

The Stage of Old Age and Its Relationship to the Emergence of Certain Factors of Psychological Depression Among a Sample of Elderly Individuals

مرحلة الشيخوخة وعلاقتها بظهور بعض عوامل الاكتئاب النفسي لدى عينة من كبار السن

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Abstract:

The present study aimed to identify the stage of aging and its relationship with the emergence of certain factors of psychological depression among a sample of elderly individuals. The descriptive correlational method was used, and the psychological depression scale for the elderly—developed by the researcher—was applied. Data were analyzed using the Statistical Package for the Social Sciences (SPSS).

The study yielded the following results:

A high level of depressive symptoms was observed among the elderly.

Significant differences in the degree of psychological depression were found according to the following variables:

Gender, in favor of males.

Social status, in favor of widowed individuals.

Keywords: Psychological depression; Aging ; Senescence.

ملخص

هدفت الدراسة الحالية الى معرفة مرحلة الشيخوخة وعلاقتها بظهور بعض عوامل الاكتئاب النفسي لدى عينة من المسنين، وتم استخدام المنهج الوصفي الارتباطي كما تم استخدام مقياس الاكتئاب النفسي للمسنين من اعداد الباحثة، كما طبقت الباحثة الحزمة الإحصائية SPSS، وتم التوصل الى النتائج التالية:

- وجود مستوى مرتفع من الشعور بأعراض الاكتئاب النفسي

• وجود فروق في درجة الاكتئاب النفسي تعزى للمتغيرات التالية: الجنس لصالح الذكور / الحالة الاجتماعية لصالح الارمل.

الكلمات المفتاحية: الاكتئاب النفسي؛ الشيخوخة.

Introduction :

The stage of old age is considered one of the most critical periods of human life, as it represents the final stage of existence, during which the individual undergoes various disturbances on both the physiological and psychological levels. This stage is often characterized by decline, helplessness, sadness, and a profound sense of emptiness, especially after leading an active and productive life. In many cases, elderly individuals experience a form of grief and depression, particularly when they face life changes that accompany aging, such as the loss of a spouse, retirement, or separation from family and society

Although every human being may experience sadness and sorrow in certain life situations, these emotions typically, remain temporary and situation-specific—for instance, after losing a loved one, separation, or divorce. However, when such feelings persist and intensify beyond the normal limits, they may evolve into clinical depression, which is more profound and enduring.

Elderly individuals are especially vulnerable to this type of chronic sadness and psychological withdrawal, which can lead to a significant decrease in motivation and life satisfaction. Numerous studies and research have shown that depression is among the most common mental health disorders among the elderly, often resulting from accumulated life stresses and the inability to adapt to advanced age.

Statistical evidence indicates that approximately 19% of elderly individuals experience anxiety and lack of vitality, while around 8% suffer from clinical depression (**Blazer, 1990: 281**).

One of the main causes leading to depression among the elderly lies in the physiological changes that occur during this stage of life, which generally follow a negative and regressive trajectory in the functional processes of the body's various systems. The prolonged use of certain medications and medical treatments—though beneficial in some cases—may also have adverse side effects that contribute to the onset of depressive symptoms.

Research has confirmed that some elderly individuals experience depression as a result of using multiple medications, particularly those related to

blood pressure, heart disease, or painkillers, in addition to other contributing factors such as physical weakness and limited mobility. These difficulties may lead to dependency on others, which in turn produces feelings of helplessness, sadness, and dissatisfaction.

Furthermore, several studies have indicated that there are notable differences in depressive tendencies between males and females, with findings suggesting that women are more susceptible to depression than men. According to Culbertson (1997), women tend to exhibit higher levels of depressive symptoms compared to men, especially during the past three decades, where statistical evidence has shown that the prevalence of depression among women exceeds that among men in all its forms (Culbertson, 1997:25).

Similarly, Rufaie and Absood (1994) found that the proportion of female patients surpasses that of male patients across all types of depressive disorders (Rufaie & Absood, 1994:245).

Field research has demonstrated that severe depression among the elderly, particularly those who are neglected and do not receive proper care or follow-up from professionals, can often lead to suicidal behavior. This phenomenon is found to be more prevalent among men than women. Statistics indicate that among males aged 80 to 84 years, approximately 479 out of every 100,000 commit suicide, compared to 59 out of every 100,000 women in the same age group (Al-Afifi, 1990:96).

