ABSTRACT
SOCIAL WORK

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ISOLATION AND DEPRESSION AMONG ELDERLY AFRICAN AMERICANS

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This study examined the relationship between isolation and depression among elderly African Americans. Support systems and social contacts were examined with regard to their relations to depression. Data were collected through face-to-face interviews with 42 elderly African Americans residing in a nursing home in Atlanta, Georgia. The sample had more females (55 percent) than males (45 percent). The analysis, by using "Pearson’s Product-Moment Correlation (r)," indicated that there was a statistical significant relationship between isolation and depression among elderly African Americans. Findings from this study warrant further studies that could utilize a more representative sample of this population.
ISOLATION AND DEPRESSION AMONG ELDERLY AFRICAN AMERICANS

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CHAPTER ONE
INTRODUCTION

This study focused on the relationship between isolation and depression among the elderly African Americans. In view of this, an examination of the growth of elderly population and some of the factors that contribute to their isolation and depression may provide a better understanding of this population.

The number and proportion of persons aged 65 and older in the United States population have been increasing steadily since the turn of the century. Recent demographic profile from the United States Bureau of the Census indicate that the 65 and over age cohort represents 12 percent of the United States population. Not only is the elderly population increasing at a rapid pace, but within this age group, there are "two subgroups," the "young old," that is, persons who are 55 to 74 years of age, and the "old old," those who are 75 years and older.

The "old old," group is the fastest growing cohort in the United States population. Projections based on the 1990 census figures indicate that, "if mortality levels continue

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on the course as we experienced in the mid-1980's," there would be 15 million Americans in the "old old" category by the year 2050. This estimate took into consideration the "baby boomers," that is, persons born 1946-1964, who will enter the age group 85 or older from 2030 to 2050.

The tremendous surge in the number of elderly Americans has been attributed in large part to medical advances, better sanitation and nutrition. Life expectancy of Americans have increased from 49 years in 1900 to 75 years in 1988, according to the U.S. Bureau of Census in 1988. Other factors that have been attributed to the growth of older population are, decline in birthrate because of family planning devices, improvement in care of expectant mothers which has caused reduction in infant mortality rate.

However, as people grow older, they experience a variety of biological, psychological and social changes in their lives. In an industrialized and youth oriented

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4Ibid.

5Ibid.


society like the United States, in spite of the natural consequences such as ill-health and deterioration of physical strength and physical attractiveness that come with aging, elderly American faced a host of problems. They are faced with negative stereotype from the younger generation. The elderly are viewed as "out of touch with what is happening" in the society and so are denied of meaningful and prestigious roles. Consequently, they are subject to compulsory retirement. They encounter problems such as lack of housing, inadequate income, lack of transportation, poverty, inadequate health care, and victimization of abuse and violent crimes.

Like everything else, living longer has its merits and demerits. Old age could be the time for freedom to do what one did not do while young, but it could also be the time when the person could not do much because of poor health and inadequate income. Caplis maintained that, while a retired person is "free from an intolerable job situation," he or she may find it difficult to live on retirement income which may not cover the increasing costs of food, clothing, medical care and transportation. Under such circumstances, many elderly persons, especially elderly African Americans who in most cases worked in low status jobs with low earning

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8Ibid., 495.

9Jamie Caplis in Charlotte Eliopoulos, Health Assessment of the Older Adult., 30.
and sporadic work patterns will feel the impact of retirement more than their white counterparts. ¹⁰

Aside from lack of adequate income that the elderly face, they also encounter problem of isolation from family and from society and emotional problem such as depression. It is estimated that about 10-15 percent of the elderly suffer from depression.¹¹ This study examined the relationship between isolation and depression among elderly African Americans by looking at support systems and social contact among this population.

The growth of American elderly population signals the increase of Older African American population also. Ron Manuel, in his article, The Demography of Older Blacks in the United States reported that since 1930, the population of elderly African Americans has been growing faster than their white counterparts.¹² He reported that between 1930 and 1940, the population of elderly African Americans increased by 65%, while for white elderly Americans, the increase was only 36%.¹³


¹³Ibid.
American population is expected to continue through the next century.

However, there are still more white elderly persons aged 65 and over than there are African American in that age cohort. The reason has been attributed to higher life expectancy among whites as opposed to lower life expectancy among African Americans. It is estimated that the average white female child born in 1982 is expected to live up to 79 years, while her African American counterpart could live about 74 years. For males, the life expectancy is 74 years in white males and 65 for African Americans. Carlton-LaNey maintained that the structure of the African American family is jeopardized by the short life expectancy of African American males as this creates various social and economic problems for the survivors and leaves the widow alone to struggle in order to make ends meet on a meager income. As women generally live longer than men, they are more likely to live alone after the death of their spouses. They are also more likely to experience isolation and depression. However, a recent study conducted by Brown and associates, found no significant gender difference among

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14Ibid., 41.
15Ibid., 41.
elderly African Americans suffering from depression.\textsuperscript{17}

Statement of the Problem

Studies show that African Americans have made significant progress in mortality reduction than their white counterparts since the beginning of the century. This progress is evident in the older African American population. Beaver Miller reported that, "In 1900, black life expectancy (at birth) was 33 years; it is now 68.3 years".\textsuperscript{18} This indicates that African American have gained 35 years of life, as compared with 27 years of life expectancy for their white counterparts.

With the growth of the elderly African American population, one may reasonably deduce that more of this age cohort will be subject to ageism and racism that prevail in the United States. The number of older African American experiencing isolation will be increased. Since depression is a common diagnosis among the elderly, the researcher suggests that African American elderly will be no exception, especially as they face the problems of being old and black. This study examines the relationship between isolation and depression among elderly African Americans by looking at


\textsuperscript{18}Marion L. Beaver and Don A. Miller, Clinical Social Work Practice with the Elderly: Primary, Secondary, and Tertiary Intervention (Belmont: Wadsworth Publishing Company 1992), 29.
factors that are responsible for isolation and depression among this cohort.

America is a youth oriented society which considers the elderly as non-productive. Karger and Stoesz wrote that "Unlike other cultures, the aged in America are not often revered and respected for their wisdom and experience. Nor do they occupy an elevated social position protected by tradition." 19 In other cultures such as Asian and African, elderly people are highly regarded. When elderly persons speak, people listen. A well-known Nigerian author, Chinua Achebe in his award winning novel, Things Fall Apart, epitomized this esteem for the elderly: "The words of our elders are the words of wisdom." 20 As mentioned earlier, African American elderly are generally victims of both lack of regard for the elderly and racism that exists in the United States.

Purpose/Significance of the Study

The purpose of this study was to examine the relationship between isolation and depression among elderly African Americans. To this end the primary objective was to investigate whether or not there is a relationship between lack of social support and social contact, and the onset or


development of depression among elderly African Americans.

Social workers who provide services for elderly African Americans might benefit from being knowledgeable about the emotional problems associated with isolation among this population.

