Vol. 2, Issue 5 May 2024 ISSN: 2584-0142

CORRELATIONAL STUDY ON SOCIAL ISOLATION AND DEPRESSION AMONG OLDER ADULTS

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ABSTRACT

The following study aimed at investigating the correlation between social isolation and depression among older adults. Social isolation is one of the major concerns of when an individual is transitioning from adulthood to old age. Social isolation is linked with several negative health problems one of which is depression. The study hypothesised that individuals who score high on social isolation will also score high on depression. The two variables of the study are assessed using The Lubben Social Network Scale (Social isolation) and Geriatric Depression Scale (Depression). The data was collected from 100 participants aged 60 years and above. The correlational analysis was used to explore the relationship between the two

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variables. The study found out a moderate positive relationship between social isolation and depression among older adults.

KEYWORDS: *Social Isolation, Depression, Older Adults, Lubben Network Scale, Geriatric Depression Scale,Correlation*

INTRODUCTION

Social isolation refers to the state when your social network is limited and unfulfilling. In other words social isolation means an individual feels a sense of detachment, where one lacks social connection and bond with others (Swaim, 2022). Events like moving to a new city, losing one's friend circle because of work or marriage, having a smaller circle due to recovering from childbirth, can cause feeling of isolation.

Some other causes of social isolation can be*:*

Mental Health Issues: Mental health conditions like anxiety and depression can cause a person to socially isolate them. Because, people suffering from mental health issues have a tough time interacting with people, it takes a lot more effort for them to socialize than someone who doesn't have anxiety, depression or other mental health issues. Not only depression and anxiety causes social isolation but social isolation can aggravate depression and anxiety.

***Living and/or Working in a Remote Area*:** People who move to other country or city for work might find it hard to fit in and develop a social circle because of the different ethnicities, language and culture. They might also isolate them because of missing their families, friends and not feeling a sense of belongingness because of sudden change in environment.

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Loss of Loved Ones: While grief is a universal experience, it can feel like no one understands how you feel or what you're going through. It can be a very lonely time.It's normal for grieving individuals to withdraw from others following the loss of a partner, friend, or family member. This can be particularly common among seniors who have lost many contacts in their age group.

COVID -19 and other Health Concerns: We all experienced some form of social isolation due to physical distancing measures during the peak of COVID-19. Some people may still be concerned about their physical health and safety and continue to isolate themselves to avoid COVID and other illnesses.Again, seniors may be more prone to COVID-related anxiety and choosing to stay home and avoid the public more than usual.

Structuration Theory

Sociologist Anthony Giddens (1991) proposed a new way of thinking about the age-old debate in sociology; how much power do individuals have (agency) versus social forces (structure) in shaping our lives? Giddens argues that neither concept is more important, and both need to be considered together. On the one hand, individuals are not simply pawns controlled by society. We have the ability to make choices and influence the world around us (agency). Giddens emphasizes this by pointing out that we can always choose to act differently, even if it's difficult. In short, Giddens' structuration theory suggests that social structures and individual agency are constantly interacting. We are both shaped by society and capable of shaping it in return.

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Psychodynamic Theory

Early Ideas about Depression

In the past, a popular theory in psychology (psychodynamic theory) viewed depression as stemming from emotional conflicts rooted in childhood. These conflicts could involve:

Freud's View

One influential theory came from Freud. He believed some depression stemmed from biological factors, but also suggested it could be triggered by loss or rejection from a parent. Similar to grief, depression is a reaction to losing someone important. However, unlike grief, depressed people feel worthless. Freud explained this by suggesting people unconsciously take on the blame for the loss, turning their anger inward and damaging their self-esteem, making them vulnerable to future depression (Mcleod, 2023).

For instance, someone with depression might see themself as incapable, unlovable, and a failure. They might also interpret events in a very negative way, believing they can't overcome challenges. Finally, they might see the future as hopeless because of their perceived flaws. These negative thoughts reinforce each other, making it harder to think clearly and solve problems. The person can become fixated on these negative ideas. The theory also suggests that people prone to depression develop a kind of "mental blueprint" about themselves – a set of negative beliefs and expectations. These negative schemas might be formed in childhood due to difficult experiences.

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Humanistic Approach

Thinkers like Maslow (1962) have argued that humans have a fundamental need for fulfilment – to reach their full potential and live a life with purpose. This drive for meaning can be a powerful motivator, but it can also be a source of frustration.

Learned Helplessness

Learned helplessness occurs when a person who has experienced repeated challenges comes to believe they have no control over their situation. They then give up trying to make changes and accept their fate. In animals, learned helplessness occurs when an animal is repeatedly subjected to an aversive stimulus that it cannot escape. Eventually, the animal will stop trying to avoid the stimulus and behave as if it is utterly helpless to change the situation. Even when opportunities to escape are presented, this learned helplessness will prevent any action.

