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Old Age, Depression and Social Support

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The aim of the present research was to investigate the social support in depression among old age people. The total sample comprised of one hundred and eighty-three elderly (N=183), including ninety three men (n=93) and ninety (n=90) women. The age range varies from 60-85 years. Convenient sampling techniques was used for data collection. The participants were approached from different area of Khyber Pakhtunkhwa. The Geriatric Depression Scale (GDS) and Multidimensional Scale of Perceived Social Support (MSPSS) were administered. All questionnaires were filled by interviewers, by using good interview skills. Data was analyzed by using SPSS. Results indicated depression is more prevalent in young-old category, and according to hypothesis result also demonstrated that depression is significantly high in females compare to males. Result further revealed unhealthy life style, problem in physical health and disabilities and poor social support are indicative of depression. Hence it is concluded that aging itself is not a factor directly related to depression, rather transition in life style with reference to working status, financial and social circumstances, and perceived social support are the significant contributing factors that may be considered as contributing factors of depression in old age.

Keywords: old age, social support, family, friends and depression

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In recent years the definition of life style broaden to include fields like social relationships, entertainment and how spare time is spend, healthy or unhealthy living, nutrition, sports, health and quality of life (Safran, 2009). Changes in life style reflected in every stage of life span has its significance but most importantly old age is vulnerable to transitions in terms of decline in normal abilities, changes in routine activities, roles and responsibilities. The transition leads to positive or negative reactions by elderly depending upon factors related to life style.

Atchley (1988) describes aging in terms of biological, psychological and social aging and further explains that aging has both positive and negative outcomes; increasing age bring experiences, wisdom, freedom, and on the other hand, loss of physical or mental capacities, good looks, employment, income, positions and roles which one belong to, previously.

Aging according to Rose (1991) is a progressive decline or loss of ones adaptation with increasing age, decline in physiological functions, increasing mortality and decreasing reproductive rate.

Old Age (Elderly) refers to chronological age which begins in sixties, and extends to approximately one twenties (60s-120s), the longest span of life, almost 50-60 years.

Depression is found to be the manifested sign or outcome of the lack of social support in the life of elderly. In a study it was found that elderly people above age 65 years, the observed inadequacy of social and emotional support was found to be significantly associated with depressive symptoms (Barg, Huss- Ashmore, Wittink, Murray, Bogner, & Gallo 2006). The better the social and emotional support, the lower was the scores on depressive symptoms. Barg et al. (2006) also found that participants of his study viewed loneliness as a sign of depression, whether it was a voluntary and choicest decision or withdrawal, or it was an imposed by friends and other loved ones due to aging process such as health issues etc.

Depression seems to be more prevalent in later ages of life; during the ages of decline. According to research findings (Blazer, 2003; Carrasco, Ortiz, & Ballesteros, 2002; Oliveira et al. 2006; Paradela, Lourenço, &Veras 2005) it is one of the most common psychological disorder among elderly people, followed by dementia.

A study conducted in Egypt by Ebraheem, Shehata and Thabet (2012) found that age is not a significant predictor of depression

however; there is a high statistically significant relationship between loneliness and depression irrespective of the age.

Vulnerability for different physical and psychological illnesses vary across genders hence the prevalence of depressive symptoms that are clinically relevant after the age of 65years ranges from 10-15% among male and 16-22% among females (Blazer, 2003).

Depression is a mood state characterized by lowered self-esteem, social with drawl, fatigue, loss of interest, impaired performance in different areas, crying spells, sleep and eating disturbance, and self-destructive impulses. Depression can also be triggered by different emotional, psychological, or personal factors, like stressful life events, financial issues, or a death of significant individual within the in the family (Griffith & Lustman, 1997).

Depression in every phase of life has its causative factors but in old ages these are more related to growing older, physical decline, health issues and transition of life styles.

According to Blazer (2003) while describing depression in elderly people, states that psychological and social factors plays an important role as etiological factors. There seems a moderate relationship between persistent depression and a variety of life events faced by individual throughout the life. Such events may include bereavement, personal illness, and theft as the most noticeable events. Social support deficits was found to be one of the potential factors associated with depression. Different factors related to age for example loneliness, physical handicap, and use of homecare services were significantly related to old age depression. Loneliness itself is found to be strongly associated with depression. (Prince, Harwood, Blizard, & Mann 1997a).

