

OSTRACISM AND DEPRESSION AMONG OLDER ADULTS: A CASE OF PUNJAB, PAKISTAN

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ABSTRACT

Ostracism is the experience of being neglected or excluded from a social setting or interaction, and this negative social phenomenon is experienced by people of all ages. The present study was conducted to assess the relationship between ostracism and depression among older adults. A correlational study design along with purposive sampling was used to collect data from 200 older adults in Punjab, Pakistan. The age range of the participants was 60 to 98 years ($M = 67.11$, $SD = 6.79$). Demographic datasheet, Ostracism Scale for Older Adults and Geriatric Depression Scale were used to investigate the demographics of the participants and assess ostracism and depression respectively. Depression was found to have a significant positive correlation with ostracism and its dimensions (viz., social exclusion and social neglect). Furthermore, ostracism positively predicted depression. Older adults living in a joint family system scored significantly higher on social neglect. The present study highlighted the negative outcome of ostracism that is depression. Government can arrange awareness seminars regarding how ostracism can affect the older population and can introduce strategies and policies specifically tailored according to the needs of the older adults to combat the negative effects of ostracism.

Keywords: ostracism, depression, social neglect, older adults.

INTRODUCTION

Ostracism refers to the experience of being neglected or excluded from a social setting or interaction (Williams, 2007). Ostracism can be a painful experience for an individual. The pain and distress can be the primary and reflexive responses to the experience of ostracism (Williams, 2009). It negatively affects the well-being of an individual including compromising the basic psychological needs of a person (Williams & Nida, 2011). Chronic ostracism can result in feelings of helplessness, social anxiety and even depression (Nishiyama et al., 2015; Williams, 2007; Williams & Nida, 2011). Depression is one of the most prevalent mental illnesses around the globe (Lim et al., 2018). Depression can be defined as persistent sadness, changes in sleep patterns and appetite, loss of interest and concentration in daily life activities (Barnett, 2019; Fancher & Kravitz, 2010). Depression can affect anyone at any age but in older adults ageing is

one of the major factors that contribute to depression (Yamazaki et al., 2016). Depression in older adults can further lead to lower level of quality of life and even suicide (Conwell et al., 2011). Depression may impair the cognitive functioning in older adults and affect functionality in different domains of their life (Raue et al., 2001). Unützer et al. (2002) reported that the mortality rate increases with the increase in depression in geriatric population.

Ostracism may act as a trigger for depression. Both ostracism and depression acted as predictors of each other over the period of three years in a longitudinal study (Rudert et al., 2021). Büttner and Greifeneder (2024) reported that depressed individuals frequently report retrospective ostracism compared to individuals who were not depressed. A study was conducted on 1207 young adolescents which revealed that ostracism had positive correlation with depression and psychological capital mediate this

relationship (Yu et al., 2021). In China, a sample of 1126 adolescents was collected to explore the relationship between ostracism and depression. The results revealed a positive relationship between ostracism and depression and resilience was found to play a moderating role in this relationship (Niu et al., 2016). DeWall et al. (2012) conducted a study on two independent samples and reported that long-term ostracism positively predicted depression in young adolescents. A study conducted on 795 adults revealed that perceived ostracism was positively correlated with depression (Song et al., 2023).

Old age is quite challenging period as the older adults are having retirements, losing their companions and dealing with different illnesses which increases the risk of feelings of loneliness and isolation and ultimately make them vulnerable to have depression (Singh & Misra, 2019). Hawkley et al. (2010) reported that ostracism can negatively impact older adults and the experience of ostracism can be quite painful for them. Most of the studies including (Abrams et al., 2011; DeWall et al., 2012; Li et al., 2019; Niu et al., 2016; Niu et al., 2018; Salvy et al., 2011) focused exploring the concept of ostracism in younger adults and the experience of ostracism remain unaddressed in older adults. There are some demographics which are prevalent in Pakistan but there is lack of literature on them like family system. The present study aimed to fill this gap by exploring the phenomena of ostracism and depression in older adults for devising a plan to protect the wellbeing of the older population.

