Low self esteem and depression in the elderly

This world would be imbalanced and without love, if the elderly people are endorsed to feel pain. In this world, every individual has his or her self-identification, self-respect and self-esteem. Self-esteem refers to an individual's overall positive self-evaluation. It is composed of two dimensions, competence and worth. Competence refers to the degree to which people see themselves as capable. Worth dimension refers to the degree to which individuals feel they are persons of value . On contrary, low self-esteem refers to a reflection of negative views about self and person with low self-esteem may feel powerless, incompetent and lonely. Self-esteem is important not only for adults but also for elderly people, which is growing population of current century. Looking at population pyramids, it can be observed that elderly population is growing constantly either due to increased life expectancy or due to advancements in science and technology . This transition has increased the needs of elderly population which may lead to undesirable consequences, if not fulfilled appropriately. Such consequences might include poor quality of life and low self-esteem, which may lead to anxiety and depression.

During clinical rotation, I was assigned to a 70 year old, middle class unmarried female, retired registered nurse, living in a nursing home, having six family members and suffering from diabetes mellitus, hypertension and stroke. During interview, she was unable to express and was hesitant in sharing her views. According to her, she was limited to herself and was unable to interact socially due to her physical disability. She felt unworthy, depressed (got 9 out of 10 score on depression scale). She perceived that she cannot do anything and was discouraged by her colleagues and always

been criticized by others. This motivated me to assess the link between low self-esteem and depression among elderly.

Based on the literature review, various reasons of low self-esteem have been reported in developed and developing countries. These reasons may include loneliness, medical conditions, physical disabilities, low socioeconomic status, stigmatization, unemployment, less social interaction, being single or divorced. During my interaction with my client, I observed some of the reasons like less social interaction, physical disability, being single and loneliness, which had some link with her perceived low-self-esteem.

Individuals with low self-esteem have a tendency to withdraw and decrease interpersonal closeness, thereby declining attachment, support, and satisfaction in close relationships, as I found in my client to some extent. Moreover; low self-esteem is a risk factor for depression, which is most common disorder among elderly across the world, causing behavioral changes and may increase tendency of suicide and mortality among the elderly.

Different models have related the self-esteem with depression. According to vulnerability model, low self-esteem is a causal risk factor for depression. Beck's cognitive theory states that, self-negative belief is not only a symptom of depression but play a causal role in its etiology, as was observed in my client. Diathesis-stress model states that low self-esteem is a predisposing factor that exerts causal influence only if the person simultaneously experiences life stress. Through these models, I tried to assess the link between low self-esteem and depression in my client and my

client had also multiple life stresses, which confounded the link between low self-esteem and depression.

In the face of challenging life circumstances, people with low self-esteem may have lesser coping means and may prone to develop depression through interpersonal pathways. One interpersonal pathway is that some low self-esteem individuals seek assurance about their personal worth from friends and companions, increasing the risk of being rejected by their companions and thus increasing the risk of depression. A second interpersonal pathway is that low self-esteem motivates social avoidance, thereby delaying social support leading to depression and this path way was almost applicable to my client as she was socially isolated and was criticized by others colleagues, thus making her prone to depression.

Based on experience of my clinical rotation, it can be said that self-esteem may lead to depression; therefore attention should be paid to the psychological needs of the elderly people. It is important to boost the confidence and trust of the elderly people, as I did with my client. During initial conversation, my client was hesitant in sharing her views openly but this hesitation was no more, when space and opportunity was provided to her.

Moreover, knowledge about mediating processes between low self-esteem and depression is important to design interventions. Different strategies could be proposed to promote mental health of the client within the existing context, for example all residents of nursing homes could be encouraged to live together and to share their ideas with each other. This get together

activity was very helpful for my client and her colleagues. Different positive ways can be taught not only to client but also to care givers to increase self-esteem of the elderly people. It is essential that, along with the older adults, family and community members should also be equipped with the knowledge regarding the relationship between low self-esteem and depression. Moreover; exercise therapy in older people may be an effective tool to overcome depression and to improve the self-esteem, as I did with my client. Promotion and disease prevention programs and strategies should also focus on elderly people to avoid depression among them. Programs like life review group program (LRGP) are being used to improve the self-esteem and confidence of the elderly people.

Based on personal observation, I would recommend that such clients should be encouraged and counseled appropriately to boost their trust and confidence. There should be some mechanism by which a space can be provided to them to interact with people outside their limited circle and to share their problems openly. This may enhance their self-esteem, and may decrease the likelihood of depression. Moreover, social support networks can be formed through different organizations to arrange preventive programs which may help the elderly people to feel positively about themselves. Policies and laws can be made at national level, which may bind everyone to take care of the elderly people and to resolve their issues by understanding their psychology without any delay.

Thus it is concluded that depression is one of the common problems among elderly people, attributed to low self-esteem. Different models have also explained the relationship between low self-esteem and depression. Such

models may help to develop various preventive strategies to build up the confidence and trust of elderly people because elderly people are important assets of our society and without whom world would be imbalanced