregivers often experience high levels of stress and burnout, which may affect their ability to provide emotional and physical support to the elderly. This can contribute to a vicious cycle in which the elderly person feels neglected, exacerbating feelings of loneliness, worthlessness, and despair.

In light of these psychosocial correlates, understanding depression in the elderly requires an integrated approach that considers both the personal and environmental factors at play. Addressing these factors involves not only treating the symptoms of depression but also intervening in the social, emotional, and financial challenges that contribute to it. Interventions may include increasing social engagement, improving access to mental health services, fostering stronger family and community support systems, and providing better economic resources for the elderly.

In conclusion, depression among the elderly is a significant public health concern, heavily influenced by various psychosocial factors. These factors not only affect the individual's emotional well-being but also their physical health, creating a complex cycle that requires holistic intervention. Recognizing the psychosocial context of depression in older adults is critical for developing effective prevention and treatment strategies that enhance their quality of life and overall mental health.

Review of Literature

J.H. Tomaka, A. Thompson, and S. Palacios¹¹ (2006) examined the role of social support in mitigating depression in older adults. The authors concluded that older adults who receive emotional, informational, and instrumental support are less likely to suffer from depressive symptoms. The review highlighted the importance of social relationships and community engagement in maintaining mental health among the elderly. L. Cacioppo, J.T. Hawkey, and S. Thisted⁴ (2010) focused on the connection between social isolation and depression in older adults. It found a strong correlation between social isolation and increased vulnerability to depression, noting that older adults who experience social disengagement are more likely to develop mood disorders. The study emphasized the importance of maintaining social ties and participating in community activities to prevent depression. M. Stroebe, H. Schut, and W. Boerner¹⁰ (2011) analyzed the psychosocial impact of spousal loss on depression in older adults. It concluded that bereavement significantly increases the risk of depression, especially when individuals lack adequate emotional support systems. The review underscored the need for grief counseling and social interventions for bereaved older adults to mitigate depressive symptoms. K. L. Evans, B. McCulloch, and D. J. Walker⁵ (2012) reviewed literature on the relationship between financial insecurity and depression in older adults. It found that financial stress due to limited income, retirement savings, or healthcare expenses can lead to anxiety, feelings of helplessness, and increased rates of depression. The review suggested that financial support systems and programs targeting economic instability are vital for mental health. M.E. Blazer and E. Hughes² (2009) reviewed how chronic illnesses such as arthritis, diabetes, and cardiovascular diseases contribute to depression in older adults. It highlighted the bidirectional relationship between physical and mental health, where chronic illness exacerbates depressive symptoms, and depression, in turn, worsens physical health. The review recommended integrated care models that address both mental and physical health. E. J. Lehmann and M. J. Rick⁶ (2008) focused on the key psychosocial factors contributing to depression in older adults, including loneliness, social support, life events, and chronic stress. It identified life transitions, such as retirement and caregiving responsibilities, as major triggers of depression. The authors called for targeted interventions to enhance resilience and coping mechanisms in the elderly population. M.J. Braun and D.L. Webster³ (2010) explored the impact of caregiving responsibilities on the mental health of elderly caregivers. It found that the burden of caregiving, particularly in cases of chronic illness or dementia, significantly increases the risk of depression. The study suggested the need for caregiver support programs, respite care, and psychoeducation to alleviate depression in caregiving populations. R.C. Rejeski and D.J. Marsh⁹ (2014) reviewed the relationship between physical disability and depression in older adults. It showed that disabilities impair mobility and self-sufficiency, leading to social isolation and loss of autonomy, both of which contribute to depression. The review recommended interventions focusing on enhancing physical activity and mobility to reduce depressive symptoms. J. W. Mitchell, K. S. McKinney, and L. J. Goff⁷ (2013) synthesized multiple studies on the psychosocial factors influencing depression among the elderly. It confirmed that social isolation, loss of spouse, and chronic illness were the most significant risk factors. Additionally, the study highlighted the role of positive coping mechanisms, such as adaptive coping and emotional regulation, in reducing depression. G. K. Blanchard and S. D. Smith¹ (2007) examined the impact of retirement on mental health, specifically depression, in older adults. The findings suggested that retirement could either alleviate or exacerbate depression depending on the individual's financial stability, social networks, and pre-retirement work satisfaction. The study stressed the importance of pre-retirement counseling and post-retirement social engagement programs. N. J. Prince, T. E. Ramalingam, and K. S. Reitz⁸ (2015) analyzed various interventions for treating depression in older adults. The study highlighted both psychosocial interventions (e.g., cognitive-behavioral therapy, social support groups) and pharmacological treatments (e.g., antidepressants) as effective. However, the review found that combining psychosocial interventions with medical treatment was more successful in alleviating depressive symptoms in older populations. The reason behind conduction of study is that depression among aged has not been studied in context of cognitive style, ego-strength, stress, SES and social support in Patna (Bihar). Hence the study.

