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A Study of Depression in Relation to Loneliness Optimism and Life Satisfaction among Older People

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ABSTRACT

General aim of the present investigation is to study depression in relation to loneliness, optimism and life satisfaction. In a way this research investigates the relationship of depression with the variables loneliness, optimism and life satisfaction. The population concerned is old people, who are generally found to be an appropriate source of all variables like depression, loneliness, optimism and life satisfaction. The present study tends to predict the overall life prospectus of old people including the state of depression, amount of loneliness, optimistic and pessimistic attitude, life satisfaction, their life experiences, expectations towards future, their outlook towards life and the way they interpret their life towards others. Four scales were adopted in this study namely the BDI-II (Beck et al., 1996), UCLA Loneliness Scale (version 3) by Russell (1996), the optimism-pessimism scale or OPS (Dember et al., 1989) and Satisfaction with Life Scale SWLS by Diener et al. (1985) for collecting their required data. 300 (150 old age male and 150 old age female) were purposely selected as the sample of the study from different areas of Delhi. The statistical techniques Mean, SD, t-test and Pearson Product Moment Correlation (r) were applied for analyzing the collected data. The result and discussion of the study showed that depression, loneliness, pessimism and life satisfaction were significantly different among old age participants.

Keywords: Depression, Loneliness, optimism-pessimism, life satisfaction and old age

INTRODUCTION

Aging is a natural and inevitable process marked by gradual biological, psychological, and social changes. Later life often involves major transitions such as retirement, reduced social roles, health decline, and loss of close relationships, all of which can impact emotional well-being. Among older adults, depression, loneliness, and decreased life satisfaction are frequent psychological concerns that reduce quality of life (Blazer, 2003). At the same time, positive traits such as optimism and resilience act as protective buffers against these challenges (Scheier and Carver, 1985). Understanding how depression, loneliness, optimism, and life satisfaction interact is vital for promoting psychological health in late adulthood. With a global rise in the elderly population, geriatric mental health has become increasingly significant. According to the World Health Organization (2023), the number of people aged 60 years and above is expected to double by 2050, reaching about 2.1 billion. In India, the elderly are projected to constitute nearly 20 percent of the total population by mid-century (Ministry of Statistics and Programme Implementation, 2021). This demographic transition underscores the need to address the psychosocial conditions of older adults, who frequently face social isolation, financial instability, physical decline, and bereavement. Exploring depression in relation to loneliness, optimism, and life satisfaction is essential to understanding the mental health landscape of the elderly and identifying factors that enhance their well-being.

Conceptualizing Depression in Late Adulthood

Depression in old age is not merely an extension of sadness, but a complex mental health condition characterized by pervasive low mood, hopelessness, loss of interest, and cognitive impairments (American Psychiatric Association, 2022). Unlike younger populations, geriatric depression often coexists with medical illnesses, bereavement, and functional decline, making it harder to detect and treat effectively (Alexopoulos, 2005). Research indicates that the prevalence of depression among the elderly ranges from 10% to 25%, depending on the cultural, social, and economic context (Beekman et al., 1999). In India, studies have shown comparable trends, with depressive symptoms frequently linked to loneliness, social disconnection, and poor quality of life (Tiwari et al., 2012).

Several theories attempt to explain the occurrence of depression in later life. Beck's cognitive theory (Beck, 1967) suggests that negative thought patterns and maladaptive beliefs about oneself, the world, and the future contribute to depressive symptoms. Erikson's psychosocial theory (1950) places old age within the stage of "ego integrity versus despair," wherein

unresolved conflicts and regret may lead to depressive tendencies. From a socioemotional perspective, aging individuals may experience reduced social networks, leading to emotional deprivation and loneliness (Carstensen et al., 1999). These theoretical perspectives collectively emphasize that depression among older adults is multidimensional, influenced by psychological, biological, and social determinants.

Loneliness and Its Psychological Implications

Loneliness is a subjective feeling of social disconnection or perceived inadequacy in one's social relationships (Peplau & Perlman, 1982). It is not synonymous with being alone but rather reflects a gap between desired and actual social interactions. Among older adults, loneliness is particularly prevalent due to loss of family members, mobility issues, retirement, or relocation (Hawkley & Cacioppo, 2010). Empirical research has consistently associated loneliness with negative mental health outcomes, including depression, anxiety, cognitive decline, and even increased mortality risk (Cacioppo & Patrick, 2008).

