



Abstract: *The study aimed to examine the effect of solitary on depression and the well-being of older adults residing in old homes. The sample comprised of older adults residing in old homes (N = 100). Solitude Scale, Depression subscale of Depression, Anxiety, and Stress Scale and Short Warwick Edinburg Mental Well-Being Scale were applied on the older adults. Linear Regression analysis showed that solitary positively predicted depression in older adults residing in old homes, whereas solitary negatively predicted well-being in older adults residing in old homes. The findings of this study can be used to improve the mental health of older adults residing in old homes.*

Key Words: Solitary, Depression, Well-Being, Older Adults, Old Homes

Introduction

The primary purpose of the current study would be to examine the impact of solitary on mental health outcomes of late adults residing in old homes; the outcomes will be depression and well-being. The quality of relationships with family members influences our internal mental representations of how we view ourselves and others. Strong bonding between family members will be showing a high level of well-being as compared to those who are solitude. [Park and Roh \(2013\)](#) originated similar results that being in touch with religion and spirituality change your perspective towards life, and you live for the sake of living by not bothering worldly matters enough, and this results in a positive approach to life. Family support to any human reduces stress and lightens up the factors that cause anxiety and depression. The present study would be conducted on a sample of the old home and would be further categorized, male and females. Convince sampling technique will be used to approach the sample. The sample will be personally approached. The purpose of this present study is to check how much solitary affect the mental health of late adults who are residing in old homes. The present study also focuses on how gender differences, family system and marital status affect the mental health of late adults, especially those who are living in old homes. According to previous researches, society leaves an impact on well-being; now, this present study focuses

on how solitary leave impact late adults residing in old homes.

A person's relationship with society or his contacts within his surrounding leaves a huge impact on him and in shaping his well-being ([Berkman et al., 2000](#)). literature expresses that isolation or separation can result in harmful effects on the mental health of those subjected to it. Individuals facing ups and downs of their life alone and not having social support also engender depression leading towards meaninglessness of life. Here we can have an example of the transgender community as they don't get as much social support as a normal human being does, and consequently, most of them live along with depression. Furthermore, social support is considered a compulsory component in the development of subjective well-being as social interactions provide exposure to humans to grow and compete in a better way. Solitary is a way of experiencing and dealing with emotions is different from all other humans living their life normally. They do not feel in the way others do, neither do they react in a similar way. Emotionally they are imperturbable. On the other hand, [Soares et al. \(2010\)](#) indicate out that those living with large family members experience a better quality of life than those living in small households or alone.

In earlier researches, adults living alone were represented as most vulnerable with low well-being

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and less satisfaction from life. Furthermore, those living alone have a greater tendency to suffer through various means than to those living with partners from adult to old age [de Jong et al., 2012; Victor et al., 2002; Yeh & Lo, 2004]. Such types of individuals suffer a lot by all means, but women living alone tend to have more problems, especially in their last days. Poverty becomes one of the highlighted problems of individuals living alone, and they are regarded as living unsatisfactory life. [Wingvist, 2002]. Stressing the availability of support, Margolis and Verdery (2017) find that living alone in old age or getting older alone is more common in those who prefer to spend their adulthood alone and without anyone around. Whereas, to Soares and colleagues (2010), those living with a large group of family members or with partners get a better experience of life than those living separately or away from kith and kin. Over five decades ago, Rosenmayr and Kockeis (1963) came up with the term "intimacy at a distance" to describe older parents and adults who live geographically close to or together but not inside a similar house. As there are some persons who spend their life alone and don't prefer to get married; as a result, they don't have kids to take care in that specific age when older is supposed to depend upon their children. Such people rely on their neighbors or friends or with whom they lived geographically (Victor et al., 2000). A person's relationship with society or his contacts within his surrounding leaves a huge impact on him and in shaping his well-being [Berkman et al., 2000].

Behavioral changes are considered as a result of participation in society and an individual's interest in social events [Thompson & Heller, 1990]. Secondly, social networks provide an individual with a chance for companionship and social engagement [Windriver, 1993]. When a person shares his experiences with other human beings in society, he feels worthy and important. A person also feels motivated and act accordingly after becoming in contact with a meaningful community [Victor et al., 2005]. It is said that a man is a social animal, and he cannot stay unaffected by the norms and rituals of the specific society in which he is living. Society effect on the mental health of an individual's or well-being can be seen clearly, when he actively participates in his surroundings. Social control is a third mechanism in which other members of society leaves an impact on a person's health, his behavior and his way of thinking [Lewis & Rook, 1999; Rook et al., 1990; Umberson, 1992]. Being a part of society network, one can have access to other people's time, money and information regarding their lifestyle or backgrounds etc. Earlier researches have shown that networks and relationship with society appear in

shape of psychosocial outcomes among older adults like higher depression [Fiori et al., 2006; Litwin & Shiovitz-Ezra, 2010], and lower mental well-being [Litwin & Stoeckel, 2013].