Hypotheses

- There will be a significant positive relationship between age, number of children, number of grandchildren, ostracism, its dimensions (social neglect and social exclusion) and depression in older adults.
- Ostracism will positively predict depression in older adults.
- There will be a significant difference in ostracism, its dimensions (social neglect and social exclusion) and depression between older men and women.
- There will be a significant difference in ostracism, its dimensions (social neglect and social exclusion) and depression between older adults living in nuclear and joint family system.

Method

Research Design and Sampling

The present study used a correlational study design. Purposive sampling was used to collect data from 200 older adults in Punjab, Pakistan. The sample size was calculated by using G*Power Analysis and it suggested a minimum sample of 119 (Faul et al., 2007). Informed consent was taken in written from the participants. The demographic information revealed that the age range of the participants was 60 to 98 years ($M = 67.11, SD = 6.79$). Participants were selected based on the inclusion and exclusion criteria. The study included both male and female older adults. Participants under the age of 60 were not included. Participants with chronic medical conditions or mental illnesses were excluded. Majority of participants were men (58.5%) and reported to live in a nuclear family system (50.5%) and belonged to urban area (80.5%) (Table 1).

Table 1

Frequency and Percentages of Demographic Characteristics of Older Adults (N =200)

Characteristics	F	%	M(SD)
Age			67.11 (6.79)
Gender			
Men	113	58.5	
Women	87	43.5	
Family System			
Nuclear	101	50.5	
Joint	99	49.5	
Residence			
Urban	161	80.5	
Rural	39	19.5	

Note. f = frequency, % = percentage, M = Mean, SD = Standard Deviation

Measures

For the purpose of data collection, two questionnaires including ostracism scale for older adults and geriatric depression scale were used along with a demographic sheet.

Demographic Information

The demographic information included age, gender, family system, residence, number of children and number of grandchildren of the participant.

Ostracism Scale for Older Adults

Ostracism Scale for Older Adults or OSOA was developed to measure ostracism in older adults (Bilal & Batool, 2024). It is a 6 point Likert scale where 1= Never, 2= Rarely, 3= Sometimes, 4= Often, 5= Mostly, 6= Always. The 38-item OSOA (score ranges from 38 to 228) includes two subscales, social neglect and social exclusion. The Cronbach's alpha value of OSOA, social neglect and social exclusion were .97, .92 and .95 respectively.

Depression Scale

Geriatric Depression Scale or GDS was developed to measure depression in older adults. GDS is a dichotomous scale (Yes/No) and has 15 items in shorter version (Sheikh & Yesavage, 1986). GDS has no subscale and the score ranges from 0 to 15. The sample items of GDS include: "Do you feel full of energy?" and "Do you often feel helpless?" A score of 10 or higher indicates depression. The Urdu translated version of GDS in Scale was used for data collection (Bhamani et al., 2013). The Cronbach's alpha value of GDS was .95.

Procedure

Permission was taken from Advanced Studies and Research Board of Government College University

Lahore before conducting the research. Permission was also sought from the authors of the scales used in the present study. Urdu versions of the scales were used for better comprehension. A sample of 200 older adults were selected. Participants were briefed about the aim of the present research and informed consent was taken. Participants were ensured that their personal information would be kept confidential and would only be used for research purpose. They were then asked to fill the questionnaires. The average time to complete the questionnaire was 15 to 20 minutes. After the data collection process, data was analyzed using SPSS (version 23).

Results

Table 2 demonstrated that ostracism had a significant positive relationship with depression ($r=.50, p<.01$) its dimensions including social exclusion ($r=.98, p<.001$) and social neglect ($r=.96, p<.001$), age ($r=.23, p<.01$), number of children ($r=.27, p<.001$), and number of grandchildren ($r=.26, p<.001$). Furthermore, depression was found to have a significant positive correlation with social exclusion ($r=.48, p<.001$), and social neglect ($r=.49, p<.001$) and number of children ($r=.25, p<.001$). However, age and depression were not significantly related.