In the context of the present study, loneliness is examined as a critical psychological correlation of depression. The theoretical foundation for this relationship lies in Weiss's (1973) typology, distinguishing between emotional loneliness (stemming from absence of intimate relationships) and social loneliness (resulting from inadequate social networks). For elderly individuals, the loss of a spouse or close companion often triggers emotional loneliness, while retirement or migration may foster social loneliness. Both forms have been shown to exacerbate depressive symptoms, particularly in individuals with limited coping resources or optimism (Dykstra, 2009).

Optimism and Pessimism: Psychological Buffers and Vulnerabilities

Optimism, as conceptualized by Scheier and Carver (1985), is a generalized expectation that good things will happen in the future. It represents a cognitive orientation toward positive outcomes, fostering hope and persistence in adversity. Conversely, pessimism reflects a tendency to anticipate negative outcomes, increasing vulnerability to psychological distress. Research indicates that optimism is linked to better physical health, adaptive coping, and higher life satisfaction, whereas pessimism is associated with depression and poor emotional regulation (Carver et al., 2010; Seligman, 2011).

In the aging population, optimism plays a crucial role in maintaining well-being despite physical and social challenges. Elderly individuals with higher optimism demonstrate greater resilience, better recovery from illness, and reduced depressive symptoms (Conversano et al., 2010). Positive psychology emphasizes optimism as a protective factor that promotes subjective well-being and buffers the effects of loneliness (Peterson, 2000). On the contrary, persistent pessimism in late adulthood can reinforce feelings of helplessness and hopelessness, leading to decreased motivation and higher susceptibility to depression. Therefore, understanding the balance between optimism and pessimism provides insight into the cognitive-emotional processes underlying mental health in older adults.

Life Satisfaction as a Dimension of Well-Being

Life satisfaction represents an individual's overall cognitive evaluation of their life circumstances and fulfillment of personal goals (Diener et al., 1985). It is a key component of subjective well-being, encompassing happiness, contentment, and sense of purpose. In the context of aging, life satisfaction reflects the degree to which individuals feel they have lived meaningful lives, maintained autonomy, and sustained positive relationships. Multiple studies have shown that higher life satisfaction is inversely related to depression and loneliness (Pinquart & Sörensen, 2001).

From a psychosocial perspective, life satisfaction in old age depends on multiple determinants, including physical health, social engagement, financial security, and emotional support (George, 2010). Marital status also plays an important role; elderly individuals with supportive spouses tend to report higher satisfaction levels than widowed or single individuals (Chou & Chi, 2003). Thus, evaluating life satisfaction alongside depression, loneliness, and optimism provides a holistic understanding of the psychological state of older adults.

Gender and Marital Status as Influential Factors

Gender differences in mental health among older adults have been widely documented. Studies indicate that elderly women are more prone to depression and loneliness due to greater likelihood of widowhood, longer life expectancy, and economic dependency (Nolen-Hoeksema, 2001). Men, in contrast, often experience identity loss following retirement, which may affect their sense of purpose and social integration. Similarly, marital status has a profound influence on emotional well-being. Married elderly individuals generally exhibit better psychological adjustment, while widowed or single persons report higher levels of loneliness and depression (Chou & Chi, 2003). The presence of a spouse often provides emotional companionship, security, and social support that buffer stress and promote optimism (Antonucci et al., 2010). Hence, examining these demographic variables is essential to interpret differences in psychological health among elderly populations.

Rationale of the Study

The increasing prevalence of depression and loneliness among older people poses significant public health concern. Despite advancements in geriatric healthcare, psychological well-being remains under-addressed in both research and intervention. While numerous studies have examined depression or loneliness individually, fewer have explored their interrelation alongside optimism, pessimism, and life satisfaction in the Indian socio-cultural context. Furthermore, the moderating effects of gender and marital status have not been comprehensively studied in elderly populations from semi-urban and rural settings.

The present study aims to bridge this gap by exploring how depression is related to loneliness, optimism, pessimism, and life satisfaction among older adults, while also examining gender and marital-status differences. Understanding these relationships can help identify protective psychological factors and inform targeted interventions to improve mental health outcomes for older individuals. This research holds theoretical and practical significance in understanding psychological well-being in aging populations. Theoretically, it integrates constructs from both positive and clinical psychology, thereby contributing to a holistic understanding of aging. Practically, the findings have implications for mental health professionals, caregivers, and policymakers. By identifying risk and resilience factors, the study can guide the development of psychological counseling programs, community interventions, and geriatric care initiatives that enhance optimism and life satisfaction while reducing depression and loneliness. In a country like India, where family structures and social norms play a pivotal role, such insights are essential for designing culturally appropriate strategies for elderly well-being.

