



## STRESS, DEPRESSION AND DYSFUNCTIONAL ATTITUDES AMONG ELDERS. A NON-EXPERIMENTAL APPROACH

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### *Abstract*

*The present paper aims to identify the extent in which stress is associated both to dysfunctional attitudes and depression among elder people. In a non-experimental design 60 participants aged between 60 and 74 years old (M= 67.4, SD=11.02) from Bucharest and Ploiești were investigated using the instruments Geriatric Depression Scale (GDS, Yesavage, 1986), The Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983) and The Dysfunctional Attitude Scale (DAS - Weissman, 1979; Weissman & Beck, 1978). The results indicate that the research hypothesis regarding the correlation between stress and depression on one hand and high level of stress and dysfunctional attitudes on the other hand were according to expectations. The hypothesis regarding the possible correlation between depression and dysfunctional attitudes was not confirmed by results of statistical tests.*

**Keywords:** *elders, stress, depression, dysfunctional attitudes, personality.*

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### 1. INTRODUCTION

Inner dimensions of personality, which are studied in relation to aging include psychological dependence, dogmatism, Ego strength, risk taking, introversion, hope, need for savings (Neugarten, 1980). First of all, studies focusing on the topic of personality and adult development emphasize a continuity, through which thoughts, motives and typical emotions tend to maintain in time; the second brings to discussion an interior dimension which changes systematic along with aging and which seems to be – in most of studies – recognized as introversion, in the sense of a reversion of interest and an inner-focused attention.

Stability of personality at old ages is connected to two elements. One of them is the fact that individuals are expected to respond in a conscious manner, according to

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their past (Crăciun, 2014). On the other hand people build around themselves familiar social networks (schemas) which facilitate their contact to society in a known, typical manner (Knight & Satre, 1999).

Aging affects the identity stability in several important ways. First, the more mature somebody is on an identity level, the more that person's theory of one's self can be tested in various experiences. The picture of these experiences results in a stable personal identity which resists well to everyday requests (Bosma, de Levita, Graafsma & Grotevant, 1994; Coulston, Bargh, Tanious et al, 2013, Rizeanu, 2016).

Secondly, the reduction of social responsibilities related to old age may reduce the potential conflict between different aspects of identity. Third, for most individuals, getting old has the meaning of continuing familiar activities around the home. Generally people have developed their schemas as made acquisitions for long periods of time (Greenglass, Fiksenbaum, Eaton, 2006; Sadavoy, 1994).

The more they age, individuals have a wider view on how they are, how they would like to be, how they should be in a variety of roles and situations. It has been demonstrated that it is more important for elders to live a moral life avoiding doing things which are not suitable, compared to younger people who are more concerned with obtaining high social positions and status (Baumeister, 1991). In other words, self-esteem may depend at older ages to moral qualities compared to social acquisitions (Joung & Miller, 2006). Interpersonal relationships in the case of family present a wide meaning for the psychological balance of elder people. Aging reduces extra-familiar social interactions (as they are more frequent during the active period of life), professional and cultural, as in this context intimate relations in family become more important (Tesauro & Pianelli, 2010).

The simple belonging to family environment represents a positive factor in maintaining mental health. Statistical data has shown a higher prevalence of psychological disorders among single, divorced and widowed people (Gove, 1972; Gove & Shin, 1989; Grimby, 1993).

Three would be the conditions mentioned by Fontaine which grant successful senescence: a weak probability for health issues (especially those which lead to losing one's autonomy), maintaining a high functioning level on the cognitive and physical areas (in which case we speak of optimal aging) and third, maintaining social involvement (sustained involvement, active in social and productive activities) and subjective wellbeing (Fontaine, 1999). These three conditions are reunited only in variable proportions, according to specific influences.

Margaret Baltes and Paul Baltes (1990) distinguished between three categories of influences:

- Peers-related: events associated to the chronological age, upon which the individual does not have control on (starting school, retirement);

- Historic events (or the cohort effect): aspects regarding the historic context individuals find themselves in are inherent to the historic process, and individuals cannot control them;
- Personal life-related: or non-normative, are specific and unique in the history of an individual, and are under the individual's control.

It seems that people dispose of a set of physical and cognitive capacities which is utilized according to their motivations and environment requests. The older adults could dispose of high latent backups, although could never concur to a younger person. Baltes (1997) spoke of two kinds of resources: basic backup capacities and developmental backup capacities. The first refer to an optimal use of resources in a given situation and they could be activated and grown, which leads to the capacity for development and thus leads to the developmental backup capacities (long and medium term acquisitions and practiced skills).

A longitudinal study conducted by the MacArthur Foundation which included 1189 subjects has shown that the best predictor of optimal aging on a cognitive plan is the level of education, regarding inserting leisure activities such as reading and cross-words (Seeman, McEwen, Rowe & Singer, 2001). Another predictor refers to the capacity of pulmonary expiration (which significantly correlates to the maintenance of cognitive activities), and a third predictor consisting in tiring physical activities, without excess, at home and around it and a fourth which is a personality factor: the perception of one's self-efficacy and self-trust. Such positive trust (in one's own capacities of organizing and executing actions in diverse life situations) is necessary for maintaining intellect on a higher level (Fontaine, 1999).

## **2. OBJECTIVE AND HYPOTHESES**

The present research proposes to verify the extent in which stress is associated both to dysfunctional attitudes and depression among elder people.