Shalev (2008) declared that "there is explicit proof that solitary confinement has an unhealthy effect on an individual going through separation or imprisonment involving tough restrictions especially prisoners having mental illness before segregation can end up with acute psychological disorders. Although there are dissimilarities in individual patience, ecological and background factors yet there is significant consistency in findings of researches on the health effects of solitary confinement throughout the decades." A current and up-to-date study by O'Keefe et al. (2010) in Colorado ended with an attention-grabbing and unexpected result: that the destructive outcomes of separation in prison were not different from prisoners having a normal environment in prison.

Depression is depicted in several ways and of numerous types in literature. Diversity in its forms and symptoms also causes different types of results. Previous studies conducted on depression has shown that tendency of psychological problems, and their symptoms keep on changing or either remains unchanged with the time passing by. A result of a survey conducted in Finland indicates that all kinds of mental health issues, including anxiety, stress, depression and their symptoms are as common as they were twenty years ago. In 2000, a survey gave us an idea about how dangerous it can be a depression for adults and young individuals of the whole world. Whereas the prevalence of depression among the aged was around about 5%, and the occurrence of psychological stress among the elderly was 24% of the population [Talala et al., 2009].

Divorce is highlighted as the main cause of depression among partners as compare to spouses living together. Separation from one's partner often results in stress, anxiety and acute depression. Furthermore, retirement or quitting a job is next into reasons of causing depression among the aged population of society [Lino et al., 2013]. Consumption of alcohol because of stress also results in depression. Whereas an individual tries to escape from unwanted situations by numbing his senses by alcohol, but he ends up with suffering enhanced. Individuals facing ups and downs of their life alone and not having social support also engender depression leading towards meaninglessness of life. Here we can have an example of the transgender community as they don't get as much social support as a normal human being does, and consequently,

most of them live along with depression. Furthermore, social support is considered a compulsory component in the development of subjective well-being as social interactions provide exposure to humans to grow and compete in a better way.

Nogueira et al. (2014) established a view that a for the sure effect of divorce is named as depression in both of the partners, but those who find peace in connecting with religion or teaching of holy books manage to survive without depression or minute stress. This fact was established after research, and results were astonishing to everyone. A depressed person, who finds soothing in religious activities, accepts the harsh realities of life and its temporariness. Religious practice is also helpful to cure depression and stress people everywhere. Furthermore, [Park and Roh \(2013\)](#) originated similar results that being in touch with religion and spirituality change your perspective towards life, and you live for the sake of living by not bothering worldly matters enough, and this results in the positive approach of life. Family support to any human reduces stress and lightens up the factors that cause anxiety and depression. This study ended upon figuring out that the theory of social support is a multidimensional one and needs to be viewed

generally but not as limited to only a family member [Park and Roh \(2013\)](#). The study hypothesized that solitary would positively predict depression and solitary will negatively predict well-being positively.

Method

The sample of the current study comprised of late adults from old homes (N= 100). Data were collected by convince method sampling technique from old homes. The age of the sample ranged from 60 to 89 years. Solitude Scale with 7 items (Marcoen, 1992) measures solitude by using a 5-point rating scale. The potential range of the scores fluctuates between 7 to 35. The total scores were taken as higher scores indicating a higher level of solitude and lower scores representing a lower level of solitude. The scale contains only positive items. The Depression, Anxiety, and Stress Scale ([Lovibond & Lovibond, 2000](#)) measure depression by using a 5-point rating scale ranging from strongly disagree to strongly agree. This scale comprised of 7 items that were negatively worded. The reliability of this scale is .90. Short Warwick Edinburg Mental Well-Being Scale measure well-being by using a 5-point rating scale ranging from strongly disagree to strongly agree. This scale comprised of 7 items that were positively worded.