Review

A substantial body of literature supports the interconnectedness of depression, loneliness, and well-being in old age. Cacioppo and Hawkley (2009) found that loneliness significantly predicts depressive symptoms and lower life satisfaction among older adults. Similarly, Pinquart and Sörensen (2001) observed that social isolation and limited contact with family correlate strongly with depressive tendencies. On the other hand, optimism and perceived control have been shown to buffer these negative effects (Carver et al., 2010; Seligman, 2011). A study by Cheng and Chan (2006) demonstrated that optimism mediates the relationship between social support and subjective well-being in elderly populations. In the Indian context, research by Srivastava (2012) and Tiwari et al. (2012) highlighted that cultural values, family structures, and social participation play decisive roles in shaping the psychological health of the elderly. Widowhood, particularly among women, remains a critical factor contributing to loneliness and depression (Ramamurti & Jamuna, 2004). Therefore, cultural and familial contexts must be considered in understanding elderly mental health in India.

Need for study

The study addresses rising depression and loneliness among older adults, focusing on their links with optimism, pessimism, and life satisfaction. It also examines gender and marital differences. The findings aim to identify protective factors and guide culturally sensitive interventions promoting mental health and well-being among India's aging population.

Research Methodology

A Study of Depression in Relation to Loneliness Optimism and Life Satisfaction among Older People

Objectives

1. To find out difference between male and female old age participants with regard to depression, loneliness, optimism-pessimism and life satisfaction.
2. To find out difference between old age participants with a spouse alive and old age participants with a spouse not alive with regard to depression, loneliness, optimism, pessimism and life satisfaction.

Hypotheses

1. There is no significant difference between male and female old age participants with regard to depression, loneliness, optimism- pessimism and life satisfaction.
2. There is no significant difference between old age participants with a spouse alive and old age participants with a spouse not alive with regard to depression, loneliness, optimism - pessimism and life satisfaction.

Samples

The participants in the present research consist of 300 old age people. The age range of the participants will be 60 to 85 years. Sample was randomly selected from the population of different areas of Delhi.

Variables

Independent Variable: Loneliness, Optimism and Life Satisfaction
Dependent Variable: Depression, Old Age People Gender and Demographic Variables

Inclusion

1. Age range 60 to 85 years
2. Can read and write Hindi and English.
3. Old age people with spouses are alive and old age people with spouses not alive,
4. Old age people living with their family and living without their family, old age people living in rural areas and living in urban areas

Exclusion

1. Unmarried old age people
2. Below the age of 60 and above the age 85
3. Any severe Psychiatric disorder (psychosis, bipolar affective disorder)
4. History of neurological illness like CVA, epilepsy, head injury resulting in loss of consciousness and mental retardation, Current psychoactive substance abuse or dependence

Research Design

The present study is conducted to find out the relationship between loneliness, optimism and life satisfaction with depression among old age people. For the analysis mean, standard deviation and t-test were used to see whether depression, loneliness, optimism-pessimism and life satisfaction differ significantly across different groups of old age people

Tests

Beck Depression Inventory 2nd Edition: The BDI-II (Beck et al., 1996) is a 21-item self-report depression screening measure. Each item is rated on a 4-point likert-type scale ranging from 0 to 5, with higher scores indicating higher levels of depression. The measure asks respondents to endorse statements characterizing how they have been feeling throughout the past 2 weeks. The maximum total score for all 21 items is 63. According to the BDl-II manual, scores of 0 to 13 denote minimal depression, scores of 14 to 19 denote mild depression, scores of 20 to 28 denote moderate depression, and scores of 29 to 63 denote severe depression. BDI- II is positively correlated with the Hamilton depression Rating Scale with a Pearson r of 0.71. The test also showed a high one-week test-retest reliability (Pearson r= 0.93), test also has high internal consistency (a= .91).

