

**A STUDY OF DEPRESSION BETWEEN RETIRED AND WORKING TEACHERS**

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Abstract

The present study is aimed at studying depression between retired and working teachers. Age ranged between 65 to 82 years (71.4 years mean age) for elderly (Retired teachers) and for young adults (Working teachers) age ranged between 25 to 40 years (31.33 years mean age). They belonged to middle & high socio-economic status with post graduate education. Results indicated normal to mild depression in retired and working teachers as well. The findings of the results showed no significant difference in depression between the retired and working teachers. However, working teachers have higher mean scores as compared to retired teachers.

Keywords: Depression, Mental Health, Anxiety,



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INTRODUCTION: Education can be defined as knowing the story of the universe, earth, life systems, and consciousness as well as recognizing the role of humanity in this story. The primary objective of education is to enable people to fulfill these roles (Langford 1999). Teachers are the primary models that students look up to in their socialization process. The teachers, who are taken as models, contribute positive or negative effect to the personality development of the students. Teachers support, attention, compassion and love for their students encourage them at the same level as the negative effect that occurs when teachers unfairly criticize, punish and humiliate their students. If the teachers experience psychological problems, this devastation increases in terms of quantity. Depression is one of the most significant psychological problems.

DEPRESSION: A PSYCHOLOGICAL PROBLEM: Depression is a serious and well defined psychological problem that has distinctive symptoms and that must be taken seriously. Everyone may experience emotions such as sadness, grief and unhappiness in a period of his or her life. These emotional stages, which are generally temporary and related with the experienced situations, can be occasionally experienced at extreme levels and for a longer time although no clear reason is observed to cause it. Such types of emotions may disrupt individual's relationship with themselves and the people around them. Depression, causing a very high rate of diseases' burden, is expected to show a rising trend in the coming years (WHO). It is a significant public health problem with relatively common, high prevalence and its recurrent nature profoundly disrupts peoples' lives.

Depression is the opposite of the individual's mood of elevation. There is a morbid sadness and dejection, an increased perception of physical pain and guilt consciousness. The expression of worry, sighs, weeping, crying, and refusal to eat or to speak are the usual signs of depression. In deep depression, the individual feels that everything is impossible and nothing in life is worth living. In extreme cases it leads to the suicidal depressions. Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and physical well-being. Depressed people may feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, or restless. They may lose interest in activities that once were pleasurable; experience loss of appetite or overeating, have problems concentrating, remembering details, or making decisions; and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains or digestive problems that are resistant to treatment may be present. The exact cause of depression is not known. Many researchers believe it is caused by chemical changes in the brain. This may be due to a problem with your genes, or triggered by certain stressful events. More likely, it's a combination of both. Some types of depression run in families. But depression can also occur if you have no family history of the illness anyone can develop depression, even kids.

The following may play a role in depression:

- Alcohol or drug abuse
- Certain medical conditions, including underactive thyroid, cancer, or long-term pain
- Certain medications such as steroids

- Sleeping problems
- Stressful life events, such as:
 - Failing a class
 - Death or illness of someone close to you
 - Divorce
 - Childhood abuse or neglect
 - Job loss
 - Social isolation (common in the elderly)

Age is an important determinant of mental illness. The overall prevalence of mental and behavioral disorders tends to increase with age due to the normal ageing of the brain, deteriorating physical health and cerebral pathology. Lack of family support and restricted personal autonomy are other important contributing factors. Mental illness among elderly people is frequent, severe and diverse. Disorders such as depression, anxiety, cognitive and psychotic disorders have a high prevalence in this segment of the population. The WHO emphasizes that depression, which is the fourth most common illness, can lead to physical, emotional, social and economic problems.

Depression is recognized as a common and debilitating problem in the young adults and elderly population. It is a serious mental health concern that affects all areas of functioning involved in a successful experience, including motivation, concentration, feelings of self-worth, and mood. Depression has no social or cultural boundaries, as it may impact individuals of any age, sex, socio economic status, and ethnicity, affecting both their performance and social functioning within the environment.

WHO reported on Health and ageing that in developed countries approximately 1 to 3% of people aged over 65 suffer from severe depression with further 10 to 15% suffering from milder forms of depression. General population surveys conducted in many parts of the world reported that 20% of the children population suffers from it that is almost similar as adult population. Inability to cope with intense emotions in healthy ways may lead people to express their pain and frustration through violence or self -injury ,or to attempt numb themselves to emotions through isolation, reckless behaviors, and alcohol or illicit drug abuse. Furthermore, other behaviors and attitudes are also linked to adult mental health: aggressiveness and disregard for laws or the rights of others, isolation from family, and other emotional relationships, or the inability to keep one's disappointments.

A study was conducted to find out depression among aged in Surat city (Ashraf, A 2005). The prevalence of depression was moderately high in their study 39.04%. It was also observed that several important socio-demographic variables have shown significant association with depression in the elderly.

Does old age reduce the risk of anxiety & depression? (A. F. JORM 2010)) A review of epidemiological studies across the adult life spans. A search was made for studies that examine the occurrence of anxiety, depression or general distress across the adult life span. There was no consistent pattern across studies for age differences in the occurrence of anxiety, depression or distress. The most common trend found was for an initial rise across age groups, followed by a drop. Two major factors producing this variability in results were age biases in assessment of anxiety and depression and the masking effect of other risk factors that vary with age. When other risk factors were statistically controlled, a more consistent pattern emerged, with most studies finding a decrease in anxiety, depression and distress across age groups. Several studies were done separately on elderly and adult population but no comparative study was found and therefore this research is directed towards studying and comparing the level of depression between retired and working teachers.

