Loneliness, Self Esteem and Depression among Elderly People of Kashmir

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ABSTRACT

India is gradually turning into graying nation. With increased life expectancy there is more number of citizens above 60-65 age range now. However the changes that come in later life – retirement, death of spouse, increased isolation - can lead to different psychological problems among which depression is quite common. At the same time, studies indicate that loneliness, self esteem are potent factors involved in such psychological problems. The present study was undertaken to find the relation of such factors on depression in elderly Kashmiris as well as their presence in different sections. The sample consisted of 100 old age retired persons taken from different districts of Kashmir. Geriatric Depression Scale, Rosenberg's Self –Esteem Scale, and UCLA loneliness Scale were applied on the participants to collect the data. Spss 20 was used to analyse the data and results revealed significant positive as well as negative correlation among different variables. However no significant differences were found across gender and domicile of participants on any of the measure. Hence it is clear that there is relation of depression with loneliness and self-esteem, however the nature and the direction of effect is not fully established.

Keywords: *Self-esteem, loneliness, Depression, Elderly, Kashmir.*

Ageing is a continuous process beginning at the time of conception and ending with death. It is the process of becoming older, a process that is genetically determined and environmentally modified. However the period of old age is a time of challenge exemplified by changes in roles such as becoming a grandparent, retirement and other significant life events such bereavement, and potential reductions in social network and support (Dahlberg, Andersson, McKee, & Lennartsson, 2015). It can also mean ill-health, reduced mobility of self which may compromise opportunities to develop new friendships or maintain existing relationships (Van Baarsen, Snijders, Smit, & Van Duijn, 2001). One common psychological effect of it is loneliness which

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may be defined as the 'discrepancy between one's desired and achieved levels of social interaction' (Peplau & Perlman, 1982). The person simultaneously lacks connection with other people and may result in a feeling of loneliness. Loneliness may occur in people of all ages, but it is believed to be a common and more serious problem for older people (Heylen, 2010). Loneliness is a condition with feelings of distress, depression and detachment due to a gaping emptiness in a person's social and/or emotional life (Lilleen, 1998). It is associated with cognitive decline, depression, stress and anxiety (Fratiglioni et al. 2000, Tilvis et al. 2000, Sevil et al. 2006). Self-esteem is commonly seen to be low in such people. Self esteem is how we view ourselves positively or negatively, and our overall attitude towards oneself. The individual with low self-esteem, would not accept himself and assume that he is useless and needy. Rosenberg has suggested that low self esteem can lead to depression as a result of failure to obtain positive self- acceptance (Khaidzir & Ong, 2007). Hence loneliness, self esteem and depression are intervened together. In present study, an attempt was made to look into these variables and their relation to one another in kashmiri elderly population with the objectives of comparing loneliness, self esteem and depression across gender and domicile as well as their intercorrelation. Loneliness and self esteem will be studied elderly people with and without depression.

METHOD

Sample: The present study consists of a sample of 100 old age retired persons taken from the parts of District Baramulla, Pulwama, Budgam, and Srinagar. Sample included both rural and urban participants who gave their consent within the age range of 50-70 years. All the participants had their partners alive at the time of sampling.

Tools used:

1. Geriatric Depression Scale (GDS): The questionnaire is fifteen item self report assessment used to identify depression in the elderly people. The scale was first developed in 1983 by Yesavage, Brink, Rose et al. The GDS is 30 item scale and questions are answered in "yes" or "no" format.
2. University of California LOS Angeles loneliness Scale: This questionnaire is a 20 item scale developed by Russel, Peplau and Ferguson in 1978 and consists of twenty statements described on four point scale that ranged from "never" to "often". The measure has high internal consistency (coefficient alpha = .96) and a test-retest correlation over a two-month period of .73.
3. Rosenberg's Self-Esteem Scale: It is developed by Dr. Morris Rosenberg in 1965. The questionnaire is a ten item likert type scale with item answered on four response categories from "strongly disagree to strongly agree". This scale was originally validated on a large sample of high school students. Test – retest correlation are typically in the range of 0.82 to 0.88 and Cronbach's alpha for various samples are in the range of 0.77 to 0.88.

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Procedure: The subjects were contacted personally in their homes and working places. They were given proper directions. The subjects were assured that their responses would be kept confidential and would be used for research purpose only. The questionnaires were distributed and necessary help was provided by the researchers where ever they needed. For achieving the objectives, the data collected was analysed by using various statistical techniques like central tendency measures (mean & standard deviation), t-test and parsons correlation.

RESULTS AND DISCUSSION

Table 1: Socio demographic data of the sample.