UCLA Loneliness Scale (version 3): This is a 20-item scale by Russell (1996), designed to measure one's subjective feelings of loneliness as well as feelings of social isolation. Participants rate each item on a scale from 1 (Never) to 4 (Often). The minimum score on the UCLA loneliness scale scored by a participant is 20 and the maximum score is 80. Out of 20 items, 9 items are scored in a reverse way. The measure is found to be highly reliable, both in terms of internal consistency (coefficient a ranging from .89 to 94) and test-retest reliability over a 1-year period (r = .73). Convergent validity for the scale was indicated by significant correlations with other measures of loneliness. Construct validity was supported by significant relations with measures all the adequacy of the individual's interpersonal relationships, and by correlations between loneliness and measures of health and well-being.

Optimism-Pessimism Scale The optimism-pessimism scale or OPS (Dember et al., 1989) was developed from the assumption that separate tendencies regarding optimism and pessimism should be measured separately. The OPS is considerably longer than the measures just described, with 18 items reflecting optimism, 18 items reflecting pessimism and 20 fillers. Items are chosen based on a four-point likert scale that ranges from "strongly 85 agree" to "strongly disagree." The OPS is based on the view that a person can be both optimistic and pessimistic, but at varying degrees. Validity and reliability for the OPS have found alpha coefficients of r = .94 for the optimism scale and r = .86 for the pessimism scale. Test-retest reliability after two weeks was r = .75 for optimism and r = .84 for pessimism (Dember & Brooks, 1989; as cited in Burke et al., 2000).

Satisfaction with Life Scale: SWLS by Diener et al. (1985) is a 5-item scale which allows individuals to rate their degree of agreement or disagreement on a 7-point likert type scale for the stated questions. SWLS does not focus on specific areas such as loneliness, as it is intended to measure general/global satisfaction. It has been shown to detect change with regards to life satisfaction during clinical interventions. Participants are instructed to rate each of the five statements of the SWLS on a 7-point scale (l=strongly disagree to 7=strongly agree). A maximum score is 30 with the degree of life satisfaction increasing as the score increases. Score ranging from 5 to 9 exhibits someone who is 'extremely dissatisfied with life', 15 to 19 indicates 'slightly dissatisfied with life,' 21 to 25 indicates 'slightly satisfied' whereas a score of 26 to 30 represents 'high satisfaction'. A neutral point on the scale is located at a score of 20 and explains that the participant is neither satisfied nor dissatisfied with life. The scale has good convergent and discriminates validity. Reliability has been demonstrated in terms of high internal consistency with a value of 0.87 and stability overtime with a test-retest coefficient of 0.82.

Procedure

The investigator contacted each participant individually. After establishing a good rapport with the subject, the investigator asked him to reply confidently for each item in the questionnaires. The questions or items were explained in an easier way to make them understood. Any misconception or doubt regarding the study was removed before the subjects and they were made assured of the confidentiality of their responses so that they could give their true responses without any hesitation. The average time taken by each subject was 50 to 60 minutes. After taking the responses from the subjects, the questionnaires were collected for scoring and further analysis.

Statistical Analyses

Descriptive analyses were used to know the mean and standard deviation (SD) of all the predictors and criterion variables in each different group. 't-rest' was used.

RESULT & DISCUSSION

Analysis and Interpretation Based on Descriptive Statistics

Table 1 Descriptive Statistics Based on Loneliness Optimism and Life Satisfaction of Total Male and Female

Group	Variables	N	Mean	S.D
Male	Depression	150	25.82	8.20
	Loneliness	150	40.15	10.88
	Optimism	150	49.51	6.25
	Pessimism	150	34.09	4.90
	Life Satisfaction	150	19.26	6.136
Female	Depression	150	27.67	14.11
	Loneliness	150	45.88	15.88
	Optimism	150	49.16	9.986
	Pessimism	150	37.79	15.58
	Life Satisfaction	150	22.88	6.624

Table 2 Descriptive Statistics Based on Loneliness, Optimism and Life Satisfaction Scores of Spouses Alive and Spouse not Alive

Group	Variables	N	Mean	S.D
Rural	Depression	50	36.77	10.14
	Loneliness	50	50.89	6.24
	Optimism	50	32.90	8.24
	Pessimism	50	20.02	6.18
	Life Satisfaction	50	25.16	9.17
Urban	Depression	50	28.55	14.05
	Loneliness	50	49.88	14.72
	Optimism	50	47.80	10.70
	Pessimism	50	39.43	14.72
	Life Satisfaction	50	22.66	6.88

Hypothesis 1

There is no significant difference between male and female old age participants with regard to depression, loneliness, optimism- pessimism and life satisfaction.