In understanding the problems that the elderly African Americans encounter when social support and social contact are lacking, social workers will be able to plan effective intervention that will bring about regular contact with elderly clients and significant others.
CHAPTER TWO

LITERATURE REVIEW

The purpose of this chapter is to discuss several factors that have been identified as contributors to isolation among elderly people in general, and the specific isolators that impact on elderly African Americans. It also examined depression among the elderly in general and elderly African Americans in particular.

Isolators Among the Elderly

In developing the conceptual framework for this study, it was necessary to build on others conceptualization on the isolation of the elderly. As indicated in chapter one, according to Caplis, there are obvious advantages and disadvantages of living longer. Elderly persons who prepared for their retirement and have good health can call aging a rewarding and most enjoying stage of their lives. In most cases the family size becomes smaller as children leave the household to be on their own, and so responsibilities for the elderly become less. With this new relief of responsibilities, elderly persons might choose to travel and explore new talents, interests and hobbies that they were unable to pursue before.

However, old age can also bring about a lot of changes

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1Jamie Caplis in Charlotte Eliopoulos, Health Assessment of the Older Adult, 30-31.

2Ibid.
that may have profound impact on the life style of the elderly. Like elderly people in many industrialized societies, the elderly in the United States experience the devaluation of aging. They are not given meaningful social roles because of emphasis on youth in the society. Some of the other problems the elderly people in the United States encounter are inadequate income, inadequate housing, transportation problems, malnutrition and crime victimization.

In addition, the elderly people suffer from more health problems than the younger generation. Beaver and Miller reported that in 1988, 29 percent of older persons rated their health as fair or poor, as compared to 7 percent for persons under 65. According to Caplis, elderly persons are likely to have negative body image as illnesses and disabilities increase. As a result, he or she may "retreat from his or her social world, thus compounding feelings of isolation and loneliness."  

In their book, *Isolated Elders*, Rathbone-McCuan and Hasimi identified four isolators that impact on the elderly. These isolators are: (1) Physical Isolator, (2) Psychological Isolator, (3) Economic Isolator and (4) Social

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Isolator. A discussion of the above listed factors will provide an understanding of what causes isolation among the elderly population.

1. Physical isolators: According to Rathbone-McCuan and Hashimi, physical isolators occur when the elderly person experiences deterioration in body functions. This deterioration is manifested in visual and auditory acuity, physical attractiveness, physical strength and development of symptoms of certain diseases. These authors contended that all of the above stated conditions can prevent elderly persons from participating in their social world. Rathbone-McCuan and Hashimi further maintained that physical isolator can occur at both individual and environmental levels.

At the individual level, according to these authors, elderly persons' negative "personal reactions" to their deteriorating health and physical appearance can reduce their motivation to participate in their social world and obtain needed services. At the environmental level, the elderly experience isolation because the services they need such as "medical and health care" may not be available in the community.

2. Psychological Isolators: In discussing psychological

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6Ibid.
factors that are responsible for elderly isolation, the authors also maintained that this isolator occur at both individual and environmental levels. At the individual level, the elderly persons' tendency to lose their self-esteem due to the fact that the society devalues old age and priorities are accorded to younger people can be and isolator. The authors' view of self-esteem in this aspect very well agrees with Cooley's view of "looking glass self-concept" which states that people develop their sense of self based upon the way other people relate to them. Zastrow and Kirst-Ashman also supported the "looking glass self-concept" as it relates to the elderly: "If elderly people are treated by others as if they are old-fashioned, senile, dependent, and incompetent, they are apt to view themselves in the same way.

Psychological problems emanating from losses experienced as a result of death of close friends, relatives, spouse, loss of work role, ill health, deterioration in physical appearance and physical strength are all likely to cause a sense of isolation in the elderly.

\footnote{Ibid., 13.}


\footnote{Zastrow and Kirst-Ashman, Understanding Human Behavior and the Social Environment, 472.
Rathbone-McCuan and Hashimi further contend that psychological isolators at the environmental level involve "the structure and/or non-availability of resources."\textsuperscript{10} The absence of ambulatory services for example, in a community where there are elders with significant number of chronic mental illness causes isolation in that population. However, as these authors pointed out, facilities and resources may be available, but elderly persons may still be isolated from services if treatment modalities are not fashioned to meet the needs of elderly people.\textsuperscript{11}

3. Economic Isolators: A major economic isolator at the individual level, according to Rathbone-McCuan and Hashimi is lack of sufficient economic means among the elderly.\textsuperscript{12} This lack of economic means can prevent the elderly from participating in leisure activities, purchasing basic necessities such as food, clothing and ensuring personal safety. Poverty among the elderly population has been substantiated by findings of a survey by the American Association of Retired Persons which states that one fifth of the elderly people have incomes close to or below the poverty line.\textsuperscript{13}

\textsuperscript{10}Eloise Rathbone-McCuan and Joan Hashimi, \textit{Isolated Elders: Health and Social Intervention}, 13.

\textsuperscript{11}Ibid.

\textsuperscript{12}Ibid.

Rathbone-McCuan and Hashimi maintained that economic isolation at the individual level may prevent the elderly person from "coping with crisis or preparing for long-range life transitions." At the environmental level, economic isolation of the elderly may be caused by limited benefits for the elderly. The authors noted that since the early 1980's some of the benefits for the elderly have been either reduced or threatened to be phased out by politicians.

4. Social Isolators: Rathbone-McCuan and Hashimi subdivided social isolators into individual and environmental levels like other isolators. At the individual level, social isolators include elderly person's loss of contact as a result of death or disability of friends and/or relatives. It further include lack of knowledge of available resources for the elderly. At the environmental level under the social isolators, the authors argued that the way services are designed can cause isolation among the elderly. In addition, society's negative attitudes toward the aged, and discrimination against them are social isolators. Other environmental isolators under the social isolators cited by the authors include "hazards of deteriorating housing

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14 Eloise Rathbone-McCuan and Joan Hashimi, Isolated Elders: Health and Social Intervention, 13-14.

15 Ibid.

16 Ibid.
and/or neighborhoods or forced relocation to new and unfamiliar areas."  

Isolators That Impact On Elderly African Americans

Theories that deal with aging that have addressed minorities have primarily focused on the relative disadvantages of elderly African Americans in health, income, housing and other aspects of life. Although as the preceding section of this study indicated, elderly isolation cuts across all races and ethnic groups in the United States, elderly African Americans experience isolation differently or more intensely as compared to their white counterparts because of racial discrimination and injustice that exist in the society.

One popular theory that has been consistently employed in the literature to explain the disparity among African Americans and whites is the "double-jeopardy hypothesis." This hypothesis which was advanced by the National Urban League in 1964 states that "there is a cumulative effect of two forms of discrimination - age and race."  

Like elderly people of other ethnic groups in the United States, elderly African Americans experience isolation differently or more intensely as compared to their white counterparts because of racial discrimination and injustice that exist in the society.

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17Ibid.


19Ibid.