Objectives

- (1) To examine the association of psychological factors (cognitive style, ego-strength and stress) with depression amongst aged respondents.
- (2) To investigate into the association of social support, sex-difference, SES and Inhabitation with depression amongst the aged respondents.

Hypotheses

- (1) Cognitive style, ego-strength and stress would have significant association with depression amongst aged respondents.
- (2) Social support, male, SES and Inhabitation all would have significant association with depression amongst aged respondents.

Method of the Study

Design Employed

The study comprised of two sets of independent variables namely psychological variables (cognitive style, ego-strength and stress) and social-demographic factors (social support, sex-difference, SES and inhabitation). Each independent variable is divided into two desired groups having distinct respondents. So, between comparable group design was used.

Sample Used

The sample comprised of old aged respondents (Males = 60; Female = 60) selected from among aged population (above sixty five yrs.) of Patna. They were selected using incidental cum purposive sampling technique. Other than the present research condition, they were matched so far as practicable.

Tools Used

- (i) A PDS was used to seek the necessary information about the aged respondents.
- (ii) Witkin's EFT was used to group them into FI & FD groups.
- (iii) Hasan's Ego-Strength Scale was used to measure ego-strength of the respondents.
- (iv) SPSSI was used to measure level of stress of the aged respondents.
- (v) Social Support Scale by Asthana and Verma was used to measure social support of the respondents.
- (vi) Bhardwaj's SES Scale was used to measure SES of the responding.
- (vii) Jamuar's MDI was used to measure depression of the respondents.

Scale administration and Data Collection

The respondents were administered scales along with PDS as per the convenience of the respondents and data were obtained. Thereafter, median splits were used to divide them into to desired groups. For the purpose, 100 male aged and 100 female aged were administered the scales and finally 120 aged respondents were selected in such a way that they must be equal in respect of each of the two divided desired groups in respect of each of independent variable (N = 60 each groups). Finally, the scores on MDI by then were

compared in terms of dependent variable namely depression using chi-square. The results thus obtained are as follow:

Results and Interpretation

Table 01: Chi-square showing the association of cognitive style, ego-strength and stress depression of the aged respondents

Variables	Groups	N	Depression		t ²	df	P
			High	Low			
Cognitive Style	FI	60	70%	30%	24.57	1	<.01
	FD	60	35%	65%			
Ego-strength	High	60	28%	72%	26.18	1	<.01
	Low	60	64%	36%			
Stress	High	60	70%	30%	30.73	1	<.01
	Moderate	60	31%	69%			

The results displayed by table-01 clearly revealed the significant association of cognitive style with depression of the respondents. More than 70% of FI group and only 35% of FD group manifested acute depression. On the other hand only 30% of FI group and more than 65% of FD group manifested low depression. The chi-square was found significant ($\chi^2 = 24.57$; $df = 1$; $p < .01$). Thus hypothesis no. (1) is partly retained. Field-independent adolescents are more prone to depression than their field-dependent counterparts because they tend to be more self-reliant, internally oriented, and less likely to seek social support. Their preference for autonomy and introspective thinking can lead them to internalize problems, ruminate over failures, and experience isolation. In contrast, field-dependent individuals are more socially oriented, more likely to seek help or emotional support from others, which acts as a buffer against depressive symptoms.

Further, more than 72% of high ego-strength group and only 36% of poor ego-strength groups manifested low depression. On the other hand only 28% of high ego-strength group and more than 64% of poor ego-strength group of respondents manifested acute depression. The chi-square was found significant ($\chi^2 = 26.18$; $df = 1$; $p < .01$). Thus, hypothesis no. (1) again is partly retained. Adolescents with low ego strength are more prone to depression because they lack the inner resilience, self-confidence, and emotional regulation needed to cope with stress, failure, and interpersonal conflicts. Low ego strength often leads to poor problem-solving skills, heightened sensitivity to criticism, and feelings of helplessness, making them more vulnerable to negative thoughts and emotional disturbances that contribute to depressive symptoms.