Table 3 differences among male and female old age participants with regard to depression, loneliness, optimism-pessimism and life satisfaction.

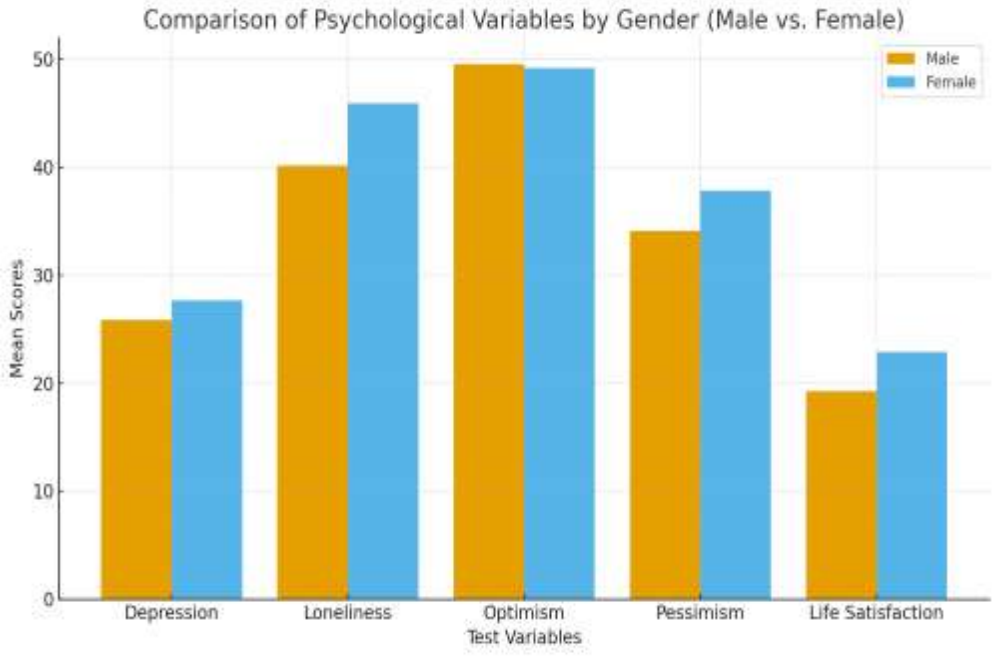
Test Variables	Groups	N	Mean	SD	t-value	Significance
Depression	Male	150	25.826	8.2074	1.517	Not Significant (p<.130)
	Female	150	27.674	14.1188		
Loneliness	Male	150	40.156	10.8866	4.034*	Significant at .01 level
	Female	150	45.888	15.8817		
Optimism	Male	150	49.515	6.2555	0.402	Not Significant (p<.688)
	Female	150	49.163	9.9866		
Pessimism	Male	150	34.096	4.9091	2.966*	Significant at .01 level
	Female	150	37.798	15.5809		
Life Satisfaction	Male	150	19.269	6.1364	5.537*	Significant at .01 level
	Female	150	22.884	9.6468		

Note: *Significant at .01 level; *Significant at .05 level.

This result shows that gender-based differences among old age participants across five psychological variables: depression, loneliness, optimism, pessimism, and life satisfaction. The findings show that male participants had a slightly lower mean score (M = 25.83, SD = 8.21) on depression compared to females (M = 27.67, SD = 14.12), but the difference was statistically insignificant (t = 1.517, p<.130), indicating that both groups experience similar levels of depression. In contrast, a significant difference was observed in loneliness (t = 4.034, p<.01), where females (M = 45.89, SD = 15.88) reported feeling lonelier than males (M = 40.16, SD = 10.89). For optimism, both male (M = 49.52, SD = 6.26) and female (M = 49.16, SD = 9.99) participants showed nearly identical scores, suggesting no significant gender difference (t = 0.402, p<.688). However, in pessimism, females (M = 37.80, SD = 15.58) scored significantly higher than males (M = 34.10, SD = 4.91), showing a notable difference (t = 2.966, p<.01) and indicating that older women tend to be more pessimistic. Lastly, life satisfaction also showed a significant difference (t = 5.537, p<.01), with females (M = 22.88, SD = 9.65) reporting greater life satisfaction than males (M = 19.27, SD = 6.14). Overall, these findings suggest that while depression and optimism do not differ significantly between genders, older females exhibit higher levels of loneliness, pessimism, and life satisfaction compared to their male counterparts.