Results

Table 1. *Socio-Demographic Characteristics of Participants.*

Characteristics	n	%
Gender		
Male	40	40
Female	60	60
Family system		
Nuclear	75	75
Joint	25	25

Table 1 shows the frequency and percentage of participants with respect to gender and family system. The number of male late adults (n=40, 40%) who participated in the study were less in number

than late female adults (n=60, 60%). The number of participants who participated in the study belongs to the nuclear family system (n=75, 75%) was higher as compare to the joint family system (n= 25, 25%).

Table 2. *Psychometric Properties and Correlations for Scales.*

Scales	M	SD	Range	Cronbach's α	1	2	3
Solitude Adolescence scale	24.32	6.62	11-32	.80	-		
Depression Anxiety Stress Scale	13.61	3.81	11-33	.82	.81 **	-	
Well-being Scale	23.49	6.94	10-27	.70	-.09	.07	-

Results revealed that solitary has significant negative correlation with depression (r = -.090, p < .01) and significant positive correlation with well-being (r = -

.072, p < .01). Well-being has significant correlation with depression.

Table 3. Regression Coefficient of Solitary on Depression and Well-Being.

Variables	B	β	SE	Outcome
Constant	2.71		1.75	Depression
Solitary	.854*	.815	13.90	
R	.664			
Constant	12.59		1.46	Well-being
Solitary	.042**	.072	.058	
R	.005			

Note. N =100.
 p<.01. *p<.001.

Linear Regression analysis showed that solitary positively predicted depression in older adults residing in old homes, whereas solitary negatively predicted well-being in older adults residing in old homes.

Discussion

The present study was conducted with the objective to find the impact of solitary on mental health outcomes of late adults residing in old homes, and the outcomes were depression and well-being. The first hypothesis of this current study stated that there would be a negative relationship between solitary and depression, and the findings of our study also prove the negative relationship between solitary and depression. Researches show that all participants who face solitary have a high level of depression in any situation. Individuals facing ups and downs of their life alone and not having social support also engender depression leading towards meaninglessness of life. Here we can have an example of the transgender community as they don't get as much social support as a normal human being does, and consequently, most of them live along with depression. Furthermore, social support is considered a compulsory component in the development of subjective well-being as social interactions provide exposure to humans to grow and compete in a better way. Nogueira et al. [2014] established a view that a for the sure effect of divorce is named as depression in both of the partners, but those who find peace in connecting with religion or teaching of holy books, manage to survive without depression or minute stress. This fact was established after research, and results were astonishing to everyone.

A depressed person, who finds soothing in religious activities, accepts the harsh realities of life and its temporariness. Religious practice is also helpful to cure depression and stress people everywhere. Research has demonstrated that Solitaries way of experiencing and dealing with

emotions is different from all other humans living their life normally. They do not feel in the way others do, neither do they react in a similar way. Emotionally they are imperturbable. Soares and colleagues [2010] indicate out that those living with large family members experience a better quality of life than those living in small households or alone. The quality of relationships with family members influences our internal mental representations of how we view ourselves and others. Strong bonding between family members shows a high level of well-being as compared to those who are in solitude. Park and Roh [2013] originated similar results that being in touch with religion and spirituality change your perspective towards life, and you live for the sake of living by not bothering worldly matters enough, and this results in a positive approach to life. Family support to any human reduces stress and lightens up the factors that cause anxiety and depression.

The second hypothesis of the research study was stated that solitary would negatively predict well-being. Generally, well-being is an outcome of the availability of basic things in one's life, his well-maintained relationship with others, and good health as a strong positive association has shown between both the cause and effect. All these factors causing well-being are called the drivers of well-being as they help humans to live a normal life. The relationship between drivers and well-being is called bi-directional, and in addition to this aspect, it is said that people in contact with all family members with huge friend circle tend to have more well-being than people related with fewer members in their surroundings. Furthermore, people with close relationships appeared with a higher level of well-being as compared to those having a surface level of relationships with almost everyone. [Diener & Ryan 2009, Huppert, 2014]. People with high subjective well-being are required everywhere in society to perform their duties in a good way as they are titled as self-motivated and productive as compared to those with less SWB. [Diener & Scollon 2014].

Conclusion

The primary objectives of the study were to examine the impact of solitary on mental health outcomes of late adults residing in old homes, and the outcomes were depression and well-being. According to current research knowledge, there is a positive

relationship between solitary and depression also; this research proves that there is a negative relation between solitary and well-being. Literature expresses that isolation or separation can result in harmful effects on the mental health of those subjected to it.

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