Table 2

Relationship between Ostracism, Depression and its Correlates (N=200)

Variable	M	SD	1	2	3	4	5	6	7
1. Age	67.11	6.79	-						
2. No. of Children	4.93	3.32	.23**	-					
3. No. of Grandchildren	6.43	8.67	.38***	.62***	-				
4. OSOA-SE	41.57	20.19	.22**	.24**	.22**	-			
5. OSOA-SN	31.52	14.41	.25***	.29***	.30***	.88***	-		
6. OSOA-Total	73.10	5.93	.23**	.27***	.26***	.98***	.96***	-	
7. GDS-Total	5.93	3.78	.07	.25***	.09	.48***	.49***	.50**	-

SE=Social Exclusion, SN=Social Neglect (OSOA=Ostracism Scale for Older Adults), GDS=Geriatric Depression Scale

*** $p<.001$, ** $p<.01$, * $p<.05$

The impact of ostracism was examined on depression by using linear regression. Ostracism was used to predict the depression. Table 3 revealed that ostracism positively predicted the depression in older adults ($\beta=-1.82, **p < .001$). The R^2 value of .25 revealed that the predictor variable (ostracism) explained 25% variance in outcome variable (depression).

Table 3

Regression Analysis Showing Ostracism as Predictors of Depression (N=200)

Variable	Depression		
	B	B	SE
Constant	1.82		.56
Ostracism	.06	.50***	.01
R ²	.25		
ΔR ²		.25	

Note. Ostracism was entered to predict depression.

*** $p < .001$.

T-test was used to identify the difference in the ostracism and depression scores of men and women.

No significant difference was found between men and women on ostracism and depression (Table-4).

Table 4

Comparison of Ostracism and Depression Between Older Men and Women (N=200)

Scale	Men		Women		$t_{(198)}$	p	Cohen's d
	M	SD	M	SD			
OSOA-SE	40.98	20.23	42.34	20.24	-0.47	.64	0.07
OSOA-SN	30.56	13.79	32.75	15.17	-1.06	.29	0.15
OSOA-Total	71.56	32.56	75.10	34.89	-0.74	.46	0.10
GDS	5.81	3.90	6.81	3.64	-0.49	.62	0.27

SE=Social Exclusion, SN=Social Neglect (OSOA=Ostracism Scale for Older Adults), GDS=Geriatric Depression Scale

The results of independent sample t-test revealed that older adults living in joint family system were found to score higher on social neglect as compared to individuals living in nuclear family system at $p < .05$

level, $t_{(198)} = -2.18$, $d = 0.31$. No significant difference was found on social exclusion and ostracism (Table 5).

Table 5

Comparison of Ostracism, Social Neglect and Social Exclusion Scores Between Older Adults in Nuclear and Joint Family Systems (N=200)

Scale	Nuclear		Joint		$t_{(198)}$	p	Cohen's d
	M	SD	M	SD			
OSOA-SE	39.61	18.59	43.58	21.62	-1.39	.17	0.25
OSOA-SN	29.35	12.77	33.75	15.67	-2.18*	.03	0.31
OSOA-Total	68.96	29.76	77.32	36.79	-1.77	.08	0.20
GDS	5.79	3.72	6.07	3.86	-0.52	.60	0.07

SE=Social Exclusion, SN=Social Neglect (OSOA=Ostracism Scale for Older Adults), GDS=Geriatric Depression Scale

* $p < .05$.

Discussion

The present study was conducted with the aim to assess the relationship between ostracism and depression in older adults of Punjab, Pakistan. To achieve the purpose of the study, multiple hypotheses were formulated and statistical analyses were run to test these hypotheses.

In order to test the first hypothesis, Pearson Correlation analysis was run to assess the relationship between age, number of children, number of grandchildren, ostracism and depression in older adults. The hypothesis was partially supported (see Table 2) as the results revealed that a significant relationship existed between ostracism