20Eloise Rathbone-McCuan and Joan Hashimi, Isolated Elders, 117.
United States, elderly African Americans experience the society's disregard for aging. However, unlike their white counterparts, elderly African Americans experience more economic, social and psychological problems because "racial equality remains more myth than social policy"\(^{21}\) in the United States.

According to the United States Senate Special Committee on Aging, in 1971, in comparison with the elderly white Americans, most of the elderly African Americans and other minority aged have income below the poverty level, "suffer more illnesses and earlier death, have poorer quality housing and less choice as to where they live and where they work, and in general a less satisfying quality of life."\(^{22}\)

Since the proposition of the double-jeopardy hypothesis, a number of studies have been conducted which substantiated the hypothesis. For example, in 1978, Dowd and Bengtson reported findings of their study which showed 36 percent income decline for elderly white people, and 55 percent for elderly African Americans.\(^{23}\) These authors also reported that health scores declined 9 percent for


\(^{22}\)U.S. Senate, Special Committee on Aging, Lindsay, I.B. *The Multiple Hazards of Age and Race: The Situation of Aged Blacks in the United States* (Washington: 1971).

white elderly people and 13 percent for elderly African Americans.\textsuperscript{24}

Ron Manuel in 1988 also reported that in 1984, the median income of families headed by an elderly African American was $11,983, about two-thirds (64\%) of the median family income of white families headed by an elderly white person ($18,775).\textsuperscript{25} This differential in income status explains why there is a differential in life expectancy among whites and African Americans as one's style of life, chances in life and life expectancy may be limited by one's income and economic means. According to the National Center for Health Statistics in 1984, African Americans live five years less than their white counterparts.\textsuperscript{26}

Aside from the socioeconomic and health factors that account for elderly African Americans' isolation, another important factor to be considered here is the separation of elderly African Americans from the extended family system. The literature on social support which compared African American and White American families concluded that African American families provide social support to their elderly

\textsuperscript{24}Ibid.

\textsuperscript{25}Ron C. Manuel, "The Demography of Older Blacks in the United States", in James Jackson ed. The Black American Elderly, 44.

people more than white families.\textsuperscript{27} Dowd and Bengston, in 1978, also supported this notion in their findings that elderly African Americans are more likely to live with their family members and to visit and engage in exchange with extended family members than their white counterparts.\textsuperscript{28}

However, despite the popular findings on social support system, Morrison, in his article entitled "The Black Church as a Support System for Black Elderly" maintained that majority of elderly African Americans do not live in the same home with extended kinship system that include their children.\textsuperscript{29}

Dancy maintained that the fact that within the African American communities tremendous emphasis is placed on the extended family system - one that has been looked upon as a coping mechanism, isolation from such kinship system becomes an unbearable experience for the elderly African Americans.\textsuperscript{30}

\begin{thebibliography}{99}
\bibitem{Dowd} James J. Dowd and Vern L. Bengtson, "Aging in Minority Populations: An Examination of the Double Jeopardy Hypothesis," \textit{Journal of Gerontology} \textbf{432-33}.
\end{thebibliography}
their extended families because some of them while they were younger moved to other cities in search of jobs and better living.

According to Dancy, many of the elderly African Americans who live in the northern cities of the Untied States have roots in the South. This separation from families and from Southern African American "cultural pattern" is likely to cause a sense of isolation among the elderly African Americans.

One may view this type of elderly separation from families and culture as a process that will continue in the African American community. This is because as African Americans continue to suffer disproportionately from unemployment and underemployment, they are likely to leave their families and culture behind in search of jobs and a better life. Consequently, the likelihood of isolation among elderly African Americans may increase rather than decrease.

Another significant isolator among elderly African Americans is that in many cases this population is unaware of the variety of services that are available in the community.\(^\text{31}\) Perhaps elderly African Americans are unaware of available services because of their failure to use

"information and referral services." The finding of the study of 72 widowed elderly African Americans living in a rural area in the south by Scott and Kivett is presented thus:

Approximately four out of ten of the widowed had not heard of home health aid service, vocational rehabilitation, a retirement association, or economic opportunity programs (senior opportunities and services program). One out of three had not heard of homemaker services or the mental health association. One fifth had not heard of the Agricultural Extension Service.

Elderly African Americans' unawareness of available services is also attributed to "perception of eligibility" for services. Elderly African Americans infrequent use of information may cause them not to be aware of the eligibility requirements that most elderly people attain if they are 60 or older and ambulatory.

According to Watson and associates, in spite of the fact that elderly African Americans may be unaware of the eligibility criteria, they are more likely to be "suspicious of governmental motives" and therefore refuse to utilize services. The refusal of accepting services is associated with the fear that they might loose their social

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32Ibid., 8.


security benefits.\textsuperscript{35} This misperception of eligibility in effect becomes a stumbling block among elderly African Americans to receive information about services and utilization of services.

Jones, in her article entitled "Socio-cultural Dimensions, cited Downing and Copeland who maintained that elderly American's utilization of services is affected by "agency location and visibility". According to Jones, Downing and Copeland believed that agencies that are located within the African American community "create a warm and favorable climate, whereas those outside the community tend to create ambivalence and suspicion as to their availability to black clients"\textsuperscript{36}

Elderly African Americans' non utilization of services is also attributed to lack of transportation to the services. This problem is more evident in rural areas where there are poor roads and either inadequate or no public transit systems.

In addition, isolators that impact on elderly African Americans include the institutional and service providers insensitivity to the ethnic and cultural needs of the elderly African Americans.

\textsuperscript{35}Ibid.

According to Carlton-LaNey, in an attempt by the government to serve the elderly African Americans "adequately" through programs such as the Older Americans Act (OAA), the historic and ethnic differences of this population is ignored.37 The objectives of the OAA as listed by Carlton LaNey include the followings:

1. An adequate retirement income in accordance with the American standard of living.
2. The best possible physical and mental health which science can make available without regard to economic status.
3. Suitable housing, independently selected, designed, and located with reference to the special needs of the elderly and available at costs that older people can afford.
4. Full restorative services for those who require institutional care.
5. Opportunity for employment with no discriminatory personnel practices because of age.
6. Retirement in health, honor, and dignity after years of contribution to the economy.
7. Pursuit of meaningful activity within the widest range of civic, cultural and recreational opportunities.
8. Efficient community services, including access to low

cost transportation, which provide social assistance in a coordinated manner and which are readily available when needed.

9. Immediate benefit from proven research knowledge that can sustain and improve health and happiness.

10. Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.\(^\text{38}\)

Farley, in 1987 argued that these objectives do not address the specific needs of elderly African Americans, but rather they are based upon the principle of "integration," which suggests that "ethnocentrism causes the problem of discrimination and assimilation is the solution".\(^\text{39}\)

However, for services and programs to be effective and socially just, they must be designed to meet the specific ethnic and cultural needs of the needy population - elderly African Americans.\(^\text{40}\)

In the literature, the concept, "suppressor effect" has been employed to explain the way elderly African Americans cope with discrimination and prejudice they face in the

\(^{\text{38}}\)Ibid., 5.

white dominated society. In utilizing this coping mechanism, elderly African Americans give the impression that they are pretty satisfied with the available services and so they have no need to ask for improvement of services. The reason behind such attitude is that in the past their needs have not been responded to positively by the white society, and there is no indication that it will now or in the future.