The proportion of elderly individuals continues to increase annually as a result of advances in technology and healthcare, leading to improved medical services compared to previous decades. However, this growing number, coupled with the rising prevalence of psychological problems, especially modern ones, has a negative impact on the lives of older adults. Global statistics from 2006 indicate that there are currently 688 million people aged 60 years and above, and this number is steadily increasing. It is expected to reach two billion by the year 2050, at which point the elderly population will outnumber children aged between one and four years, representing approximately 25% of the world's total population in the coming decades (United Nations, 1982:34).

Elderly depression, therefore, represents a medical, psychological, and social problem in itself. Medically, depression often forms part of a complex pathological system, which complicates diagnosis and treatment. Socially, the

issue lies in the continuous increase in the number of elderly individuals in contemporary societies.

The increasing preoccupation of adult children with various life responsibilities often leads them to perceive the elderly as an additional burden. This, in turn, causes older individuals to feel isolated and unneeded, which negatively affects their self-perception and, consequently, their self-esteem.

From a psychological perspective, the elderly experience and live through various forms of loss — whether it be the loss of a spouse, friends (especially those from youth and adulthood), employment, the ability to earn a living, or even a sense of purpose in life. This sense of loss intensifies as they become increasingly aware of their approaching inevitable end. Consequently, they are prone to fall easily into the trap of depression.

The elderly person, once full of life and deeply attached to it, begins to turn away, feeling that the time of departure has arrived — that vitality has faded and strength has betrayed him. Thus, he faces an uncertain future, one he cannot comprehend or predict. As Imam Ali (peace be upon him) eloquently said:

“How many noble bodies and graceful figures has the earth devoured! They once enjoyed a life of ease and honor, sought joy in moments of grief, and turned to distraction when calamity struck, deceived by the freshness of their life and the indulgence of their pleasures.”

Depression among the elderly often manifests in conjunction with physical symptoms, such as malnutrition, digestive disorders, and senile dementia. They frequently complain of pain in various parts of the body and lose appetite for food and drink, resulting in weakness and constipation. These symptoms are often accompanied by a vacant and withdrawn demeanor.

Moreover, psychotic symptoms may accompany depression in older adults, expressed through delusional beliefs about those around them — such as thinking their relatives are withholding food and drink, or even attempting to poison them to seize their possessions. In severe cases, the elderly may develop suicidal thoughts, and sometimes act upon them. Such behavior, of course, stems not from rational thinking but from pathological causes related to chemical imbalances in the brain, which may indeed drive them toward such tragic actions.

The importance of the present study lies in the significant threat that depression, in all its forms, poses to society. According to Wulsin (1996), the

danger of clinical depression is no less serious than that of common and severe physical illnesses such as cardiovascular disease. His findings are supported by a survey study conducted on a sample of 11,242 individuals diagnosed with depression, which concluded that the risks associated with depressive disorders — whether clinical or neurotic — are comparable to, or even greater than, those of well-known physical illnesses, including heart disease, rheumatism, diabetes, and gastrointestinal disorders.

Data from several studies indicate that between 50% and 60% of elderly individuals suffer from senile depression. This fact underscores the need for further research aimed at understanding the psychological nature of aging, identifying its manifestations and dimensions, and examining the associated psychological disorders. Such efforts are essential to determine the most appropriate approaches for dealing with this important segment of society—individuals who have contributed greatly and devoted the prime of their lives to the service, progress, and development of their communities.

Through these efforts, it becomes possible to establish effective models for care and rehabilitation, and to identify the latent capacities for productivity and creativity among the elderly in order to enhance their quality of life. Indeed, in their remaining years, there still lies potential for great intellectual and cultural contributions that may, under the right circumstances, equal the achievements of an entire lifetime.

The importance of this study can be summarized in two main dimensions:

1. The Cultural Dimension:

This study seeks to shed light on the true nature of depression among the elderly and the factors leading to it. It aims to present a theoretical understanding of the relationship between aging and depression. To the researcher’s knowledge, this is the first study of its kind to address the phenomenon of depression in the elderly within this specific context. Accordingly, it contributes to enriching the theoretical and research-based literature on this topic, especially through the development of a specialized scale for measuring depression, which may be used in future studies dealing with elderly issues. Such a tool will also facilitate the early detection of depressive symptoms before they progress into severe clinical conditions that are difficult to manage and that may, in many cases, lead to suicide.