and depression. The experience of ostracism causes emotional pain which makes the victim vulnerable to develop depression. Previous studies suggested similar results. Long term ostracism was found to have a positive relationship with depression (Jiang & Chen, 2019). Similarly, DeWall et al. (2012) found that ostracism was positively associated with depression. Yu et al. (2021) reported that ostracism had a strong positive correlation with depression among adolescents from low-income backgrounds. Results are also in line with the studies conducted in China that ostracism leads to depression (Niu et al. 2016; Niu et al., 2018). Age had a significant positive correlation with ostracism which means that with the increase in age, ostracism also increase. Older adults are more vulnerable to the experience of ostracism and depression due to different life events including retirement, death of a loved one and decline in health (Rudert et al., 2020). An old study by Blazer et al. (1991) revealed that the depression was positively associated with age which supports the results of the present study that age was significantly correlated with depression. Significant positive relationships were found between number of children, number of grandchildren, ostracism and depression. No previous study had reported the role of number of children and grandchildren in relation to ostracism and depression. One possible explanation for these positive association between number of children, number of grandchildren, ostracism, and depression might be the fact that increase in the number of children and grandchildren, increases the possibility of familial conflict, which may lead to the feelings of ostracism and depression. The findings of the present study revealed that significant relationship was found between age and depression. Results are consistent with the previous studies that age and depression have a complex relationship (Snowdon, 2001). Future studies may take a larger sample size to study the relationship between number of children, number of grandchildren, and depression.

The second hypothesis was tested using regression analysis and it was supported as the results revealed that ostracism positively predicted depression in older adults (see Table 3). Results are in line with a longitudinal study by Rudert et al. (2021) that ostracism can have long term consequences which can lead to depression. Older adults are more sensitive to the feelings of ostracism. When their social needs are not met, it makes them more

vulnerable to develop depression and social isolation.

The third hypothesis was formulated to identify the difference between men and women on social neglect, social exclusion, ostracism and depression. Independent sample t-test was conducted which revealed that non-significant difference on social neglect, social exclusion, ostracism and depression (see Table 4). These findings were in contrast with Zimmerman et al. (2016) which suggested that the experiences of ostracism were more frequently reported by female faculty members as compared to male faculty members. Similarly, social exclusion was found to be significantly higher in women compared to men (Dahlberg et al., 2020). Previous studies found that older women reported higher level of depression compared to older men (Girgus et al., 2017; Paul et al., 2023). The findings of the present study suggested that ostracism, social exclusion, social neglect and depression are universal experiences that affect the older adults similarly regardless of their gender.

The fourth hypothesis stated that there would be a significant difference in ostracism including social neglect and social exclusion between older adults living in nuclear family system and joint family system. Independent sample t-test was conducted which revealed that the social neglect was higher in older adults living in joint family system compared to the ones living in nuclear families. The study found no significant difference in social exclusion, ostracism and depression between older adults living in joint family system and those in nuclear family system (see Table 5). Results are in line with Charak and Koot (2014) that identified the role of family systems in neglect and abuse in adolescents and found that social neglect was higher in adolescents living in joint family systems. Results are also consistent with Dong et al. (2023) that older adults living in joint family system reported to have higher level of depression compared to older adults living in nuclear family system. The joint family system may induce social neglect in older adults as having people around and still not getting social support from them, the older adults feel neglected as compared to the ones living in nuclear family system who do not have expectations of social support as they do not have people around them.

Limitations and Recommendations

The study used self-reported measures to collect data, which may introduce biasness. In the present study the residence (rural/urban) could have brought interesting results but we were unable to assess the difference in the level of ostracism and depression between older adults living in the rural and urban areas, as we could not collect comparable data in the present study. Income could also be an interesting aspect in the current study but most of the participants were hesitant to disclose their income, so we could not assess the income in relation to the ostracism and depression. Future studies may address these limitations and study the relationship of ostracism with other potential variables including bullying, self-esteem and quality of life.

Implications

The present study highlighted the negative aspect of ostracism i.e., depression. Government can arrange awareness seminars on how ostracism can affect the older population and can introduce strategies and policies specifically tailored according to the needs of the older adults to combat the negative effects of ostracism.

Conclusion

On the basis of results of the current study, we conclude that ostracism is one of the salient determinants of depression in older population. In Pakistan, the older adults appeared to be sensitive about their social needs when they are not fulfilled by others specially, their family members. These feelings of isolation and rejection leads to depression in older adults. Moreover, the family system also plays a significant role in feelings of social neglect in older adults in our sample as older adults living in joint family system are vulnerable to social neglect because they expect their immediate family members who are living with them to fulfill their social needs.

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Conflict of Interest

There is no conflict of interest declared by the author.

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Data Availability Statement

As the current study is a part of ongoing PhD dissertation, so the dataset of the current study is not publicly available due to ethical reasons but will be available from the corresponding author upon the personal request.

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