**Related Studies On Elderly Isolation**

Perhaps because isolation among the elderly has been described as a social problem, a lot of attention has been given to it in the literature. However, researchers are not in agreement as to the definition of elderly isolation. The non-availability of concise definition of elderly isolation prompted this researcher to engage in this study in a view to find out what constitute elderly isolation and the consequences of such isolation on the elderly.

Rathbone-McCuan and Hasimi noted that much of the useful studies on the subject of elderly isolation was conducted by Lowenthal and Bennett. In 1964, Lowenthal conducted a study on isolation, mental illness, and old age

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42Ibid.

on two groups of elderly people in San Francisco. She found that "extreme lifelong isolation was not necessarily conducive to mental illness in old age." In another related study conducted in New York in 1980, Bennett and associates summarized their findings as follows:

We have found that isolation has a negative impact on the aged; it desocializes them, hampers social adjustment and seems to reduce independence. At the present time, isolation in the aged does not correlate with the usual demographic factors in institutions though we have found that old women in the community are more readily rejected than men when they age. Isolation is not synonymous with mental disorder in the aged though it may result in some behavior patterns associated with mental disorders, specifically poor social adjustment and poor cognitive functioning. If not compensated for in time, the effects of isolation may lead to serious and possible irreversible cognitive and other impairments. However, unlike senile mental disorder, the effects of isolation may be reversible through resocialization, remotivation, and friendly visiting programs.

In another study conducted by Shanas on the patterns of interaction between the elderly people and their families, the researcher found that elderly people were not isolated from their families. Shanas study was supported by the findings of Taylor in 1985 which noted that elderly African Americans frequently interact with extended family members.

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45R. Bennett, D. Cook, and M. Phil, "Isolation of the Aged in New York City," quoted in Rathbone-McCuan and Hashimi Isolated Elders, 4-5.

This report stated that 6 out of 10 elderly African Americans surveyed, reported that they interact with their extended family members at least once a week.\textsuperscript{47}

**Depression Among The Elderly**

Elderly people are more vulnerable to develop depressive symptoms than the younger generation. It is estimated that about 10 to 15 percent of the population aged 65 or above suffer from depression.\textsuperscript{48} As depression among this population increases, so is the suicide rate. Suicide rate among the elderly is reported to be at its peak among the 75 and over age cohort in men, and in women, the rate peaks after age 45.\textsuperscript{49}

Brown et al noted that although there are many studies that investigate depressive symptoms in the elderly, little is known about elderly African American. These researchers however cited a study conducted by Murrell and associates in 1983 which found the highest level of depressive symptoms among elderly African American women, followed by white women, African American men and white men.\textsuperscript{50}


\textsuperscript{49}Ibid.

The causes of depression in the elderly population has been attributed to a lot of factors. This study focused on depression associated with social supports and social contacts among elderly African Americans.

The relationship between social support and depression in the elderly has been given considerable attention in the geriatric literature. As it is commonplace for social support to dwindle in "quality and quantity" in old age because of both personal and societal changes, depression among the elderly is common. The availability of social support has been found to be an important factor that may prevent a person from depression following a stressful life event. Chaissson-Stewart cited a study conducted by Brown and Harris in 1978 which found that women who have confiding relationships, particularly with husband or boyfriends are less likely to develop depressive symptoms.51 Chaisson Stewart also cited a study by Blazer and Williams in 1980 which lend support to the Brown and Harris findings. Comparing "997 depressed elderly" people and "850 non depressed" elderly people, Blazer and Williams found that the depressed group had a higher incidence of widowed elderly people, which explains that the loss of spouse dwindles one's social support and social contact, hence the

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susceptibility to depression.\textsuperscript{52}

The life cycle factor such as low socioeconomic status has been found to be responsible for the cause of depression among the elderly.\textsuperscript{53} This explains the reason why elderly African Americans are at a high risk of developing depressive symptoms than their white counterparts. In studying 600 elderly African Americans living in High-Rises for the elderly, Husaini et al., found that elderly African Americans living in high-rise apartments are less likely to be married, have lower income, less social support, were in poor health and experience higher levels of depression than those living in the community housing.\textsuperscript{54}

Socioeconomic status has also been linked with how elderly people react to stressful events such as bereavement. Sunderland et al noted that improvement is more likely to occur in people with higher levels of education and of socioeconomic status following death of a spouse than people with lower levels of education and of socioeconomic status.\textsuperscript{55} In other words, elderly people

\textsuperscript{52}Ibid., 86.

\textsuperscript{53}Ibid.


with lower education and socioeconomic status are more vulnerable to depression following death of a spouse.

Conceptual/Theoretical Framework

A useful theoretical perspective for understanding old age is derived from Erikson's "Psychosocial Theory." Erikson postulated that human development occurs in eight stages that begins from infancy to old age. Erikson maintained that each of the eight stages is characterized by "life crises" in which individuals must adjust to their biological, psychological and social environments. He believed that one's successful adjustment to one stage prepares him or her for the next stage. By the same token, Erikson maintained that one's unsuccessful adaptation at a time of developmental crisis, which also occur in old age can result into emotional disturbance such as depression.

Although Erikson did not specifically write on isolation in the last stage of his "Psychosocial Theory," the biological, psychological and social changes that Erikson believed continued through old age are isolators. During the later stage of development, individuals experience deterioration in sensory and auditory acuity,

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56 Marion L. Beaver and Don A. Miller, Clinical Social Work Practice With the Elderly, 2-5.

physical strength and physical appearance, all of these may impair the person's interaction with others. Individuals also become isolated from others because of psychological impact they experiences from losses, such as death of spouse, close relative and friends. The elderly persons are devalued in the society and so no significant social roles are accorded to them. These life crisis that occur during one's old age, however, may pose as a stumbling block to maintain what Erikson called "integrity." Erikson used integrity to refer to elderly persons' ability to look at the past and to accept both their success and failures without regrets.58

Some elderly persons who successfully coped most of their lives may experience depression during their later years because of isolation that they may face during old age.

In view of the above discussion, the author elected Erikson's "Psychosocial Theory" to guide this study.

Statement of the Hypothesis

This study focuses on the relationship between isolation and depression among elderly African Americans. In order to find out if such relationship exists, the following hypothesis will be tested. There is no

statistical significant relationship between isolation and depression among elderly African Americans.

Definitions of Terms

Terms used frequently in this study are defined as follows:

**Isolation:** The American Heritage Dictionary defined isolation as the "separation from a group or whole and set apart."\(^{59}\) Rathbone-McCuan and Hashini in their book *Isolated Elders: Health and Social Intervention* contended that "Isolation is a process in which the elderly lose their sense of personal integrity or connection with other social resources."\(^{60}\) In this study both adduced definitions will be incorporated in looking at isolation among elderly African Americans.

