

LONELINESS, COGNITIVE DISTORTIONS, RESELIENCE, FAMILY SUPPORT AND DEPRESSION AMONG OLDER PEOPLE

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Abstract

Conceptual papers typically focus on proposing new relationships among constructs; the purpose is thus to develop logical and complete arguments about these associations rather than testing them empirically. The current article is the conceptual paper; however, the aim of the present study is to examine the relationship between loneliness, cognitive distortions, resilience, family support and depression among older people. Purposive sampling technique will be used to collect data from 300 participants form Pakistan. Cognitive distortion scale, UCLA loneliness scale, family support scale, Connor Davidson resilience scale and beck depression inventory will be used as an assessment measure in the current study to check the level of loneliness, cognitive distortions, resilience, family support and depression. SPSS-27 software will be used for the statistical analysis in the present study. Pearson product moment correlation analysis, reliability analysis, independent sample t-test and hierarchal regression analysis will be used in the current study. The authors conclude that higher level of loneliness and cognitive distortions will lead to higher level of depression. Policy makers, social workers and organizations that wish to jointly address mental health and performance at work would benefit from reducing depression by enhancing resilience and importance of family support.

Keywords: Loneliness, Cognitive Distortions, Resilience, Family Support, Depression, Older People

INTRODUCTION

In Asia, the occurrence of the disorders of depression is from 12 to 34%, with 27.8%, 33.8%, 30.3%, 17.2%, 12.7%, and 27.8% in Sri Lanka, Indonesia, Japan, Vietnam, India, and Malaysia, respectively (Vanoh et al. 2016). A study which was conducted in Lahore, in this study 77% of the occurrence of moderate to severe depression was found (Kaleem et al. 2018). There is much importance of depression in elder people, the existence of depression is main health problem in Pakistan. but the problem of depression also found all around the world (Ali, et al. 2016). This is the reason nation is facing hurdles in the treatment and of depression. It is very hard to satisfy the fitness requirements of growing population. According to the above viewpoint, in Pakistan elderly above the age of 50 years was projected to upsurge from 6.1% in 2009 to 14.9% by 2050. It shows that there is insufficient health system of the country that increases the illness problem of elderly. It is important to understand many difficulties of elderly to shed light on the policy which will resolve their mental illnesses (Bukhari, 2019). Depression is described as a prominent, general cause of mental illnesses (Blumenthal, & Rozanski, 2023). Depression is a mutual worldwide psychological health problem of elderly.

Based on that theory, Beck (1964) proposed that the route to changing the affective symptoms was to change the erroneous thoughts, and he developed cognitive therapy to do just that (Beck et al.,

1979). Evidence supporting Beck's hypothesis that change in cognitive distortions precedes and causes change in the affective and other symptoms of depression is mixed. Some studies show that cognitive change precedes change in depressive symptoms during CBT, including the work by Tang and colleagues showing that cognitive changes preceded and predicted large symptom improvements from one session to another (DeRubeis et al., 1999; Tang et al., 2005), and the work by Schmidt et al. (2019) showing that patient-reported cognitive change during cognitive therapy for depression predicted subsequent symptom change. However, the prevalence of loneliness has increased significantly across different generations in recent decades (Hawkley et al., 2019; Suanet & Tilburg, 2019). Among the senior population in particular, studies from several countries indicate that between 19% and 30% of people aged 60 years report feeling loneliness (Fakoya et al., 2020; Landeiro et al., 2017; Mehrabi & Béland, 2020; Ong et al., 2015; Yang & Victor, 2011). Meta-analyses have recently found that loneliness increases the risk of dementia by 50%, the risk of stroke by 30%, and the risk of overall mortality by 26% (Cacioppo et al., 2011; Donovan & Blazer, 2020; Holt-Lunstad et al., 2015; Valtorta et al., 2016).