REVIEW OF LITERATURE

Zhang et al. (2023) aimed to investigate the longitudinal associations between loneliness, social isolation, depression, and anxiety in older adults. A longitudinal cohort study following 634 older adults in Shanghai for 6 months, measuring loneliness, social isolation, depression, and anxiety through standardized scales was followed. According to the results loneliness predicts increased depression symptoms over time. Persistent loneliness and social isolation are both strongly linked to depression. Interventions are needed to address these issues and break the cycle between social isolation, loneliness, and depression.

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Li et al. (2022) aimed to examine internet use as a factor affecting depression, cognitive function, and how it moderates the relationship between social isolation and these health issues. They analysed data from the China Longitudinal Aging Social Survey (2016) with over 8,800 participants. The study found that internet use is linked to lower depression and better cognitive function in older adults. Social isolation increases depression risk, but internet use weakens this effect.

Nutchar Wiwatkunupakarn et al. (2022) Investigated if social networking sites (SNS) help reduce depression and loneliness in older adults.He reviewed 15 studies on SNS use and depression/loneliness in adults over 60.Limited evidence, especially from experimental studies, suggests a connection between SNS use and lower depression/loneliness. More research is needed.

Luo et al. (2021) aimed to investigate the association between social isolation and depression in middle-aged and older Chinese adults. Longitudinal study using data from the China Health and Retirement Longitudinal Study (CHARLS) with over 6,800 participants was used.The results revealed social isolation significantly increases the risk of depression onset. Education level moderates this association; for highly educated individuals, social isolation has a stronger impact on depression risk.

Quach and Burr (2021) aimed to investigate the association of social isolation with falls risk in older adults and whether depression mediates this connection. They analysed longitudinal data from the U.S. Health and Retirement Study (2006-2012) with over 22,000 participants aged 65 and older. As a result both social disconnectedness and perceived social isolation increase the risk of falls. Depression partially mediates the association between perceived social isolation and

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falls risk. Social isolation should be considered when designing fall prevention programs for older adults.

Elsayed (2019) aimed to investigate the relationship between social support, loneliness, and depression in older adults.The study surveyed 150 older adults in Egypt. Measured social support, loneliness, and depression.As a result more social support is linked to less loneliness and depression. Loneliness is linked to more depression.

Cho (2019) explored if the feeling of loneliness (subjective) or the size of social network (objective) is more linked to health problems in older adults. over 2500 community-dwelling adults aged 60 and over were surveyed. Measured social network size, loneliness, sleep, depression, and fatigue.Study finds that feeling lonely has a stronger association with sleep disturbance, depression, and fatigue than just having a small social network. Interventions to reduce loneliness may be more helpful.

Herbolsheimer (2018) conducted a study to understand why social isolation leads to depression in older adults.He followed 334 older adults over 3 years. Measured social connections, physical activity, and depressive symptoms.Results suggest that Social isolation is linked to lower levels of out-of-home physical activity, which in turn predicts more depressive symptoms.

Taylor et al. (2018) aimed to examine the impact of social isolation on depression and psychological distress in older adults.He analysed data from a national survey of over 1400 adults aged 55 and over.The study concluded that feeling socially isolated from friends and family is linked to more depressive symptoms and distress, but simply having a small social network isn't necessarily.

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Lixia Ge (2017) aimed to assess the relationship between social isolation indicators, loneliness, and depression in adults.The data was analysed from a survey of 1919 adults aged 21 and over. Measured social connections, loneliness, and depression.Findings suggest both social isolation and loneliness are associated with depression, but loneliness has a stronger effect.

Boulos et al. (2017) aimed to investigate the relationship between social isolation and malnutrition in older adults.1200 older adults living in rural areas were studied. Measured social network size, loneliness, and nutritional status.In conclusion both social isolation and loneliness are independent risk factors for malnutrition in older people.

Nikmat et al. (2015) aimed to determine the prevalence of depression and loneliness in older adults with cognitive impairment in nursing homes.She Surveyed residents in four nursing homes in Malaysia. Measured depression, loneliness, and cognitive function.The study concluded high prevalence of depression and loneliness was found. Loneliness is strongly linked to depression in this population.

Coyle (2012) examined the relationship of social isolation and loneliness with health outcomes in older adults. She analysed data from a health survey of over 11,800 adults aged 55 and over. Measured social isolation, loneliness, and self-reported health.The study concluded that loneliness, but not necessarily a small social network, is linked to poorer self-rated health and mental health.

Nicholson (2012) aimed to highlight the prevalence and negative health effects of social isolation in older adults and the need for increased assessment by public health professionals. The method used was literature review across various databases (1995-2010) using terms like "social isolation" and “older adults.” The studies revealed that social isolation is a widespread issue with

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severe health consequences for older adults. Public health professionals should assess social isolation and refer at-risk individuals to community resources to prevent further isolation and its negative health effects.