Graph 1

Here is a comparative bar graph showing mean differences in psychological variables between male and female elderly participants. It illustrates that females reported higher loneliness, pessimism, and life satisfaction than males, while differences in depression and optimism were smaller, highlighting gender variations in emotional well-being during old age.



Hypothesis 2
There is no significant difference between old age participants with a spouse who are alive and old age participants with a spouse not alive with regard to depression, loneliness, optimism, pessimism and life satisfaction.

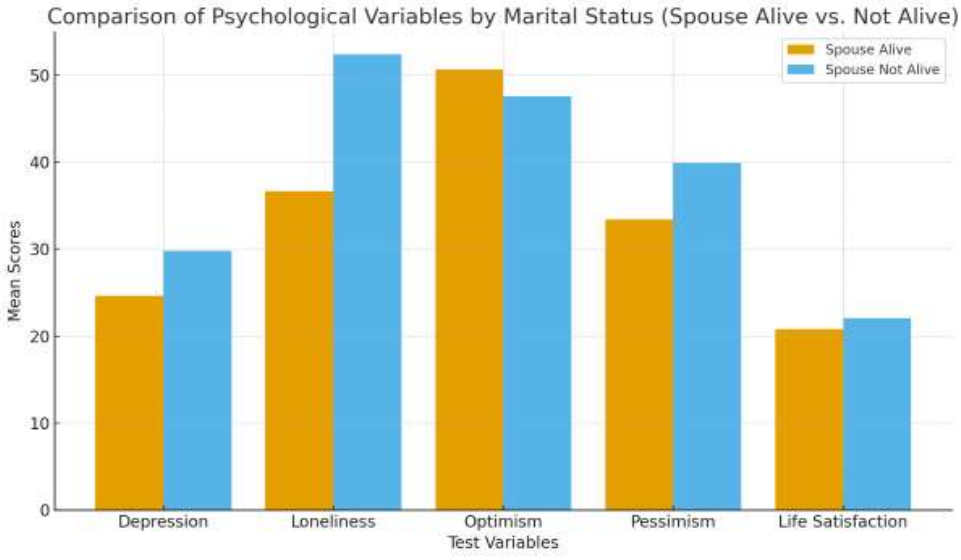
Table 4 Differences between old age participants with a spouse alive and old age participants with a spouse not alive with regard to depression, loneliness optimism-pessimism and life satisfaction.

Test Variables	Groups	N	Mean	SD	t-value	Significance
Depression	Spouse Alive	50	24.664	10.0014	4.335*	Significant at .01 level
	Spouse Not Alive	50	29.810	13.7380		
Loneliness	Spouse Alive	50	36.646	10.0008	13.043*	Significant at .01 level
	Spouse Not Alive	50	52.391	14.1240		
Optimism	Spouse Alive	50	50.659	6.2049	3.622*	Significant at .01 level
	Spouse Not Alive	50	47.557	10.7620		
Pessimism	Spouse Alive	50	33.451	8.9646	5.308*	Significant at .01 level
	Spouse Not Alive	50	39.891	15.1098		
Life Satisfaction	Spouse Alive	50	20.827	6.5219	1.876	Not Significant (p<.061)
	Spouse Not Alive	50	22.086	6.8196		

Note: *Significant at .01 level; *Significant at .05 level.

This table shows that comparison between old age participants with a spouse alive and those whose spouse is not alive across five psychological variables: depression, loneliness, optimism, pessimism, and life satisfaction. The findings reveal that participants with a spouse alive reported significantly lower levels of depression (M = 24.66, SD = 10.00) compared to those without a spouse (M = 29.81, SD = 13.74), showing a significant difference (t = 4.335, p<.01). Similarly, a highly significant difference was observed in loneliness (t = 13.043, p<.01), where participants without a spouse (M = 52.39, SD = 14.12) were considerably lonelier than those with a spouse alive (M = 36.65, SD = 10.00). On the variable of optimism, participants with a spouse alive (M = 50.66, SD = 6.20) were significantly more optimistic than those without (M = 47.56, SD = 10.76), as indicated by t = 3.622 (p<.01). A similar pattern emerged for pessimism, where participants without a spouse (M = 39.89, SD = 15.11) scored higher than those with a spouse alive (M = 33.45, SD = 8.96), reflecting a significant difference (t = 5.308, p<.01). However, in terms of life satisfaction, no significant difference was found (t = 1.876, p<.061), although the mean score was slightly higher for participants without a spouse (M = 22.09) than for those with a spouse alive (M = 20.83). Overall, the results indicate that having a living spouse is associated with lower levels of depression, loneliness, and pessimism, and higher optimism among older adults, while life satisfaction appears to remain relatively stable regardless of marital status.