**Isolators:** Factors that have been identified as responsible for isolation among the elderly people.

**Elderly African Americans:** This term is hereby defined as African Americans who are sixty years or above.

**Depression:** The Social Work Dictionary defined depression as "A group of emotional reactions frequently characterized by sadness, discouragement, despair, pessimism about the future, reduced activity and productivity, and feelings of .


\(^{60}\)Rathbone-McCuan and Hashimi, *Isolated Elders*, 16.
inadequacy, self-effacement, and hopelessness."\(^6^1\)

**Social Support:** This includes families, friends and others who perform services for the elderly. Such services may include taking care of the elderly in the event of sickness or disabilities.

**Social Contact:** Elderly people's contact with families, friends and others, by telephone, and personal visits at regular basis.

CHAPTER THREE

METHODOLOGY

This chapter briefly discusses the followings: (1) the research design, (2) research site and setting, (3) research sampling, (4) research data collection procedures, and (5) the analysis of the data collected.

Research Design

A correlational design was used in this study. Correlational design is a research design "used to collect data from a group of two or more variables to estimate the relationship between the variables".¹

Site and Setting

This study was conducted in Atlanta, Georgia. The Imperial Nursing Home which is located in the Northwest of the city of Atlanta was utilized to study isolation and depression among elderly African Americans.

The Imperial Nursing Home, where this study was conducted, is one of the "more than 1,400 personal care homes"² for the elderly in the state of Georgia. The population served by the nursing home is approximately 96 percent elderly African Americans, and approximately 4 percent elderly White Americans and other. The age of the elderly ranged from 45 years to 98. It is a nonambulatory


nursing home. There were 120 elderly people residing in this nursing home at the time of this study.

Sampling

Purposive sampling was used to obtain the sample for this study. Purposive sampling is also referred to as "judgmental" sampling in which the researcher selects the units to be studied on the basis of his or her own judgement "about which ones will be the most useful or representative". In this study the researcher selected elderly African Americans who are 60 years or above to be studied.

The sample consisted of 42 elderly African Americans residing in the Imperial Nursing Home. Out of the 120 residents, 50 names, those who were described as "interviewable" by the assistant director of social services in the nursing home were compiled. When the formal interview was conducted, eight of the residents who initially indicated their willingness to the assistant director of social services to participate in the study declined.

Data Collection Procedures

The OARS Social Resource Scale with some modifications by the researcher and research supervisor was administered in this study. The instrument was used in this study to

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measure the level of isolation among the elderly African Americans. It consisted of seven items that asked information about elderly people's frequency of contact with family members and or friends, the level of support system they have. Respondents scoring 0-7 on the OARS Social Resource Scale are considered isolated; 8-11, somewhat isolated and 12-15, not isolated.

The depression was measured by utilizing the "Depression and Anxiety" scale developed in collaboration with the researcher's faculty co-supervisor. The scale measures the frequency of depressive symptoms as experienced during the past 30 days.

The three dimensions of depressive symptoms that were measured are as follows: (1) feeling very lonely or remote from other people, (2) feeling depressed or very unhappy and, (3) feeling bored. In each of the three dimensions of depressive symptoms, respondents are to make a choice from (1) Never, (2) Seldom, (3) Occasionally and, (4) Frequently. Respondents scoring above nine points are considered to be highly symptomatic.

There was also a demographic questionnaire administered in this study. It consisted of questions dealing with (1) gender (2) age (3) race (4) marital status (5) education and (6) source of income. There were two items that asked questions concerning respondents health status, and one item that dealt with stressful life events such as divorce, death
of spouse, death of relatives, death of close friends during the past five or six years. The data for the study was collected through one-on-one interview with respondents. The interview was conducted on Friday, February 26, 1993 at 9:45 a.m. The elderly were asked to assemble in the lounge in the facility. The researcher explained the purpose of the study to the elderly people assembled before interviewing them individually.

Two nurses were assigned by the facility to assist the researcher in administering the questionnaire. Prior to the actual interview, the questionnaire was explained to the nurses. The two nurses took turn in reading the questions to each elderly person interviewed while the researcher recorded the responses on the questionnaire. The researcher clarified all questions that respondents had in the course of the interview. The interview lasted for two and a half hours.

Data Analysis

In this study, descriptive statistics, such as frequencies and percentages were employed. The "Pearson's Product-Moment Correlation (r) was used to determine whether or not there is a statistical significant relationship between isolation and depression among elderly African Americans.
CHAPTER FOUR

PRESENTATION OF RESULTS

The findings of this study are presented as follows:
(1) Demographic Characteristics, (2) Health Status,
(3) Life Events, (4) Isolation and, (5) Depression

Demographic Characteristics

The demographic data covered the following areas: (1) age, (2) gender, (3) education and, (4) marital status.

Age The respondents' ages in this study ranged from 60-95 as presented in Table 1 below.

Table 1. -- Age Categories of Respondents (N=42)

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-65</td>
<td>9</td>
<td>21</td>
</tr>
<tr>
<td>66-70</td>
<td>9</td>
<td>21</td>
</tr>
<tr>
<td>71-75</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>76-80</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>81-85</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>86-90</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>91-95</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>96-100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>100 And Above</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 1 indicates that in the 60-65, and 66-70 age categories, there were nine (or 21%) respondents in each age category. From age 71-75, there were eight (or 19%) who responded, while the age range of 76-80 had two (or 5%) respondents. The age group of 81-85, as indicated in table 1 consisted of eight (or 19%) respondents, whereas those who indicated that they were in the 86-90 age cohort had two (or 10%) respondents. While four (or 10%) respondents indicated
that they were in the 91-95 age category, none or (0.0%) responded to either 96-100 or 100 and above age category.

**Gender** The respondents of this survey were both males and females elderly African Americans.

Table 2. -- Gender of Respondents  
(N=42)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>23</td>
<td>55</td>
</tr>
<tr>
<td>Male</td>
<td>19</td>
<td>45</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2 shows that of the 42 respondents, 23 (or 55%) were females, while 19 (or 45%) were males.

**Education** The educational attainment of the respondents ranged from less than high school diploma to two year college diploma or its equivalent.

Table 3. -- Education of Respondents  
(N=42)

<table>
<thead>
<tr>
<th>Education</th>
<th>Frequency</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>32</td>
<td>76</td>
</tr>
<tr>
<td>High school or GED</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Some college or degree</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>College degree</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 3 reveals that 32 (or 76%) of the respondents were without a high school education, while six (or 14%) completed a high school education or its equivalent. Four respondents (or 10%) indicated that they attained a two-year or professional degrees. None (or 0.0%) of the respondents had a college degree.
**Marital Status** - Respondents in this study consisted of elderly African Americans who were married, divorced, never married, widowed/widower, or separated.