Depression in every phase of life has its causative factors but in old ages these are more related to growing older, physical decline, health issues and transition of life styles. According to Gatz, (1989) predictors of old age depression are poor health, loss events like widowhood and inadequate social support.

Socialization or sociability which is described as the potential or skills of a person to interact and communicate with others is also an important factor in transitional phases specially to assist in adjusting to changes. With aging, people lose their connections with their professional, personal and other important networks and they face difficulty in initiating new contacts and developing friends and friendships (Singh & Misra 2009).

Social support is a concept that describes assistance and help provided by other people in a difficult life situation. One of the first definitions of the term came from Cobb (1976) who define social support as the individual belief that one is cared for by others and loved by, esteemed and valued, and belongs to a network of communication and mutual obligations.

Inadequate social support leads to deterioration in mental health and psychosocial wellbeing of an individual which may cause depressive symptoms and feeling of loneliness. A number of elements have been assumed to contribute to psychological problems of elderly (loneliness and depression). These factors includes demographic characteristics, retirement from the job, change in living situations, living arrangements, social relationships, loss of a person's role in the community, decrease in social linkages due to age and personality characteristics (Alpass & Neville 2003; Routasalo, Savikko, Tilvis, Strandberg, & Pitkala 2006).
From review of literature it has been found that there exist a strong positive correlation between loneliness and depression in the elderly people. Minardi and Blanchard (2003) found that loneliness was a factor that might relate to aging and depression.

Another correlate of old age depression is lack of social support, as social support offers to safeguard from inducting and aggravating depressive condition in elderly people (Brown & Harris 1978). In his study of people over the age of 65 years, Prince et al. (1997a) demonstrated a significantly negative relationship between a social support and the development of depression.

Oxman, Berkman, Kas, Freeman and Barret (1992) revealed depression to be negatively associated with tangible social support. In a younger sample lack of social support and low level of self-esteem were found to be vulnerability factors, contributing to increase the risk of depression in the presence of a life event (Brown, Harris, Adler & Bridge 1986).

Geriatric depression can be related to other factors associated with aging, e.g. financial problems job stress and disengagement from previous activities. Literature provide rich evidence that people with occupational status and high income tend to be happier and as a result suffer less from depression (Clark, Frijters & Shields 2008; Diener & Biswas-Diener 2002; Frey & Stutzer 2002; Lorentetal. 2003).

The current study is designed to find the effect of social support on old age depression. Hence the study is planned to understand the

importance of inclusive factors of life style and their changes that are associated with old age depression, and further to develop plans for future implementation of the strategies so not only sufferers should be helped but also we can save our old ages from becoming the victim in future. Implementation strategies will also be suggested, for more positive and healthy life styles of elderly to their old ages as they mostly have utilized in their previous stages of life.

Method

Objectives

- To investigate the role of social support and geriatric depression among elderly.
- To study the gender difference between social support and depression in old age.
- To recommend strategies for improving the quality of life and prevention of depression among elderly.

Hypotheses:

1- There will be inverse relation between social support and depression among elderly

2- Depression will be significantly high among elderly women as compare to men.

Operational Definitions of Variables

Old Age

Old age in current study refers to ages 60 and above (Charness & Bosman, 1992, Pearlin, 1994).

Geriatric Depression

Depression is a mood state, reflecting negative alteration in mood, and in current study depression refers to score of 5 and above in GDS scale (Sheikh & Yesavage, 1986).

Further depression is categorized as mild moderate and severe;

- 0-4 suggesting mild Depression
- 5-10 score suggestive of moderate depression

- 10-15 score moderate to severe level of depression

Sample

For the study convenient sampling technique was used. Proposed sample of the study was 100 old age population. Among them 50 women and 50 men were planned to approach but in actual data collection process total of 183 sample, including 93 male and 90 females were approached. Their age ranges from 60 to 95. Data was collected from Peshawar, there was no restriction with reference to education, socioeconomic status, marital status and health condition. Those elderly with severe mental health issues and cognitive decline were excluded from the study. All participants above 60 years of age were approached.

Measures

Demographic Information form

Demographic information form consisted of basic information of the participants, which helped the researcher to select the required group. The form consisted of information about current age, education, marital status, number of children, family structure, monthly income, current job and working status, income group, area of residence and living with children to identify proximity with children etc.