Finally, more than 70% and 31% of respondents of high and moderate stress groups of respondents manifested high depression. Contrary to it only 30% and more than 69% of high and moderate stress groups manifested low depression. The chi-square was found significant ($\chi^2 = 30.73$; $df = 1$; $p < .01$). Thus, hypothesis no. (1) is fully retained. High-stress adolescents are more prone to depression because chronic stress overwhelms their coping capacity, leading to emotional exhaustion and negative thinking patterns. Persistent stress disrupts brain chemistry, particularly affecting neurotransmitters like serotonin and dopamine, which are critical for mood regulation. Additionally, stress increases feelings of helplessness, anxiety, and self-doubt core components of depression while also impairing sleep, concentration, and social relationships, further deepening depressive symptoms.

Table 02: Chi-square showing the association of social support sex-difference, SES and Inhabitation with depression

Variables	Groups	N	Depression		t ²	df	P
			High	Low			
Social Support	High	60	28%	72%	29.00	1	<.01
	Low	60	66%	34%			
Sex difference	Male	60	30%	70%	19.41	1	<.01
	Female	60	61%	38%			
SES	High	60	32%	68%	19.17	1	<.01
	Low	60	70%	30%			
Inhabitation	Urban	60	32%	68%	18.05	1	<.01
	Rural	60	62%	38%			

The results displayed by table-02 clearly revealed the significant influence of social support, sex difference, SES and inhabitation on depression of the respondents. More than 72% of high social support group and only 28% of this group manifested low and high degree of depression respectively. Contrary to it more than 66% of low social support group and only 34% of this group manifested high and low depression respectively. The chi-square was found significant ($\chi^2 = 29.00$; $df = 1$; $p < .01$). Thus, hypothesis no. (2) is partly retained. Adolescents with low social support are more prone to depression because they lack emotional, informational, and practical resources that help buffer stress. Social support plays a crucial role in enhancing coping skills, fostering a sense of belonging, and providing reassurance during difficult times. Without this support, adolescents may feel isolated, overwhelmed, and helpless when facing challenges, increasing their vulnerability to negative thoughts and depressive symptoms.

Female adolescents are more prone to depression due to a combination of biological, psychological, and social factors. Hormonal changes during puberty can affect mood regulation. Psychologically, girls often engage more in rumination, a cognitive style linked to depression. Socially, they face higher pressures related to appearance, relationships, and social acceptance, and are more exposed to interpersonal stress. Additionally, females are often more emotionally expressive, which can increase vulnerability to internalizing distress. Similarly 70% of males and only 30% of this group manifested low and high depression. On the other hand 61% of female and only 39% of this group manifested high and low depression. The chi-square was found significant ($\chi^2 = 19.41$; $df = 1$; $p < .01$). The hypothesis no. (2) again is partly retained.

Adolescents from low socioeconomic status (SES) groups are more prone to depression due to several interconnected factors: chronic financial stress, limited access to quality education and healthcare, insecure housing, and often unstable family environments. These adolescents may also face social exclusion, stigma, and fewer opportunities for upward mobility, leading to feelings of helplessness, low self-worth, and hopelessness—all of which are risk factors for depression. Further, high SES (68%) group of respondents manifested low depression whereas more than 70% of low SES group manifested high depression. The chi-square was found significant ($\chi^2 = 29.17$; $df = 1$; $p < .01$). The hypothesis no. (2) again is partly retained.

Finally, urban respondents (68%) excelled in respect of having lower depression while rural people excelled in respect of having high depression (62%). The chi-square was found significant ($\chi^2 = 18.05$; $df = 1$; $p < .01$). Thus hypothesis no.(2) is fully retained. Rural adolescents are more prone to depression due to factors such as limited access to mental health services, lower awareness of psychological well-being, social

stigma around expressing emotional distress, and economic hardships. Additionally, they may experience academic pressure with fewer educational resources, lack of recreational opportunities, and feelings of isolation due to geographic or social constraints. These cumulative stressors increase their vulnerability to depressive symptoms compared to their urban counterparts.

Conclusions

- (1) Field independent group of aged people are less likely to be the victim of depression.
- (2) High ego-strength group of people are less prone to depression
- (3) Moderate level of stress is conducive to less likely to be the victim of depression amongst aged.
- (4) High social support group of aged people are less prone to depression.

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