Graph: 2
Here is a comparative bar graph showing the mean differences in psychological variables between elderly participants with a living spouse and those without. It visually highlights that having a spouse is linked to lower depression, loneliness, and pessimism, and higher optimism, while life satisfaction differences are minimal.



MAIN FINDINGS: RESULT AND DISCUSSION

The present study examined gender and marital-status differences among elderly participants across the variables of depression, loneliness, optimism, pessimism, and life satisfaction. Statistical analyses and graphical representations were used to interpret the patterns obtained from the descriptive and inferential data.

Gender Based Findings

Results from Table 1 indicated that female participants generally scored higher than males on depression, loneliness, pessimism, and life satisfaction, while both groups reported nearly similar levels of optimism. Specifically, the mean score for depression was marginally higher among females ($M = 27.67$) than males ($M = 25.82$), suggesting slightly greater depressive symptoms in elderly women. Loneliness was also more pronounced in females ($M = 45.88$) than males ($M = 40.15$), which was further supported by a statistically significant t-value ($t = 4.03$, $p < .01$). This reflects that older women tend to experience stronger feelings of social isolation, possibly due to rule changes, widowhood, or restricted social engagement.

In contrast, optimism did not show any significant gender difference ($t = 0.40$, $p > .05$), implying that both male and female participants maintained comparable positive expectations toward life. However, pessimism revealed a significant difference ($t = 2.97$, $p < .01$), with females displaying higher pessimistic tendencies than males. Likewise, life satisfaction differed significantly by gender ($t = 5.54$, $p < .01$), with women scoring higher, suggesting that despite emotional vulnerabilities, they may possess stronger coping mechanisms or social supports that contribute to overall satisfaction. Therefore, Hypothesis 1 was partially rejected, as significant differences were observed in loneliness, pessimism, and life satisfaction, while depression and optimism remained non-significant.

Marital-Status Findings

Table 2 and subsequent analyses compared participants with a living spouse and those whose spouse was not alive. The results demonstrated consistent and significant differences across most variables. The widowed group exhibited markedly higher levels of depression ($t = 4.33$, $p < .01$), loneliness ($t = 13.04$, $p < .01$), and pessimism ($t = 5.31$, $p < .01$), highlighting the emotional and social challenges associated with loss of companionship. Conversely, participants with a living spouse reported significantly greater optimism ($t = 3.62$, $p < .01$), indicating that marital support and emotional intimacy play protective roles in sustaining positive outlooks during later life.

Regarding life satisfaction, although the spouse-alive group had a slightly lower meaning ($M = 20.83$) than the spouse-not-alive group ($M = 22.09$), the difference was not statistically significant ($t = 1.88$, $p > .05$). This suggests that satisfaction with life in old age may depend on multiple factors beyond marital status, such as social integration, health, and financial security. Thus, Hypothesis 2 was rejected for four variables depression, loneliness, optimism, and pessimism but accepted for life satisfaction.

Overall Interpretation

In summary, the findings reveal that gender and marital status significantly influence the psychological well-being of elderly individuals. Females and widowed participants reported higher emotional distress and pessimism, while males and those with spouses alive demonstrated lower depression and greater optimism. These outcomes underscore the importance of social support, companionship, and emotional connectedness in promoting mental health and life satisfaction during later adulthood.

LIMITATIONS

The study's limitations include a small sample size, limiting generalization, and a cross-sectional design that prevents causal inference. Self-report measures may have caused response bias. Cultural, regional, and socioeconomic factors were uncontrolled, and the lack of longitudinal data restricts understanding of changes in depression and loneliness over time.

Implications

Mental health programs should target depression and loneliness in older adults through counseling that enhances optimism and reduces pessimism. Strengthening family and community support, promoting social participation, and training caregivers can improve emotional well-being and guide policymakers in developing age-friendly mental health initiatives.

Future Directions

Future research should include larger, diverse samples and adopt longitudinal designs to track psychological changes across aging. Qualitative and cross-cultural studies can enrich understanding, while intervention-based research should focus on developing effective counseling programs and community models to enhance elderly mental health and resilience.

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