The Geriatric Depression Scale (Brink & Yesavage, 1982)

Geriatric Depression Scale (GDS) developed by Yesavage & Brink et al. (1982) that was developed initially for self-administration and consisted of 30 items to measure depression in elderly population. Later on the Geriatric Depression Scale (GDS-15 items)was abbreviated to 15 items (Sheikh & Yesavage 1986). The scale for depression has been used verified on elderly in number of countries and is available in a number of languages (Garrard et al. 1998; Whooley, Stone & Soghikian, 2000), but in current study original short form was used.

The GDS has been interpreted as 0-4 suggesting normal condition, 5-10 score suggestive of almost always indicative of depression, and 10-15 score moderate to severe level of depression that warrant a follow-up comprehensive assessment. The reliability of GDS was found .85.

Multidimensional Scale of Perceived Social Support (MSPSS)

MSPSS is brief measure of social support perceived by individual. This scale was developed by Zimet et al., (1988). It is 12 item scale, rating on 7-points rating scale (1- very strongly disagree to 7- very strongly agree). It is designed to measure adequacy of social support from three different resources; family, friends and significant others. 4 items for each three domains measure adequacy of perceived social support from Family (Fm), Friends (Fr) and Significant Others (SO). High score indicate one's satisfaction with social support while low scores indicate poor quality of social support perceived by individual. The reliability of the scale ranges from .85 to .90.

Procedure

The study was formally initiated with selection and training of University students of Psychology, who volunteered to help in collection of the data. As the elderly people are not easily accessible that is why snowball technique of data collection in the non-clinical setting was selected. The participants were approached from different areas of Peshawar and surroundings. Every participants was sought consent and were briefed about the study. After seeking their consent the questionnaires were administered in the same order. That included demographic information sheet followed by measure for social support i.e., Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, & Farley, 1988) and the Geriatric Depression Scale (Brink & Yesavage 1982), All questionnaires were filled by interviewers, because all the participants in the study were not literate.

Results

Table 1

Cross Tab of Demographic Characteristics Elderly Men and Women on Levels of Geriatric Depression (N=183)

	Men (n=93)			Women (n=90)		
Variable	Mild	Moderate	Severe	Mild	Moderate	Severe
Geriatric Depression	0 (0.0)	72 (77.4)	21 (22.1)	6 (6.7)	64 (71.1)	20 (22.6)
Marital Status						

Single	0 (0)	2 (66.7)	1 (33.1)	0(0)	2 (100)	0(0)
Married	0 (0)	59 (79.7)	15 (20.3)	4 (7.1)	39 (69.6)	13(23.2)
Widow(ed)	0 (0)	11 (68.8)	5(31.3	2 (6.3)	23 (71.9)	7 (21.9)
Formal Education in years						
Illiterate	0 (0)	24(70.6)	10(29.4)	5(7.7)	46(70.8)	14(21.5)
10 years	0 (0)	14(73.7)	5(26.3)	0 (0)	3 (60)	2(40)
12 years	0 (0)	7(77.8)	2(22.2)	0 (0)	5(100)	0 (0)
14 years	0 (0)	12(85.7)	2(14.3)	0 (0)	10(83.3)	2(16.7)
16 years or above	0 (0)	15(88.2)	2(11.8)	1(33.3)	0(0)	2(66.7)
Socioeconomic Status						
Lower Class	0(0)	9(64.3)	5 (35.7)	1(5.9)	11(64.7)	5(29.4)
Middle	0 (0)	54(79.4)	14(20.6)	4(6.3)	46(73)	13(20.6)
Upper Class	0 (0)	9(81.8)	2(18.2)	1(5.9)	7(70.0)	2(20.6)
Family Setup						
Nuclear Family	0 (0)	33(80.5)	8(19.5)	4(9.3)	27(62.8)	12(27.9)
Joint Family	0 (0)	39(75.0)	13(25.0)	2(4.3)	37(78.7)	8(17.0)
Working Status						
Working currently	0 (0)	17 (70.8)	7 (29.2)	0(0)	2 (50)	2 (50)
Retired	0 (0)	48 (77.4)	14 (22.6)	4 (13.3)	19 (63.3)	7 (23.3)
Re-employed	0 (0)	7 (100)	0(0)	0 (0)	2 (66.7)	1(33.3)
House wife	-	-	-	2 (3.8)	41 (77.4)	10 (18.9)
Carrying on with routine						
Same as before	0 (0)	19 (90.5)	2 (9.5)	0 (0)	11(70.3)	4(26.7)
Slightly changes	0 (0)	35 (77.8)	10 (22.2)	5(10.4)	34(70.8)	9(18.8)
Not doing any task	0 (0)	18 (66.7)	9 (33.3)	1(3.7)	19(70.4)	7(25.9)

Table 1 shows the distribution of the sample on the basis of three levels of depression that is mild, moderate and severe.

