
Loneliness Depression Sociability in Old Age People

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INTRODUCTION

Loneliness is a subjective, negative feeling related to the person's own experience of deficient social relations. The determinants of loneliness are most often defined on the basis of 2 causal models. The first model examines the *external factors*, which are absent in the social network, as the root of the loneliness; while the second explanatory model refers to the internal factors, such as personality and psychological factors.

Loneliness may lead to serious health-related consequences. It is one of the 3 main factors leading to depression (Green *et al.*, 1992), and an important cause of suicide and suicide attempts. A study carried out by Hansson *et al.* (1987) revealed that loneliness was related to poor psychological adjustment, dissatisfaction with family and social relationships.

As people grow old, the likelihood of experiencing age-related losses increases. Such losses may impede the maintenance or acquisition of desired relationships, resulting in a higher incidence of loneliness. Many people experience loneliness either as a result of living alone, a lack of close family ties, reduced connections with their culture of origin or an inability to actively participate in the local community activities. When this occurs in combination with physical disablement, demoralization and depression are common accompaniments. The negative effect of loneliness on health in old age has been reported by researchers (Heikkinen *et al.*, 1995). The death of spouse and friends and social disengagement after leaving work or a familiar neighborhood are some of the ubiquitous life-changing events contributing to loneliness in older people. Those in the oldest age cohort are most likely to report the highest rates of loneliness, reflecting their increased probability of such losses.

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Loneliness in Old Age

Old age is that period of life when you can finally do what you had wanted to do for a long time but couldn't because of various commitments. Yet, old age is a challenge; to many it's not welcome. And no matter how you look at it, it's all too real. Loneliness looms large in old age. Partners, friends, and relatives literally die on you. Your social circle keeps getting smaller with years. And the clammy fingers of death play a fearsome tune on your spine. Failing health, along with a decreased level of activity or social life can make old age frightening.

Loneliness can be of two types: physical and mental. Physical ageing cannot be stopped. But it is possible to be mentally alert and mentally energetic to a great extent. Loneliness can be relieved if the aged are part of a family. With family members around, especially children, loneliness takes a backseat; stress too is reduced as there is no time to concentrate on one's plight.

The fear of dying alone does not exist. With the patter of tiny feet around there is simply no time to feel alone. In fact grandparents are, at times, even busier than the parents, when it comes to taking care of little children. And with the love they receive from their grandchildren, the elderly, feel wanted and needed in return. If the aged are rich enough to travel, loneliness] is, to a certain extent, reduced with new friends and companions. Wealth can bring a load of benefits to the elderly. Post retirement, long dreamed of hobbies and activities, once beyond one's reach, can be indulged into one's satisfaction. Gardening and social work leave little time for negative thoughts. Retirement, definitely made life more comfortable for the aged besides also increasing their lifespan. Thus, the focus is on living a better quality of life, as close to normalcy as possible. The onus lies on the youngsters to make their

A study by Max *et al.* (2005) revealed that the presence of perceived loneliness contributed strongly to the effect of depression on mortality. Thus, in the oldest old, depression is associated with mortality only when feelings of loneliness are present. Depression is a problem that often accompanies loneliness. In many cases, depressive symptoms such as withdrawal, anxiety, lack of motivation and sadness mimic and mask the symptoms of loneliness.

What is depression?

Many factors contribute to depression the word 'depression' causes much confusion. It's often used to describe when someone is feeling 'low', 'miserable', 'in a mood' or having 'got out of bed on the wrong side'. However, doctors use the word in two different ways. They can use it to describe the symptom of a 'low mood', or to refer to a specific illness, ie a 'depressive illness'. This factsheet relates to depression, the illness.

This confusion is made all the worse because it is often difficult to tell the difference between I feeling gloomy and having a depressive illness. Doctors make a diagnosis of depression after

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assessing the severity of the low mood, other associated symptoms and the duration of the problem.

Depression is very common. Almost anybody can develop the illness; it's certainly NOT a sign of weakness. Depression is also treatable. You may need to see a doctor, but there are things you can do yourself or things you can do to help somebody suffering from the illness. What you cannot do is 'pull yourself together' -no matter whether this is what you think you should be able to do or what other people tell you to do.

People who have experienced an episode of depression are at risk of developing another in the future. A small proportion may experience an episode of depression as part of a bipolar affective disorder (manic depression), which is characterized by episodes of both low and high moods. Symptoms of depression Stress can lead to you to feeling 'down' and 'miserable'. What is different about a depressive illness is that these feelings last for weeks or months, rather than days. In addition to feeling low most or all of the time many other symptoms can occur in depressive illness (Though not everybody has every one). Being unable to gain pleasure from activities that normally would be pleasurable. Losing interest in normal activities, hobbies and everyday life. Feeling tired all of the time and having no energy. Difficulty sleeping or waking early in the morning (Though some feel that they can't get out of bed and 'face the world').

Having a poor appetite, no interest in food and losing weight (Though some people over eat and put on weight - 'comfort eating') Losing interest in sex. Finding it difficult to concentrate and think straight. Feeling restless tense and anxious. Being irritable. Losing self-confidence. Avoiding other people finding it harder than usual to make decisions Feeling useless and inadequate - 'a waste of space' Feeling guilty about who you are and what you have done. Feeling hopeless - that nothing will make things better. Thinking about suicide - this is very common. If you feel this way, talk to somebody about it. If you think somebody else might be thinking this way, ask them about it - it will not make them more likely to commit suicide.