NEED FOR THE STUDY: The world's elderly population in the last two decades had increased and at present it is 35% of the total population. The Indian aged population is currently the second largest in the world and is projected to rise from 70 million, according to the National Census of 2001, to almost 324 million by the year 2050, with serious social, economic and public health consequences. India is one of the countries where only 7.1 % of the population is 60 years and above, and approximately 51 % of its population of 1.1 billion is under 25 years and two-third is under 35 years. And therefore India is viewed as the youngest nation because of the population characteristics.

Depression will increase in magnitude as the elderly and young adult population increase year by year. Hence there is need for considering the emotional states of elderly and young adults. Depression can have serious repercussions in increasing mortality and disability among individuals.

Hence investigator feels that depression may be hidden behind the vague symptoms and it becomes necessary to carefully assess the retired as well as the working teachers to identify the level of depression if any. This will enable teachers and health care

professionals in preventing the psychological problems and controlling the problems related to depression. Mild levels of depression can be identified and treated in time to prevent it before it becomes severe.

RESEARCH QUESTION: Is there any significant difference in depression between the retired and working teachers?

OBJECTIVES OF THE STUDY

1. To study depression among the retired teachers.
2. To study depression among the working teachers.
3. To compare the level of depression between the retired and working teachers.

HYPOTHESES

1. There will be a significant difference in depression between the retired and working teachers. Working teachers will have higher level of depression than the retired.

METHODOLOGY: The sample is selected by using purposive sampling method. The sample consisted of 15 retired and 15 working primary teachers from Nagpur city only. The age of the primary working teacher participants ranged from 25 to 40 years, with the mean age of 31.33 years. The retired teachers participants ranged from 65 to 82 years, with the mean of 71.4 years. All the participants belonged to middle socio-economic status.

Tools: Following tools were employed in the present study:

1. Personal data sheet 2. Depression scale from Depression anxiety stress scale (DASS) by Lovibond and Lovibond (1995) was used to measure Depression.

RESULTS AND DISCUSSION

TABLE NO. 1: Table showing the severity of depression of Retired Teachers and Working Teachers

PARTICIPANTS	RETIRED TEACHERS (15)		WORKING TEACHERS (15)	
	Normal	Mild	Normal	Mild
RANGE	Normal	Mild	Normal	Mild
TOTAL	12	3	12	3

TABLE NO.2: Table showing mean, *sd*, *df*, and *t'* obtained

PARTICIPANTS	N	MEAN	DEPRESSION		df	t
		AGE	MEAN	sd		
RETIRED	15	71.4yrs	M1=4.4			
TEACHERS					28	0.85
WORKING	15	31.33yrs	M2=5.8	4.52		
TEACHERS						

Table value of t: At 0.05 level is 2.05 & at 0.01 level is 2.76

The objectives of the present study were to study depression among retired and working teachers of Nagpur city and to compare the level of depression between both the groups. The data obtained from 15 retired and 15 working teachers. They belong to middle & high socio-economic status. The purposive sample method was employed in the selection of the sample. The results were presented in the tables.

The table no. 2 shows depression among retired and working teachers. The mean depression scores for working teachers were 5.8 and for retired teachers were 4.4. Thus it shows that the working teachers in age range between 25-40 years had high depression scores than the retired teachers.

The table no. 1 shows that 12 participants in each group are under normal depression category and 3 are under mild depression. The t-value is 0.85 which is quite smaller than the table value and hence the comparison revealed a non-significant difference between the two groups. From the above results, one can say that **Hypothesis 1**: There will be significant difference in depression between retired and working teachers, is rejected, as there was no significant difference between retired and working teachers level of depression scores and, **Hypothesis 2**: Working teachers will have higher level of depression than the retired, is accepted as there were higher depression scores in working teachers. The range of depression found was normal to mild range only.

From the mean age comparisons it is clear that working teachers sample had a lower mean age than retired teacher sample, one can assume that being higher in age elderly sample may have low level of stress and depression. Simons, Aysan, Thompson, Hamarat, & Steele (2002) indicated a significant correlation between economic well-being and life

satisfaction in adults. If adults were faced with financial pressures, they reported lower life satisfaction and greater perceived stress. Many researchers consider uncertainty of employment as a powerful source of stress in this group (i.e., Ager & McLachlan, 1998; McNamara, 2000). Uncertainty regarding future work situations can cause stress for young men.

If young men fail to find employment, they might become disaffected, frustrated, and rebel against society. The personal data sheet provides some explanation of low scores of depression regarding the elderly. The elderly participants were highly educated and their level of life satisfaction was also high. They were involved in social activities of their interests. This social support is very necessary to maintain good mental health. When depression hits it usually knocks the person back and leaves them without the ability to figure out how to relieve the depression. The person feels powerless in response to the things that are going on around them and anxiety can creep in, if it was not already there in the first place. Any little problem can send a depression sufferer further down and anxiety is by no means a little problem.

CONCLUSION: In the education system, teacher plays an important role to develop all round personality of the students. But we can find the cause of depression teachers have many problems in life. The study found out that there is no significant difference in depression of retired and working teachers. Nevertheless, working teachers have higher mean scores compared to the retired. Several factors related to the outcome of depression among working teachers, such as life-style change, financial pressures, academic and administrative responsibility, relation with the authority, loneliness, love and sex etc. So Medication may help but it takes more than chemicals to relieve depression, you have to seek help. This type of disorder can come over any person, no one is immune. It is necessary that you understand that depression is an illness just like anything you can catch with a cough. It is not an indication of failing in your character or sinfulness in your soul. It is as important to know the symptom of anxiety stress depression types as it is to have them treated.

IMPLICATIONS: The findings of the study will be useful in:

- Community
- Assisting educators
- Counselors
- Psychologists

- Researchers to develop strategies to enhance individuals' psychological well-being.

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