Further, loneliness has been very associated to various mental health conditions, such as depressive and anxiety symptomatology, and lower quality of life (Cacioppo et al., 2014; Landeiro et al., 2017; Malcolm et al., 2019). In addition, ageism is increasingly being recognized as a major threat to the well-being of seniors (Marques et al., 2020). World Health Organization data from more than 83,000 people in 57 countries indicate that 60% of general population respondents refers that seniors do not receive the respect they deserve (Marques et al., 2020; Officer et al., 2016). Further, current evidence showed that ageism increases the risk of mortality, slower recovery from illness, and mental health problems (Burnes et al., 2019; Levy, 2003). In fact, a recent systematic review evaluated the effects of ageism in 11 health dimensions from 45 countries, and with empirical evidence of 25 years, and found that in 95.5% of the studies ageism led to negative mental health outcomes (Chang et al., 2020). Particularly, ageism was significantly associated to lifetime depression, anxiety, suicidal ideation, and posttraumatic stress.

Resilience is the ability to find resources to act, manage, adapt, and recover in the face of and after adverse situations (Madsen et al., 2019). Current systematic reviews and meta-analyses present resilience as a modifiable factor with great protective potential for the general health of seniors, and particularly for their mental health (Ávila et al., 2016; Färber & Rosendahl, 2020). Resilience has been shown to be a protective factor against substance use (Van Gils et al., 2021), anxiety, depression, stress, post-traumatic stress symptoms, and other mental illnesses (Färber & Rosendahl, 2020); it also enhances general satisfaction with life and well-being (Färber & Rosendahl, 2020), happiness, hope, self-esteem, social support, longevity, and quality of life (Gallardo-Peralta et al., 2020; Lai et al., 2021; MacLeod et al., 2016). Further, resilience has shown positive results in the face of PD, which is one of the main indicators of mental health evaluated internationally (Kessler et al., 2002). PD is a state of suffering characterized by symptoms of anxiety, depression, and stress (Kessler et al., 2002; Santos et al., 2015). Family support with their good attitude and behavior can easily and effectively counsel and correct person's thinking errors and can save them from developing psychological disorders like stress, anxiety and depression (Azeem and Naz, 2015). There is great need to do such research in Pakistan. Because people in Pakistan have no awareness about this. In this case, the situation is getting worse day by day. Therefore, the aim of present study is to examine the relationship between cognitive distortions, loneliness, family support, resilience and depression among older people.

METHODOLOGY

Research Design

The Correlation study method will be utilized in the current research that was to explore the linked between cognitive distortions, loneliness, family support, resilience and depression among older people.

Sampling Strategy

The non-probability purposive sampling method will be used for the present investigation.

Sample

The study sample size will be defined through G-Power review. 300 older people from Pakistan will be recruited for present study.

Assessment Measures

Following assessment measures were used in the present study.

Cognitive Distortion Scale (CDS)

Cognitive distortion is measured by using the Cognitive Distortions Scale (CDS) developed by Covin, Dozois, Ogniewicz, & Seeds (2011). It measures levels of cognitive distortion among psychological disorder patients. It has 20-item. It is Likert type scale. This scale uses 7-point scale (1 = never, 7 = all the time). This scale was developed to measure ten cognitive distortions (labeling, personalization, all-or-nothing thinking, overgeneralization, mindreading, should statements, emotional reasoning, mental filter, catastrophizing, and minimizing the positive). Every cognitive distortion is evaluated or rated in two domains: one is interpersonal (IP) and second is personal achievement (PA). Cognitive Distortion Scale (CDS) in its original study, was appeared as a one-factor

(unitary) scale and with the good internal consistency (Cronbach's $\alpha = 0.85$).