Demographic Data	Groups	Frequency	Percentage
Gender	Male	57	57
	Female	43	43
Domicile	Rural	48	48
	Urban	52	52
Age	50-60 yrs	69	69
	60-70 yrs	31	31
Economic status	Upto 10000	22	22
	10000-20000	58	58
	20000-30000	20	20

Table 2: Comparison of loneliness, self esteem and depression across Gender.

	Gender	N	Mean	t-value	p-value
Loneliness	Male	57	35.53	.43	.67
	Female	43	33.44		
Self-esteem	Male	57	14.14	.06	.95
	Female	43	14.21		
Depression	Male	57	6.53	.28	.81
	Female	43	6.30		

Table 3: Comparison of loneliness, self esteem and depression across Domicile.

	Domicile	N	Mean	t-value	p-value
Loneliness	Rural	48	31.85	1.12	.265
	Urban	52	37.19		
Self-Esteem	Rural	48	15.25	1.89	.062
	Urban	52	13.17		
Depression	Rural	48	5.79	1.38	.171
	Urban	52	7.02		

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Fig 1: The prevalence of depressed and non depressed elderly people.

Table 4: Comparison of loneliness and self esteem across depressed and non depressed elderly people.

Variable	Groups	N	Mean	t- value	p-value
Loneliness	Non depressed	65	21.72	10.95	.0001
	Depressed	35	58.60		
Self-esteem	Non depressed	65	16.60	7.38	.0001
	Depressed	35	9.66		

Table 5: Inter-Correlation of different variable of the study.

	Depression	Loneliness	Self-esteem	Income
Depression	1			
Loneliness	.875**	1		
Self-esteem	-.753**	-.859**	1	
Income	-.660**	-.729**	.691**	1

In the present study, total of 100 elderly people were taken out of which 57 were male and 47 were female with slightly higher proportion of males. Domicile wise, sample was almost equally divided into rural and urban. However majority of the sample were falling in the age range of 50-60years (69%). Likewise on income basis, majority of the sample was from middle income range group of 10-20 thousand monthly (table 1). Comparison was made to find differences across gender and domicile on different variables like loneliness, self esteem and depression and it was found that the mean differences were not significant at .05 level of significance (Table 2 & 3). A study done in Ethiopia also revealed no significant sex difference on self-esteem, depression and

loneliness (Yizengaw & Ebiresilus, 2014). Similar results were reported by Halit (2014) who found no significant difference between levels of depression and gender of the elderly. Toha (2006) reported that depression is an emotional disorder that can happen to any person regardless of his or her gender, age, and socio-economic level. These findings reveal that the self-esteem of the elderly people is not affected by gender and they may have different views on self-esteem. Loneliness is two to three times more prevalent in elderly people with depression than in non-depressed elders (Adams, et al, 2004; Stek, et al, 2005).

Further patients were categorised on the basis of presence or absence of depression in the sample. It was found that 35% were found to have depression on the geriatric depression scale (fig 1).

Later the two groups of depressed and non-depressed elderly people were compared using t-test on the measures of loneliness and self-esteem and it was found that there was significant difference on the measure of loneliness as well as on the measure of self-esteem at .0001 level of significance (table 4). Lim & Kua (2011) also reported that loneliness was a more robust predictor of depression score in their study. Lonely people suffer from more depressive symptoms and reported to be less happy, less satisfied and more pessimistic (Singh & Kiran, 2013). Similarly self-esteem is related to low levels of depression, better health and overall greater success in life (Thomopoulou et al., 2010).

Different variables of the study were later correlated to find their correlation and it was found that some variables were significantly correlated together. Depression was positively and significantly correlated to loneliness but negatively correlated to self-esteem and income. Similarly loneliness was found to have statistically significant negative correlation with self-esteem and income but self-esteem has positive correlation with income (table 5). Aylaz et al. (2012) also examined relationship between depression and loneliness in a sample of 913 elderly people and found significant correlation between loneliness and depression in elderly people. Wu & Zhang (2011) also reported elderly well-being to have connections with loneliness. Similar other studies reported statistically significant direct relationship of self-esteem with income level (Yizengaw, & Ebiresilus, 2014). Hence significant relationship of loneliness and self-esteem with depression has already been reported in many studies (Toha, 2006; Nor Yaacob et al., 2009; Halit, 2014). The exact nature of the association between depression and loneliness is not yet fully understood, (Cacioppo et al., 2006; Cacioppo et al., 2010) Although some studies report perceived (severe) loneliness as a gateway to depression (Barg et al., 2006). Several cross-sectional studies of elderly people have shown that loneliness as one of the most important determinants of depressive symptoms (Alpass and Neville, 2003; Adams et al., 2004; Cacioppo et al., 2006).

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Conflict of Interests

The author declared no conflict of interests.

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