2. The Applied Dimension:

It is expected that the present study will make significant contributions to the fields of education and psychology by highlighting the causes, characteristics, and domains of depression among the elderly. The findings may help in developing therapeutic and counseling programs and strategies aimed at reducing the severity of depression within this demographic group, thereby improving their overall quality of life and helping them maintain the highest possible level of psychological well-being.

Research Objectives:

This study aims to achieve the following objectives:

To identify the level of psychological depression among the elderly.

To determine whether there are statistically significant differences in the level of depression among the elderly according to the following variables:

1. Gender (male – female).
2. Marital status (married – widowed).

Scope of the Study:

The present study is limited to a sample of elderly men and women from the Wilaya of M'sila, as well as to the specific variables employed in the research.

The general procedures followed in the study can be summarized as the steps undertaken by the researcher to achieve the stated objectives, as follows:

Methodology:

The researcher employed the descriptive–correlational method.

Research Instruments:

The researcher developed a Psychological Depression Scale for the Elderly, which consists of six dimensions representing the following factors:

1. Sadness and pessimism
2. Feelings of guilt and dissatisfaction
3. Suicidal tendencies
4. Disturbance and psychological energy
5. Hypochondria and feelings of fatigue

6. Feelings of blame and failure

The process of designing the scale went through several stages, beginning with the identification of its dimensions and items. These were developed by the researcher based on a comprehensive review of books and references that addressed depression in general and depression among the elderly in particular.

Among the key references consulted were Kupfer & Frank (1981), Wilner (1985), Appenzeller (1989), and Newman (1999).

In addition, the researcher examined several existing depression assessment tools, such as the MMPI Depression Scale, the Beck Depression Inventory (B.D.I.), and the Reynold & Mazza (1998) Scale.

Furthermore, an open-ended questionnaire was administered to a number of specialists in education and psychology, which included questions related to each of the six dimensions of the scale and the most significant symptoms of depression among the elderly.

Based on the findings from these procedures, the items were formulated in a manner characterized by clarity, simplicity, and precision, effectively expressing the concept of psychological depression.

The scale, with all its domains and items, was then reviewed by a panel of experts, and following their evaluation, a total of 52 items were approved, distributed across the six dimensions of the scale.

Subsequently, the items were arranged systematically to ensure that all dimensions were represented, and instructions for responding to the scale were prepared, along with a correction key for scoring.

Scoring the Scale:

To obtain the total score of psychological depression among the elderly, the researcher developed a correction key that could be placed directly over the answer sheet.

The numbers on the key correspond to those on the response sheet, allowing for accurate calculation of the overall depression score.

Each response indicating the presence of depression was assigned a score of one (1), whereas responses not indicating depression were assigned a score of zero (0).

Psychometric Properties of the Scale:

Scale Reliability:

The reliability coefficients of the six dimensions of the scale, as well as the general reliability coefficient of the overall depression scale, were calculated using the Cronbach’s Alpha method to determine the internal consistency.

Table (1) below illustrates these coefficients in detail:

No.	Dimension	No. of Items	Sample Size	Reliability Coefficient
1	Sadness and Pessimism	7	20	74%
2	Feeling of Guilt and Dissatisfaction	11	20	71%
3	Suicidal Tendencies	8	20	68%
4	Psychological Disorder and Energy	9	20	77%
5	Illness Delusion and Fatigue Sensation	9	20	81%
6	Feeling of Blame and Failure	8	20	78%
7	General Psychological Depression	52	20	85%

The results presented in the table above indicate that the reliability coefficients of the dimensions constituting the depression scale, as well as the overall depression scale itself, are acceptable and satisfactory to a large extent.

Scale Validity :

The researcher verified the validity of the scale through the Content Validity method.

This type of validity represents the correlation between each item of the scale and the total score of the scale.

To determine this relationship, the Pearson Product-Moment Correlation Coefficient was employed in order to calculate the correlation between each item and the overall score of the scale.