METHODOLOGY

AIM

The aim of the study is to find the correlation between social isolation and depression in older adults.

RESEARCH OBJECTIVE

The objective of the study is to identify if their is any correlation between social isolation and depression.

HYPOTHESIS

Social isolation and depression will have a positive correlation between each other.

VARIABLES

- Social isolation
- Depression
- Age (60 years and above)

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SAMPLING DESIGN

A convenient non probability sampling was employed to collect a sample (N=100) within the age range of 60 and above comprising of 50 male participants and 50 female participants. The sample was collected from delhi, the online responses were collected on google forms using the Lubben social network scale and the geriatric depression scale.

INCLUSION AND EXCLUSION CRITERIA

The study excluded anyone who was under the age of 60 and it included older adults (60years and above) living in urban area.

RESEARCH DESIGN

Correlational design was used to collect data from older adults. The research follows correlational study to study the relationship between the variables.Quantitative research method was employed for the study to analyse the data method as well as survey method was used to collect responses from the participants using Lubben social network scale (LSNS-6) and Geriatric depression scale (GDS)

TOOLS

- ***Lubben Social Network Scale (LSNS-6*)**

The Lubben Social Network Scale -6 (LSNS-6) is a questionnaire used to assess social isolation in older adults. It measures social isolation by individual's perceived social support from their families and friends. The Lubben social scale consists of 6 questions which is divide into two sections - family and friends and the total score ranges from 0 to 30.

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- ***Geriatric Depression Scale (GDS-15)***

The Geriatric Depression scale short form (GDS-15) is a tool which is specifically designed to measure depression in older adults. The tool consists of 15 yes/ no questions which focus on the adult's mood in the past week.

RESULT

Table 1

Correlation

Variable	Pearson Correlation Coefficient (r)	**p-value**
Social Isolation Vs Depression	0.62	**0.025**

Results revealed a moderate positive correlation (r = 0.62) between social isolation and depression, with a statistically significant p-value of 0.025. This indicates that individuals with higher social isolation scores also tend to report higher levels of depression. However, it is important to remember that correlation does not equal causation. While this finding suggests a link between the two variables, further research is needed to determine the direction of this relationship or if there might be other factors influencing both social isolation and depression. The results suggest that the two variables show moderate positive correlation. The relationship between the two variables social isolation and depression is statistically significant ($p < 0.05$).

DISCUSSION

The following study aimed to investigate if their exists correlation between social isolation and depression among older adults and the objective was to identify if their is any causal relationship

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between social isolation and depression, does social isolation cause depression or depression causes social isolation or their is a bidirectional relationship between the two. A correlation design of study was followed, this type of study aims at finding relationship between two or more variables. The present study found a moderate positive correlation ($r = 0.62$) between social isolation and depression, with a statistically significant p-value (0.025). This result aligns with previous research highlighting the link between social support and mental health (Casal et al., 2007; Wong et al., 2013).

Individuals experiencing social isolation may lack the social connections that provide emotional support, validation, and a sense of belonging. This lack of social interaction can contribute to feelings of loneliness, which have been demonstrated to be a risk factor for depression (Baroni et al., 2018). Social isolation may also lead to increased stress and rumination on negative thoughts, further exacerbating depressive symptoms (Baum et al., 2014). However, it is important to acknowledge the limitations of a correlational design. While our findings suggest an association between social isolation and depression, they cannot determine causality. It is possible that depression itself can lead to social withdrawal, creating a cycle that reinforces both conditions (Singh et al., 2009). Additionally, other factors such as personality traits, life events, and access to social resources might play a role in this relationship.

Future research should explore these complexities using longitudinal designs to understand the direction of causality between social isolation and depression. Additionally, investigating potential mediating factors such as loneliness and social support networks could provide deeper insights into the mechanisms underlying this association.

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Overall, this study adds to the growing body of evidence highlighting the importance of social connection for mental well-being. Interventions aimed at reducing social isolation and promoting social engagement may hold promise for preventing and alleviating depression.

CONCLUSION

The present study identified a moderate positive correlation ($r = 0.62$) between social isolation and depression, with a statistically significant p-value (0.025). This finding aligns with existing research highlighting the potential link between social connection and mental well-being. However, the correlational design limits our ability to establish causation. We cannot determine if social isolation leads to depression, vice versa, or if another factor influences both. Additionally, limitations such as sample specificity, self-reported measures, and potential for a single time point design restrict the generalizability of these findings. Future research should employ longitudinal designs to explore the causal direction between social isolation and depression. Examining potential mediating factors like loneliness and social support networks could provide deeper insights into this relationship.

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