Revised UCLA Loneliness Scale (R-UCLA LS)

Russell, Peplau, & Cutrona (1978) developed UCLA loneliness scale. After that it was revised and the revised version of UCLA is 20-item scale it measures feelings of loneliness as well as feelings of social isolation. Every item has 4 ranges from 1 (Never) to 4 (Often). It is a revised version of the original UCLA Loneliness Scale. The central aim to revise the scale was to make 10 of the 20 original items reverse scored. In order to make wording simpler this scale was revised again. High internal consistency (Cronbach's alpha 0.94) and discriminant validity was found in this scale. The total score ranges from 20 to 80. High scores show high level of loneliness.

Connor Davidson Resilience Scale (CDR-S)

CD-RISC was developed by Connor and Davidson (2003). It contains 25 items on 5-point Likert scale (Connor & Davidson, 2003). For all 25 items there was a 5-point range of responses: not true at all (0), rarely true (1), sometimes true (2), often true (3), and true nearly all of the time (4). The scale is relevant to the feelings over the last month. The total score of the scale ranges from 0–100, higher scores show high level of resilience.

The CD-RISC has high internal consistency, good reliability ($\alpha = .88$ and $.89$), test-retest reliability ($.87$), and convergent and divergent validity.

Beck Depression Inventory (BDI-II)

The Beck Depression Inventory was first introduced by Beck, Ward, Mendelson, Mock, and Erbaugh in 1961. The BDI is now in its third repetition (BDI-II) and it is one of the most commonly used scale to measure depression. We will use BDA-II, it is a 21-item inventory. Beck, Steer, and Brown published the BDI-II and its manual in 1996. It is inventory with a format of multiple-choice, which will measure existence and level of depression. Urdu Version of BDI-II was translated by Kamal and Mahmood (1998). Each answer is scored on a scale value of 0-3.

Score from 0–9 shows absence of depression, score from 10–18 shows mild -moderate depression, score from 19–29 shows moderate - severe depression and score from 30–63 shows severe depression. Here is some overall guidelines of scores are: Less than 10 = no or minimal depression,

10-18=mild-to-moderate depression, 19-29 = moderate-to-severe depression, 30+ = severe 74 depression. 50 to 10 minutes are required to administer this scale. The internal consistency was 0.9 and the retest reliability was from 0.73 to 0.96. This instrument, has high reliability, ability to distinguish between depressed and non-depressed subjects, and improved content, structural, concurrent validity.

Family Support Scale (FSS)

Family support is measured by using Family Support Scale (FSS) was developed by Uddin, & Bhuiyan, (2019). There are two parts of the scale. Part 1 consists of demographic data profile and have nine items. Second part was the family support scale for the elder people in which there are support for 20 areas. It is 4-point, Likert-style scale, and its scores are from 0 (no) to 3 (much). Total possible scores were between 0 and 60. High scores show high perceived support from family for the elder people. Family support scale is a reliable scale for elder people and it has an internal consistency reliability level of 0.94 (Cronbach's Alpha Coefficient). The scale has high validity, and the scale has good content validity.

Proposed Statistical Analysis

Data received from the respondents were examined by using three steps approach, namely (1) data screening, preliminary analysis and descriptive analysis; (2) identify the internal consistency, reliability, convergent validity, and discriminant validity of the measurement model, and (3) structural model assessment to examine the direct and indirect effect to answer relevant research objectives. Firstly, data were coded into SPSS 21 (Statistical Package for the Social Science 21) software. In this stage, the coded data were examined to figure out any potential violations of the initially collected data, which ensure data used represent the situation investigated for this study.

Therefore, missing data, outlier identification, normality test, response bias, and multicollinearity test were examined in this stage. After processing data in SPSS, this study loaded refined data into Smart-PLS 4 software to assess the measurement model and the structural model. In recent decades, Structural Equation Modeling (SEM) is considered as a quasi-standard in management research (Hair et al. 2011). SEM is "a class of multivariate techniques that combine aspects of factor analysis and regression, enabling the researcher to simultaneously examine relationships among measured variables and latent variables as well as between latent variables (Hair et al., 2014).

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