Table 4. -- Marital Status of Respondents  (N=42)

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Frequency</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>6</td>
<td>14.3</td>
</tr>
<tr>
<td>Never Married</td>
<td>8</td>
<td>19.0</td>
</tr>
<tr>
<td>Widow/Widower</td>
<td>14</td>
<td>33.4</td>
</tr>
<tr>
<td>Separated</td>
<td>6</td>
<td>14.3</td>
</tr>
<tr>
<td>Divorced</td>
<td>8</td>
<td>19.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>42</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 4 shows that while six respondents (or 14.3%) said that they were married, another six respondents indicated that they were separated. Eight (or 19%) of the respondents had never been married while another eight were divorced. Fourteen (or 33.4%) were widowed/widower.

**Summary of Demographics**

The demographic findings revealed that more females responded to the survey than males, and the respondents age ranged from 60-95. Majority of the respondents were in the age range of 60-75, which made up 61 percent of the total respondents. All of the respondents were elderly African Americans.

The findings also showed that majority of the respondents did not have high school education, and none of them had a college degree.

For the marital status variables, the majority of the elderly surveyed indicated that they were widowed or
widower. Other most frequently responded to variables under marital status were "never married" and "divorced". The variables, "married" and "separated" had the least responses. The primary source of income for all elderly respondents was social security.

Health Status

Health status is presented in tables five and six.

Table 5. -- Health Status of Respondents (N=42)

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Frequency</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Good</td>
<td>18</td>
<td>43</td>
</tr>
<tr>
<td>Fair</td>
<td>11</td>
<td>26</td>
</tr>
<tr>
<td>Poor</td>
<td>11</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>42</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 5 shows that while two (or 5%) of the respondents rated their physical health as excellent, 18 (or 43%) said that their health was good. As also indicated in Table 5, 11 respondents (or 26%) rated their health as fair, while the same number of respondents said their health was poor.
Table 6. -- Current Health Status of Respondents (N=42)

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Frequency</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better</td>
<td>17</td>
<td>40</td>
</tr>
<tr>
<td>Same</td>
<td>15</td>
<td>36</td>
</tr>
<tr>
<td>Worse</td>
<td>10</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 6 shows that in responding to the question of whether their health was "better", "same", or "worse", than a year ago as shown in Table 6. Seventeen (or 40%) indicated that their health has been better. Fifteen (or 36%) of the elderly surveyed reported that their health has been the same since a year ago, while 10 (or 24%) said their health was worse as compared to a year ago.

Life Events

The data on stressful life events, namely death of spouse, death of close friends, death of a close family member, divorce, and personal injuries or illnesses as experienced during the last five or six years are presented in Tables 7-11.

Table 7. -- Life Events of Respondents in the Last 5 to 6 Years (N=42)

<table>
<thead>
<tr>
<th>Death of Spouse</th>
<th>Frequency</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>No</td>
<td>38</td>
<td>90</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 7 shows that while only 4 (or 10%) said that they experienced death of a spouse during the last five or six years, 38 (or 90%) indicated that they had not experienced
such stressful event during the period under question.

Table 8. -- Divorce in the Last Five or Six Years (N=42)

<table>
<thead>
<tr>
<th>Divorce</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>6 (14%)</td>
</tr>
<tr>
<td>No</td>
<td>36 (86%)</td>
</tr>
<tr>
<td>Total</td>
<td>42 (100%)</td>
</tr>
</tbody>
</table>

Table 8 indicates that of the elderly surveyed, 6 (or 14%) reported that they had gone through divorce during the past five or six years, while 36 (or 86%) responded that they had not experience divorce in the last five or six years.

Table 9. -- Death of Close Friend in the Last Five or Six Years (N=42)

<table>
<thead>
<tr>
<th>Death of Close Friend</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15 (36%)</td>
</tr>
<tr>
<td>No</td>
<td>27 (64%)</td>
</tr>
<tr>
<td>Total</td>
<td>42 (100%)</td>
</tr>
</tbody>
</table>

Table 9 indicates that in the variable of death of a close friend during the last five or six years, 15 (or 36%) answered "yes", while 27 (or 64%) responded "no".

Table 10. -- Personal Injuries or Illnesses in the Last Five or Six Years (N=42)

<table>
<thead>
<tr>
<th>Personal Injuries or Illness</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>19 (45%)</td>
</tr>
<tr>
<td>No</td>
<td>23 (55%)</td>
</tr>
<tr>
<td>Total</td>
<td>42 (100%)</td>
</tr>
</tbody>
</table>
Table 10 shows that in responding to the question whether or not the respondents have had personal injuries or illnesses during the past five or six years, 19 (or 45%) said that they had injuries or illnesses during the past five or six years. Twenty-three (or 55%) indicated that they had not have personal injuries or illnesses during the past five or six years.

Table 11. -- Death of a Family Member (N=42)

<table>
<thead>
<tr>
<th>Death of a Family Member</th>
<th>Frequency</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>27</td>
<td>64</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>36</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 11 indicates that 27 (or 64%) of the respondents have experienced death of a close family member during the last five or six years while 15 (or 36%) did not.

Summary of Health Status and Life Events

The analysis of health status variables indicated that the majority of the respondents rated their health as good. While the numbers of elderly people who said that their health was excellent had the least respondents, those who rated their health as either fair or poor had the same scores in each category.

Most of the elderly surveyed reported that their health has been the "same" during the past one year, but those who said that their health has been better, outnumbered the respondents who rated their health as "worse".
The life events variables' analysis showed that the majority of respondents did not experience events such as, death of spouse, divorce, death of a close friend, personal injuries or illnesses during the past five or six years. However, in the variable of "death of a family member" during the past five or six years, majority of the respondents indicated that they had experienced such loss.

Isolation

The findings of the "OARS Social Resources Scale" which was used to measured isolation in this study are presented on the following graph.

Figure 1.

Figure 1 shows that 12 (or 29.0%) were isolated, scoring 1-7 on the OARS Social Resources Scale. It is further indicated in Figure 1 that 21 (or 50%) were moderately isolated scoring 8-11, while 9 respondents (or 21%) were not isolated, scoring 12-15 on the OARS Social Resources Scale.
Figure 1.

Isolation

<table>
<thead>
<tr>
<th>Level</th>
<th>Bar Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>10</td>
</tr>
<tr>
<td>Mod Level</td>
<td>20</td>
</tr>
<tr>
<td>High Level</td>
<td>5</td>
</tr>
</tbody>
</table>
Depression

The findings of the "Anxiety and Depression Measurement Scale" developed by the researcher's co-faculty supervisor are presented in the following graph.

Figure 2.

Figure 2 indicates that 20 respondents (or 48%) had no depressive symptoms, scoring 3-6 on the "Anxiety and Depression Measurement Scale." Fourteen (or 33%) respondents were moderately depressed, scoring 7-9 on the Anxiety and Depression Measurement Scale, whereas, 8 (or 19%) were highly depressed, scoring 10-12.
Figure 2.

Depression

None       Mod Level       High Level
Furthermore, the findings of the relationship between Isolation and Depression among the elderly African Americans are presented below.

**Hypothesis**  There is no statistical significant relationship between isolation and depression among the elderly African Americans.