The findings revealed that all items showed statistically significant correlations, as demonstrated by comparing the calculated values with the tabulated critical value (*). This is presented in Table (2) below

Table (2): Indicates the correlation of the items with the total score of the scale at the 0.05 significance level.

Item No.	Correlation Coefficient	Sample Size	Significance	Item No.	Correlation Coefficient
1	0.497	50	0.0	27	0.37
2	0.448			28	0.418
3	0.395			29	0.559
4	0.45			30	0.511
5	0.388			31	0.429
6	0.388			32	0.449
7	0.474			33	0.378
8	0.489			34	0.511
9	0.366			35	0.505
10	0.409			36	0.446
11	0.507			37	0.533
12	0.451			38	0.493

13	0.379			39	0.373
14	0.52			40	0.437
15	0.402			41	0.521
16	0.454			42	0.447
17	0.36			43	0.396
18	0.444			44	0.517
19	0.512			45	0.384
20	0.501			46	0.522
21	0.433			47	0.444
22	0.288	0.002		48	0.399
23	0.366	0.0		49	0.527
24	0.485			50	0.414
25	0.394			51	0.387
26	0.413			52	0.508

Study Sample :

This study was conducted on a sample of elderly individuals from the Wilaya of M'sila, consisting of 50 participants, who were selected randomly.

The sample included 25 males and 25 females, all aged 60 years and above.

The researcher encountered considerable effort and difficulty in obtaining this number of participants, due to the challenge of finding elderly individuals who were both willing to cooperate and physically and mentally capable of responding accurately to the scale.

Participants were selected from various areas within and outside the city to ensure diversity in the sample.

Statistical Methods:

To verify the objectives of the study, the researcher employed several statistical techniques, including:

The Pearson Correlation Coefficient and the T-test to examine the significance of differences in psychological depression according to the variables of gender and marital status.

The data were processed using the Statistical Package for the Social Sciences (SPSS), chosen for its numerous advantages, such as saving time and effort, providing objective and standardized results, and significantly reducing or eliminating data entry errors.

Moreover, SPSS minimizes researcher bias or preconceived interpretations of the findings, thereby enhancing the objectivity and reliability of the results and increasing confidence in their generalizability to the broader population.

Results and Discussion:

The results obtained from the current study were analyzed and discussed in light of the research objectives, as presented below:

1- It was found that there is a level of feeling depressive symptoms among all members of the study sample:

This indicates the presence of depressive feelings among both males and females. Table (3) illustrates this:

Table (3): The means and standard deviations of the study sample scores by gender on the Psychological Depression Scale

Dimensions of the Scale	Males (N=25) Mean	Std. Deviation	Females (N=25) Mean	Std. Deviation
Sadness and Pessimism	3.48	0.613	2.32	0.486
Guilt and Dissatisfaction	3.55	0.519	1.96	0.735
Suicidal Tendencies	2.28	1.021	1.40	0.646
Psychological Disorders and Energy	3.28	0.614	1.64	0.810

Hypochondria and Fatigue	2.60	0.817	1.56	0.712
Blame and Failure Feelings	3.76	0.562	2.44	0.507
Psychological Depression Scale	3.16	0.691	1.87	0.649

The table above indicates that the mean scores of depressive symptoms were higher across all dimensions and domains of the scale among elderly males compared to elderly females. However, in general, it can be observed that all participants in the sample experience depressive symptoms to varying degrees. In fact, this may be considered an expected outcome, as depression tends to increase proportionally with advancing age due to various psychological, familial, social, and physical factors, among others.

1. There are statistically significant differences in psychological depression according to the gender variable (male, female), in favor of males.

This finding indicates that males experience a higher level of psychological depression compared to females. The calculated t-value was (2.94), which is greater than the tabulated value, as shown in Table (4).

Table (4): The T-TEST shows the significance of the differences between the means of elderly males and females.