The general hypothesis proposes the existence of a significant positive association between a high level of stress, dysfunctional attitudes and a high level of the elder's age.

The specific hypothesis proposes the existence of a connection between dysfunctional beliefs and a high level of stress. It is also assumed that there is an association between dysfunctional beliefs and depression. Thus it is expected that the level of depression to positively correlate to stress, and, on the other hand, to components of dysfunctional attitudes.

The present research presents a non-experimental design, considering that the general purpose was to extract through the questionnaire-based enquiry, a series of psychological characteristics, as they are concretely found among the elders, without intervening upon them.

### **3. METHOD**

#### **Participants**

The sample utilized for the present research was built upon the pseudo-random selection applied among non-institutionalized elderly aged over 60, in Romania. The participation was volunteered, the only conditions of inclusion referring to age (above 60 years old) and maintaining an active lifestyle (not being institutionalized). Thus, a sample was built consisting of adults (N = 60) aged between 60 and 74 years old (M= 67.4). On a group level there were 30 participants aged between 60-70 years old and 30 aged over 70 years old; 25 male participants and 35 female, 40 from Bucharest city and 30 from Ploiești.

#### **Instruments**

Geriatric Depression Scale (GDS, Yesavage, 1986) was initially created by Yesavage et al., being extensively tested and utilized in communities of elders, along with institutionalized people. The original scale is found in the public domain. GDS is part of the gerontopsychiatric functional scales category and contains 30 self-administered items for people over 60 years old. Participants are asked to respond to the 30 questions with “yes” or “no” regarding the way they felt the day of administration. The scale can be administered either orally or by writing and intentionally omits somatic complaints. It is utilized for depression scanning for the elder population and for the assessment of treatment results. Scores between 0 and 9 are considered normal, between 10 and 19 they indicate moderate depression, while between 20 and 30 they indicate severe depression.

The Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983) is a self-report questionnaire, containing 10 questions. The PSS is a measure of the degree to which situations in one’s life are appraised as stressful (Cohen et al., 1983).

The Dysfunctional Attitude Scale (DAS - Weissman, 1979; Weissman & Beck, 1978) is an instrument which allows the assessment of attitudes which may constitute a predisposition for the depression onset. The DAS-A scale indicates the extent in which dysfunctional attitudes are considered to belong to the subject’s thinking: the higher the score, the more the level of dysfunctional attitudes is higher.

#### **Procedure**

Participants who composed the elders sample had the freedom to respond to questions according to the personal availability, considering they received the questionnaires during meetings at the Senior Clubs in Bucharest and Ploiești. Participants received instructions from a team of two psychologists who conducted this activity and the completion duration was of 30 to 45 minutes.

#### 4. RESULTS

In order to analyze the existent association on the level of studied variables, the Pearson correlation test was applied. In the following Tables (1-3) the resulting correlation coefficients are presented.

Table 1. Pearson correlation for level of stress and depression

		PSS	GDS
PSS	Pearson Correlation	1	.436**
	Sig. (2-tailed)		.001
	N	60	60
GDS	Pearson Correlation	.436**	1
	Sig. (2-tailed)	.001	
	N	60	60

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Table 2. Pearson correlation for level of stress and Dysfunctional Attitude

		PSS	DAS
PSS	Pearson Correlation	1	-.337*
	Sig. (2-tailed)		.024
	N	60	60
DAS	Pearson Correlation	-.337*	1
	Sig. (2-tailed)	.024	
	N	60	60

\* . Correlation is significant at the 0.05 level (2-tailed).

From tables 1 and 2 results that there are statistically significant correlations between the high level of the perceived stress and the GDS score ( $r=.436$ ,  $p=0.001$ ) and also between the perceived stress and dysfunctional attitudes ( $r=-.337$ ,  $p=0.024$ ).

Table 3. Pearson correlation for level of Dysfunctional Attitude and depression

		PSS	DAS
DAS	Pearson Correlation	1	.219
	Sig. (2-tailed)		.056

	N	60	60
GDS	Pearson Correlation	.219	1
	Sig. (2-tailed)	.056	
	N	60	60

From table 3 results that there is no significantly statistic correlation between dysfunctional attitudes (DAS) and the GDS score ( $r=.219$ , while for this correlation to be significant the p value should have been  $p=0.056$ ).

## 5. CONCLUSIONS

Obtained results show that the research hypothesis regarding the correlation between stress and depression on one hand and high level of stress and dysfunctional attitudes on the other hand were according to expectations. However, the hypothesis regarding the possible correlation between depression and dysfunctional attitudes was not confirmed by results of statistical tests. This fact could be explained by that the elders, even if they self-describe as having a depressive state they do not automatically communicate a tendency towards loneliness and withdrawal (Ong, 2010).

It should be mentioned that there is a series of limits of the present study. These are given by the correlational design of the research, by the reduced degree of representativeness of the sample and the fact that only self-report instruments were applied in assessing the participants. From this point of view, an important suggestion for possible further studies referring to the elders would be that researchers consider diverse external criteria of estimating the participant's performance, criteria to compare with answers offered by participants to the PSS, DAS and GDE scales. Also, in the study of the elders, along with applying psychometric instruments, it is also recommended to test the participants in diverse experimental situations, projected with the purpose of obtaining authentic reactions and behaviors, specific to the old age, which could be observed and quantified (Rizeanu, Gatej, Ciolacu, 2017).

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