Pearson's Product-Moment Correlation (r) was used to determine whether or not there is a relationship between Isolation and Depression among the elderly African Americans.

The result of the statistical analysis showed the following:  \( r=0.263, \ df=82, \ p< .01. \)

Based on these results, the null hypothesis was rejected, that is, there is a statistical significant relationship between Isolation and Depression among the elderly African Americans.

**Summary of Isolation and Depression**

The isolation findings revealed that the majority of the respondents were moderately isolated, meaning that they have less social contact with families and friends and support system. On the other hand, 29% of the respondents were isolated from friends and families and have little or no support system. Elderly African Americans who have regular contact with families and friends and a good support system made up 21 percent of the survey. They scored 12-15 points on the scale and are considered as not isolated.
In relationship to depression, the majority of the elderly African Americans who responded to the survey were not depressed. This means that they had low scores on the "Anxiety and Depression Measurement Scale". There were more elderly African Americans who had moderate depression than were those who had high depressive symptoms. The findings of the Pearson's Correlation (r) showed that there was a statistical significant relationship between isolation and depression among elderly African Americans.
CHAPTER FIVE

SUMMARY AND CONCLUSION

The summary of this study discussed the findings, limitations, and research direction for future researchers.

Interpretation of Findings

The demographic analysis revealed that the age of respondents ranged from 60-95. Majority of the respondents were in the "young old" cohort, which is considered to be relatively healthy and rigorous.\(^1\) It is noteworthy that while the survey was made up of 39 percent of respondents in the "old old" cohort, none of them was older than ninety five years.

Health factor may be responsible for the low participation of the "old old" cohort in the study. As "old old" category generally suffers disproportionately from illness and disabilities they are likely to be confined in their rooms.

The gender analysis of the respondents indicated that there were more females than males. While this might suggest that there were more elderly African American females than were elderly males in the study site, it is not conclusive due to the smallness of the sample size.

The study focused on the elderly African Americans and

\(^1\)Lawrence Green, Community Health (St.Louis: Times Mirrow/Mosby College Publishing, 1990), 164.
so the sample consisted of elderly African Americans as the only race, even though there was about 4 percent elderly white Americans and other at the study site.

The analysis of the educational attainment of the respondents revealed that most of the elderly did not have a high school diploma. However, there were elderly people in this survey who had a two-year college diploma or its equivalent. The researcher attributes the low education finding among elderly African Americans to racial discrimination that exist in the United States. The elderly African Americans had limited opportunities to go to school during their days. This population did not benefit from any minority scholarship programs to attend school or college in their days. Above all, because of social and economic discrimination, African American parents in the early years did not earn income that would be enough to put their children into school.

The findings on the marital variables indicated that most of the respondents were either widowed or widowers. There were more divorced elderly respondents than married elderly. It was further revealed from the findings that there were more elderly respondents who had never been married than were respondents who said that they were separated from their marriage.

The results of these findings are not surprising as divorce, widowed/widower and separation are all common life
events among the elderly. The findings of the marital variable, however, do not suggest that these life events are higher in this population as that could be the focus of future studies.

In the health status variable, a slight majority of the respondents rated their health as either fair or poor. The finding lent support to the finding of the National Health Interview Survey in 1982. As reported by Gibbs, "over 55% of older blacks"\(^2\) rated their health as either fair or poor in that survey. It is interesting to note that while the majority of the elderly who participated in this study were in the "young old" category, the fact that they are in the nursing home very well correlated the way they rated their health in the survey.

However, in responding to the question whether their health has been the same, better or worse than it was a year ago, majority of the elderly said that their health has been better. This may indicate that the personal care they received in the nursing home may have contributed to the improvement of their health.

The analysis of the primary source of income for the respondents indicated that all of them depend on social security. The findings of the stressful life events during the past five or six years showed that the majority of the

respondents did not experience such events during the years in question. Ninety percent of the elderly who participated in the study did not experience the death of a spouse. This may mean that such respondents had been divorced longer than five or six years or they had never been married.

However, more elderly persons indicated that they have experienced the loss of a family member during the last five or six years than were those who did not.

The analysis on the isolation scores indicated that the majority of the respondents were moderately isolated. This means that while they may be having some kind of social contact with families and friends, they do not have such contacts as regularly as they need.

The moderately isolated elderly person may have person or persons to take care of him or her in the event of sickness or disability, but only for a short period of time which may not be more than six months. The moderately isolated elderly person is not sure whether he or she can confide in any of his/her relatives or friends. He or she do not know more than two persons to visit with in their own homes.

However, in the isolation scale, the moderately isolated elderly score more than the isolated elderly. This means that the isolated elderly African American has little or no social support and social contact. In most cases, the only contact such elderly person has was with other
residents and workers in the nursing home. However, for the elderly persons who have difficulties in relating with others, the presence of other residents and workers in the nursing home may not help them from feeling isolated. As cited by Beaver and Miller, Clark and Anderson in 1969 observed that isolation is common among elderly persons who "have had long-standing personality difficulties characterized by seeking solitude to avoid others."³

The findings on the depression measurement revealed that the majority of respondents did not feel depressed. This means that they scored low on the "Anxiety and Depression Measurement Scale." There were more respondents whose scores were considered to be moderate depression level than were those whose scores were considered high depression. The highly depressed elderly were those who scored high on the depression scale. The combination of the moderately depressed elderly and highly depressed elderly indicate that there were more depressed elderly than were non-depressed.

The elderly persons in this study who scored low on the depression scale could be considered to be well adjusted. According to Erikson’s Psychosocial Theory, such elderly persons have successfully adapt to the developmental crisis. They may have considered isolation as life event as one

³Marion L. Beaver and Don A. Miller, Clinical Social Work Practice with the Elderly, 133.
grows older. As a result, rather than having emotional disturbances, they may learn to cope with isolation. On the other hand, elderly persons who were depressed as a result of isolation which they did not experience during their earlier days may be considered as those who do not adapt successfully.

Erikson's adaptation concept was supported by scholars like MacLean, as cited by Chaisson-Stewart. According to Chaisson-Stewart, MacLean maintained that "it is the management strategies for coping and adapting to stress that separates the depressed from the non-depressed population."^4

The researcher elected the Erikson's "Psychosocial Theory" to guide this study because it adequately describes the life events in aging. However, the researcher does not agree with Erikson and other scholars on their contentions which seems to suggest that the elderly ought to be blamed for their unsuccessful adaptation to crisis. By so doing, Erikson and other scholars have failed to address the social and economic problems that the elderly population face in a youth oriented society. Hardly could a coping mechanism be successful for any elderly person who encounter problems of housing, transportation, health care and personal safety.

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Limitations of the Study

As the sample of this study consisted of only forty-two elderly African Americans, the findings are limited in terms of generalizing to all the elderly African Americans both at the study site and outside the study site.

The study site suggests some limitations in that the findings cannot be generalized to other nursing homes. The facility used for this study is a nonambulatory nursing home. Similar study conducted in an ambulatory nursing home might show different findings.