Table 2

Age and Perceived Social Support as Predictor of Geriatric Depression (N=183)

	Men (n=93)			Women (n=90)		
Variables	B	SE(B)	*ß*	B	SE(B)	*ß*
Constant	*7.35*	*2.22***		*11.37*	*3.15***	
Age	*.06*	*.03*	*.19**	*-.005*	*.04*	*-.01*
SSO	*.004*	*.05*	*.01*	*-.04*	*.09*	*-.10*
SSFm	*-.15*	*.06*	*-.44***	*-.03*	*.08*	*-.08*
SSFr	*-.01*	*.05*	*-.03*	*-.06*	*.09*	*-.11*
R^2		*.55*			*.26*	
R^2Change		*.30*			*.07*	
F		*9.72****			*1.60*	

Note:, p<.05, **=p<.01 &***=p<.001. GDS: Geriatric Depression Scale, SSO: Social Support of Significant Others, SSFm: Social Support of Family and SSFr: Social Support of Friends*

Table 2 shows age and social support as a predictor of old age depression. The result reveals highly significant regression equation between age, perceived social support and geriatric depression. There is a highly significant inverse relation of -.44 between social support of family and geriatric depression among men, this means that higher the depression lower will be social support for men as compared to women. The relation between social support of family and geriatric depression among men is significant at p<.01 where as there is a non-significant inverse relation of -.08, between social support of family and geriatric depression among women. There is a significant positive relation between age and geriatric depression among men. The correlation between age and geriatric depression among men is significant at p<.05. Whereas, there is no significant relation on age, perceived social support and geriatric depression. The model explains 30% of variance with R^2 of

.55. So, the factor of age and familial support a sub component of social support are the strong predictors of geriatric depression.

Discussion

Current research findings are in line with previous research by Kim and Moen (2001) that retirement seemed a transition that accompanied psychological distress in the form of anxiety and depression. Result of the current study indicates high rate of depression among retired population compared to those working currently, re-employed and house wives whose working status remain same. Current findings verify the activity theory that the more involved and active a person remain in old age the more he will be satisfied (Santrock, 2002). This view and the current findings oppose disengagement theory (Cumming & Henry, 1961). According to current study those elderly involved in routine activities to some extent are less depressed compared to those not doing any routine task. The result is consistent with previous study of Kim and Moen (2002), that relationship between retirement and psychological wellbeing was partially mediated by changes in financial status, personal and social relationships and other resources.

Satisfaction with life events and circumstances that are part of life style proves to be curative factor in depression especially in old age. Swami, et al., (2006) found that life satisfaction and good health was negatively and significantly related with depression and loneliness.

Contribution of the present study is the investigation of correlates of perceived social support had a significant correlation with depression however age itself is a significant contributor of geriatric depression. Result clearly reveals that perceived social support is strongly negatively related to depression, which support our hypothesis and this postulate was also found by other previous researchers like Hay, Steffens, Flint Bosworth and George (2001) they identified positive relationship between availability of social support and recovery from depression. The result of the present study is supported by previous researches which suggest that deficient social relationships are significant predictors of loneliness and depression (Holmen, Andersson, Ericsson, Rydberg, Winbland 1992).

While studying perceived social support from family, friends and significant others in the result from current study suggests that social support from all these three domains was significantly negatively associated with age and depression among elderly men. This shows

consistency with previous findings in which social support was considered important for the health of elderly (Rodriguez-Laso, Zunzunegui & Otero 2007). Hence this finding can contribute more in the light of previous findings to help reduce incidence of geriatric depression by providing more significant social support to elderly.

Adams and Blieiszner (1995) and Sherman, De Vries and Landsford (2000) concluded from their studies that social support from friends contributed in overall wellbeing of elderly. The result of present study contradict this literature, social support from family, friends and significant others all three domains equally mediate negatively between age and depression. And contrary to their findings current study reveals significant predicting effect of social support from family in age and depression while the rest of the two domains are not significant predictors. This result is also in contrast to the finding by Oluwabusola (2010) that friend support was a more reliable factor for predicting the levels of loneliness and depression among elderly. Current study place more importance on family relationship in predicting geriatric depression and it might be due to cultural and contextual factors that in our population elderly rarely seek friendships.