Sociability and old age

Sociability plays an important role in protecting people from the experience of psychological distress and in enhancing well-being. George (1996) summarized some of the empirically well-supported effects of social factors on depressive symptoms in later life, and reported that increasing age, minority racial or ethnic status, lower socioeconomic status and reduced quantity or quality of social relations are all associated with increased depressive symptom levels. Social isolation is a major risk factor for functional difficulties in older persons. Loss of important relationships can lead to feelings of emptiness and depression. "Persons involved with a positive relationship tend to be less affected by everyday problems and to have a greater sense of control and independence. Those without relationships often become isolated, ignored, and depressed.

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Those caught in poor relationships tend to develop and maintain negative perceptions of self, find life less satisfying and often lack the motivation to change" (Hanson& Carpenter, 1994).

Having few social contacts or living alone does not assure a state of loneliness (Mullins, Johnson, & Anderson, 1987). In fact, for elderly people the time spent with family may be less enjoyable than a visit to a neighbor or someone of their age group. This can be attributed to the fact that relationships with family tend to be obligatory whereas those with friends are a matter of choice. This further emphasizes the need for a perceived internal locus of control over social interaction as a means of alleviating loneliness.

Purpose of study

1. The aim of the following research is observe the Loneliness of old age.
2. The aim of the following research is depression of old age.
3. The aim of the following research is sociability of old age.

Hypothesis

Taking the aim of the research in attention the following hypothesis is made.

1. There is significant difference in Loneliness between old age.
2. There is no significant difference in Depression between joint family and NUCLEAR family old age.
3. There is no significant difference relationship between loudness and depression in old age.

Sample

The sample comprised of 80 elderly persons . The age group of 60-80 years. The mean age of the sample population was 67 years. The subjects for the sample were selected from the older adults of a Rajkot-based region residing in the housing societies. These elderly persons were contacted personally, and the questionnaires were administered to them.

Measures

The revised UCLA (University of California, Los Angeles) loneliness scale (Russell et ah, 1980) The UCLA Loneliness Scale includes 10 negatively worded and 10 positively worded items that have the highest correlations with a set of questions that are explicitly related with loneliness. The revised version of the scale has high discriminative validity. The revised loneliness scale also has a high internal consistency, with a coefficient alpha of 0.94.

Beck depression inventory (Beck et ah, 1961)

The Beck Depression Inventory (BDI) is a 21-item self-report scale measuring supposed manifestations of depression. The internal consistency for the BDI ranges from 0.73 to 0.92, with a mean of 0.86. The BDI demonstrates high internal consistency, with alpha coefficients of 0.86

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and 0.81 for psychiatric and no psychiatric populations, respectively. The scale has a split-half reliability coefficient of 0.93.

Sociability scale of Eysenck personality profiler (Eysenckd Eysenck, 1975) Eysenck Personality Profiler (EPP V6) is a modular personality inventory for 3 dimensions: Extroversion, emotionality (neuroticism) and adventurous. Each dimension has 7 subscales. The sociability subscale of extroversion used in this study consists of 20 questions. The response category is either 'yes' or 'no.' There are 10 positive items and 10 negative items. The factorial validity of the EPP V6 holds across different cultures and age groups, with a high equivalent factor structure among these different samples.

Table-1, The 'T' Value Related To The Loneliness Of Joint Humanly And Nuclear Family In Old Age.

Sr. No.	Details	Figure of Loneliness				t Value	Sig. Level
		N	M	SD	SEM		
1	Joint family	56	49.64	20.51	2.74	3.81	ns
2	Nuclear family	24	34.20	13.34	2.99		

(on the standard ns = 0.05 difference in not sig.)

There difference figure is of which the value of the standard 0.05 is 1.99 which is more than the 't' = 3.81 that's way the different is non-significance and hypothesis (HO-1) is acceptable.

Table-2, The 'T' Value Related To The Loneliness Of Joint Humanly And Nuclear Family In Old Age.

Sr. No.	Details	Figure of Depression			t Value	Sig. Level
		N	M	SD		
1	Joint family	56	26.05	4.08	1.31	S Significant
2	Nuclear family	24	27.45	4.21		

There difference figure is _____ of which the value of the standard 0.05 is 1.99 which is more than that 't' = 1.31 that's way different is significance and hypothesis is not acceptable.

Table-3the 'R' Value Related (Relationship) To The Loneliness And Depression Of Old Age.

Sr. No.	Details	N	df	r. value	Significant
1	Loneliness	80	79	0.28	ns
2	Depression	80	79		

There difference figure is of which the value of the standard 0.05 is 0.22 which different is non significance (relationship) and hypothesis is acceptable old age persons manifested a significant positive correlation (relationship) between is relationship of loneliness and depression

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Table-4, The 'R' Value Related (Relationship) To The

Sr. No.	Details	N	df	r. value	Significant
1	Loneliness	80	79	0.79	Significant
2	Sociability	80	79		

Old age persons manifested a significant positive correlation between loneliness and sociability as can be seen in old age persons good relationship loneliness and sociability.

DISCUSSION

1. In this research we can see the result that joint family and nuclear family (table-1) is non significant.
2. The Joint family and Nuclear family (table-2) is significant.
3. The No. significant relationship was found between loneliness and depression.
4. A significant positive correlation exists between loneliness and sociability.

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Conflict of Interests

The author declared no conflict of interests.

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