This study focused on elderly African Americans who were 60 years and above. This has a limitation in that the findings cannot be considered to represent all of the elderly African American population.

However, the findings of this study could serve as a reference for further studies.

Directions For Future Research

Having extensively reviewed the literature on isolation and depression among the elderly population, and particularly the elderly African Americans, the researcher found that there is a scarcity of studies of that nature specifically relating to elderly African Americans.

In view of this scarcity of studies on the isolation and depression among the elderly African Americans, the researcher suggests that this study could be replicated using a larger sample from different locations. Such study
could compare the level of isolation and depression among the elderly African Americans in institutions and in the community.

Based upon the findings of this study, future research should address the quality of social contact and social support for the elderly African Americans. Such study could utilize variables such as how the elderly African Americans rate their contact with families and friends; and their feeling about support system. This may indicate whether or not the elderly feel isolated, in spite of contact with families and friends.

Future studies on isolation and depression should also provide more in-depth analysis. Such studies should explore data from both elderly respondents and their support system, enabling researcher to examine whether the members of support system think they provide adequate support for their elderly or not.
CHAPTER SIX
IMPLICATION FOR SOCIAL WORK PRACTICE

The findings of this study suggest that social workers need to pay more attention to elderly African Americans' support system and social contacts. When support system and social contact are lacking among this population, emotional problem, such as depression may result. Perhaps this demonstrates the great emphasis African Americans placed on the extended family system. As noted earlier in this study, African American elderly view their extended kinship system as a source of coping mechanism. As a result, isolation from such an important system is particularly painful for the elderly African American.

Clinical social work interventions to support isolated and depressed elderly African Americans should address the need to improve social contacts and social support systems for this population. Social workers providing services for this population should make efforts to ensure regular contact between the elderly person and family members or friends.

Based upon the findings of this study as to the low social support and social contact among this population, social workers should make efforts in locating family members who had loss contact with their elderly persons for long in order to establish regular contact.

Social workers who work with the elderly African
Americans in the institutions should assist this population in developing skills and mechanisms necessary to have better relationship with other residents in the institution.

With the elderly persons who have difficulties in relating to others, social work practice ought to include "assertiveness" training in order to increase the elderly person's capacity to successfully relate to others.

In working with this population, "reminiscence therapy" should be included in the intervention plan to increase the levels of social support through encouragement of social participation, sharing, and a sense of common age identity among the elderly in institutions.

It is important for social workers to recognize the symptoms of depression while working with this population. Social workers should immediately refer elderly persons to appropriate medical or psychiatric assessment as soon as depression is suspected. Since the elderly population, including the elderly African American are likely to deny that they are depressed, social workers ought to be alert to identify their emotional problems and persuade them of the need for early evaluation.

Like many nationally conducted studies, the findings of this study indicated health problem to be prevalent among elderly African Americans. As a result, social workers should assist this population to better cope with their health problems.
In conclusion, it is important for social workers to establish a good rapport while working with the elderly African Americans. Social workers should focus their intervention strategies on all isolators that impact on the elderly African Americans.
APPENDICES
This Questionnaire is designed to obtain information regarding the needs of the elderly; their feelings about social support and about themselves. Please answer each question by placing a circle on the correct answer. This survey is confidential. Please do not write your name.

DEMOGRAPHIC SURVEY

(1) Sex (Please Check One)

1 Male  2 Female

(2) Age

1 60-65  4 76-80  7 91-95
2 66-70  5 81-85  8 96-100
3 71-75  6 86-90  9 over 100

(3) Race

1 Black  2 White  3 Other (Specify)___

(4) Marital Status

1 Married  2 Never Married  3 Divorced

4 Widowed  5 Separated

6 Other (Specify)____________

(5) Education

1 Did not complete high school
2 High School Graduate or GED
3 Some College or Professional Degree
4 College Graduate

(6) Annual Income

1 Under $5,999  2 $6,000-$9,999  3 $10,000-$14,000
4 $15,000-$19,000  5 $20,000 and above
(7) Primary Source of Income

1 Salary from employment
2 Social Security
3 Retirement Payment or Pension
4 Annuities, investment, interest
5 Supplemental Security Income (SSI)
6 Unemployment Compensation
7 Other (Specify)________________________

(8) In general, would you say that your physical health has been?

1 Excellent  2 Good  3 Fair  4 Poor

(9) Is your health better, the same, or worse than it was one year ago?

1 Better  2 Same  3 Worse

ELDERLY PSYCHOSOCIAL READJUSTMENT SCALE

(10) Here is a list of events that may happen to anyone. Have you experienced any of them personally during the last five or six years? Please respond by placing a circle on the applicable answer.

<table>
<thead>
<tr>
<th>Event</th>
<th>NO</th>
<th>YES</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death of a spouse</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Divorce</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Death of close friend/s</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Retirement</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Death of close family members</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Personal injury or illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sexual difficulties</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

ELDERLY SOCIAL SUPPORT SYSTEM

This questionnaire is designed to measure the amount of support you have from your family and/or friends.

(11) In the past year about how often did you leave here to visit your family for weekends or holidays, or to go on a shopping trip or outings?

1 Once a week
(12) How many people do you know well enough to visit with them in their home?

1 Five or more
2 Three or Four
3 One to Two
4 None

(13) About how many times did you talk to someone - friends, relatives or others - on the telephone in the past week (either you called them or they called you)?

1 Once a day or more
2 2 times a week
3 Once a week

(14) How many times in the past week did you visit with someone, either with people who live here or people who visited you here?

1 Once a day or more
2 2-6 times a week
3 Once a week
4 Not at all
5 Other __________

(15) Do you have someone you can trust and confide in?

1 Yes
2 No
3 Don’t Know

(16) Do you find yourself feeling lonely quite often, sometimes, or almost never?

1 Quite often
2 Sometimes
3 Almost never

(17) Do you see your relatives as often as you want to or are you somewhat unhappy about how little you see them?
1 As often as want to
2 Somewhat unhappy about how little
3 Not sure

(18) Is there someone (Outside this place) who would give you any help at all if you were sick or disabled; for example, your husband/wife, a member of your family, or a friend?
1 Yes
2 No one is willing and able to help
3 Not sure

(19) Is there someone (Outside this place) who would take care of you as long as needed, or only for a short time, or only someone who would help you now and then, for example, taking you to the doctor, or fixing lunch occasionally, etc.


(20) ANXIETY AND DEPRESSION MEASUREMENT

Below is a list which describes some of the ways people feel at different times. Please tell us how you felt like during the past month.

1. Feeling very lonely or remote from other people.
   1 Never  2 Seldom  3 Occasionally  4 Frequently

2. Feeling depressed or very unhappy.
   1 Never  2 Seldom  3 Occasionally  4 Frequently

   1 Never  2 Seldom  3 Occasionally  4 Frequently
BIBLIOGRAPHY


Eliopoulos, C. Health Assessment of the Older Adult Redwood City: Addison-Wesley Nursing, 1990.