Results of the present study indicated that emotional reactions of elderly are strong predictors of depression in elderly which satisfy our research question. Review of literature approves our findings that older adults acquire additional strategic, procedural and situational knowledge about emotionally dealing and handling situations (Scheibe & Carstensen 2009). This shows that if elderly who lack knowledge and who have deficits will be prone to mental health issues. Research conducted into the field of emotional reactivity (Lumely, Levenson, Jain & Heinze 2009) showed that in certain situations older people shows emotional reactivity equal to or more than youngers. The more a person is emotionally reactive the more there will be a chance of depression among elderly.

Results showed inconsistent results with reference to previous studies depicting high level of depression among women as compared to men. The present study revealed that related to depression was found significantly high in female compare to male and age was found less significantly related to depression.

It has been found that adequacy of social support from three different sources such as family, friends and significant others it is revealed from the findings that family support is a significant predictor

of depression in elderly and negatively associated to depression. Among those three sources perceived support from family contributed more as a predictor as well, of depression compare to rest of the two sources.

Hence from findings of the study it has been revealed that depression at moderate level is prevalent in elderly in non-clinical data which is alarming condition for clinical and developmental psychologists. Further findings of the study reveals that elderly with education are at low ratio, compared to illiterate on depression. This emphasized the importance of formal education that helps in adjustment to transition in life.

Limitations

Current research was planned with intentions of contributing significant information and findings to previous researches but some limitations were found during the present study. The most important limitation of the present study concerns convenient sampling, sample size, heterogeneity of the sample and generalizability of the findings. One hundred and eighty three (N=183) sample size might have been a small for allowing the findings to be generalized to a larger population. The sample was heterogeneous on the basis of gender, marital status, education, profession and family and socioeconomic status etc. So in future studies designed to measure the effect of each of these factors separately while controlling others might give rich and valid outcomes.

Length of the questionnaire used in the study for data collection could be a potential limitation of the study. The overall time needed for the completion of set of questionnaire could be regarded as a limitation for elderly.

Techniques of sampling; convenient sampling may be a hindrance to findings of the study as probability sampling if was used would have given more accurate results.

Interview method was used in the data collection through trained interviewers yet that might have contributed in subjective biasness or differences of interviewing by variety of interviewers although they were all initially trained how to ask question. The

factor of using different interviewers in the data collection may be a limitation of the study thus affecting the responses of the interviewees.

Finally components of life styles in current study are not completely describing life style so others factors like living standard, interests, free time activities, dietary pattern and religious practices etc. can also be incorporated in future so that all the aspects of life style can be addressed.

Recommendations

It is recommended to replicate the study with a larger size of sample with same study variables for the better generalizability of the findings of the study.

Probability sampling technique would help in improving generalizability of the findings of the study.

The study can be replicated by using translated versions of the original questionnaires in order to reduce the problem of interview biasness and for drawing accurate conclusion of the study.

In depth personality investigation and the coping strategies of depressed and non-depressed elderly is suggested for the better understanding of the problem.

Looking at the significance of social support group and health related problems it is suggested not only to investigate factors related to depression and mental health problems but also to suggest and recommend preventive measures so that elderly too could have healthy life styles. Brief and short term preventive measures should be identified and implemented in order to reduce the risk of psychological problems in elderly.

Awareness programs related to old age psychological and social problems their prevention and management are recommended for quality life style of elderly.

Further from current findings it has been identified that, attitudes towards elderly and old ages needs to be assessed of those individuals moving towards old age so their expectations could be assessed and properly addressed. As a matter of fact fear of getting old, retirement and disengagement from previous tasks contributed more in mental health problems so government and private organizations should address the

issue and help to provide community based mental health services for elderly so that the risk could be detected and dealt with in proper time.

Elderly community health center in Teaching hospitals and Hospital in District Headquarter is suggested for promotion of quality health facilities and prevention of old age loneliness, depression etc. Elderly (male and female), can get registered after the age of 60 in Elderly Community Health Center, and they can visit on daily or weekly basis (as per their need and desires). Physical health conditions of the elderly will be looked after by doctors, nurses, nutritionists and physiotherapists. Those having psychological problems will be facilitated by the psychologists in individual or group therapy sessions.

All the above mention activities in Elderly Community Health Center aims to overcome problems raised due to changes in life style related to insufficient care, physical health problems, disengagement from activities, lack of social support and isolation. Hence Elderly Community Health Center can work as a support home to overcome problems of people in old ages.

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