Gender	Sample	Mean	Standard Deviation	T value	Degree of Freedom	Significance
Males	25	38.25	10.362			
Females	25	34.96	10.838	3.884	49	0.01

Commenting on this result, the researcher believes that the issue of gender differences in psychological depression has not yet been conclusively resolved, as previous studies have produced divergent and inconsistent findings in this regard. In general, the results of the current study revealed that males tend to experience higher levels of psychological depression compared to females. This may be attributed to the fact that, in contemporary society, women generally

enjoy more favorable social conditions than men. Women are increasingly accorded higher social status, a factor that may positively influence their self-esteem, thereby fostering a sense of psychological satisfaction and tranquility in coping with life. This represents a positive shift when compared with the hardships, oppression, and deprivation of rights that women historically endured under restrictive and discriminatory laws.

From another perspective, it appears that Arab women are more capable of forming and maintaining interpersonal relationships with members of their own gender, and they do so with greater ease than men. Such social connectedness may enhance their psychological and social adjustment. Conversely, men seem to have lost much of their traditional authority and influence within family life—a loss that often extends to their peer relationships as well. Since men have historically engaged more actively in social and public spheres than women, this decline in interaction may have deprived them of the rich and diverse social ties they once possessed. Consequently, many men appear to long for their former social connections, and this sense of loss may increase their susceptibility to depressive symptoms more than women.

1. Statistically significant differences were found in psychological depression according to the variable of marital status (married, widowed), in favor of the widowed group.

That is, widowed elderly individuals exhibited higher levels of depression compared to their married counterparts. The calculated t-value (3.22) exceeded the critical table value, as shown in Table (5).

Table (5): The T-TEST shows the significance of the differences between the averages of the elderly among married individuals and widowed individuals.

Social Status	Sample	Mean	Standard Deviation	T Value	Degree of Freedom	Significance
Widowed	20	32.16	9.335	3.222	39	0.01
Married	20	29.26	8.755			

The researcher attributes this result to the fact that elderly widowed individuals—those who have lost their spouses—are often overcome with feelings of grief, sorrow, and deep longing for their life partner. This partner had

long provided them with comfort, alleviated their burdens and life stresses, and helped dispel their sense of loneliness and isolation—conditions that may otherwise lead to psychological depression. Consequently, after such a loss, the individual perceives life as dark and devoid of hope, finding no compassionate presence to ease the ongoing pain and difficulties of life. This profound emotional state may lead to a loss of hope and a general decline in morale among the elderly.

In contrast, married elderly individuals who live with their spouses are often better able to cope, as mutual interaction between partners frequently helps release life's pressures. Moreover, they are less likely to experience severe loneliness or isolation. Studies confirm that social isolation among the elderly contributes to the emergence of various pathological symptoms, often serving as an early indicator of psychological depression, stemming from a deep sense of hopelessness and loss of interest in life.

Based on the findings of this study, the researcher recommends the following:

1. The necessity of early detection of depressive symptoms among the elderly.

Research emphasizes that neglecting early diagnosis of such symptoms in this age group can lead to dementia, cognitive decline, and even suicide.

2. Engaging the elderly, as much as possible, in social activities and benefiting from their experiences.

Such participation enhances self-esteem, reduces pessimism and isolation, and consequently mitigates depressive symptoms.

3. Providing continuous psychological and social support for the elderly.

This can be achieved by fostering a sense of confidence that this stage of life represents a period of maturity and fulfillment, and that one should accept it as such. Although physical strength may decline, the elderly retain significant intellectual and cognitive capacities that compensate for physiological weakness.

Social support can also be strengthened through recreational and leisure programs designed to alleviate feelings of sadness and to reduce depressive symptoms among the elderly.

4. Helping elderly individuals to accept themselves as they are, fostering a state of psychological and social adjustment, and ensuring that they do not experience conflict with the younger generations around them. This can be achieved by

encouraging them to accept the surrounding environment, even when it differs from their own values and traditions. Mental health largely depends on an individual's ability to accept oneself as they are, as well as to accept others as they are.

5. Understanding the feelings, needs, and problems of the elderly, along with the difficulties they face, is also essential. Their fears, worries, and uncertainties should be openly discussed, and they should be supported in managing the challenges of daily life across all domains.

Finally, the researcher suggests conducting further studies focusing on this stage of life, in order to enhance the quality of life among the elderly. Moreover, it is recommended to develop educational and counseling programs derived from empirical studies and scientific research in this field, with the goal of alleviating the intensity and impact of depressive and psychological symptoms experienced by elderly individuals worldwide.

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