Volume and Issues Obtainable at Center for Sustainability Research and
Consultancy www.globalcsrc.org
Journal of Business and Social Review in Emerging Economies
ISSN: 2519-089X; (Online) 2519-0326
Volume 1: Issue 1 June 2015

Impact of Loneliness and Locus of Control on Depression of Elderly: The Moderating Role of Religiosity in Punjab, Pakistan

¹Fatima Khurram Bukhari, ²Yahaya Bin Mahamood, ³Zarina Binti Mat Saad

¹ Ph.D. Research Scholar Universiti Utara Malaysia / Assistant Professor, The Islamia University of Bahawalpur, Pakistan, fatima.khurram@iub.edu.pk

²Professor, School of Applied Psychology, Social work and policy, Universiti Utara Malaysia, drymood@uum.edu.my

³Lecturer, School of Applied Psychology, Social work and policy, Universiti Utara Malaysia, zms@uum.edu.my

ARTICLE DETAILS

History

Revised Format: May, 2015

Available Online: June, 2015

Keywords

Loneliness

Depression

Locus of control

Old People

JEL Classification:

N20, N25, N95

ABSTRACT

The present study will explore the impact of loneliness and locus of control on depression of elderly with the moderating role of religiosity in Punjab, Pakistan. The sample will be consisted on 800 individuals, 400 individuals from male population and 400 from female population of Punjab. The male population will be further divided on the basis of age, family size, marital status, education and socioeconomic status. Similarly female population will also be further divided on the basis of age, family size, marital status, education and socioeconomic status. Geriatric depression scale will be used to measure the level of depression in Elderly, University of California Los Angeles loneliness scale will be used to measure loneliness. Levenson multidimensional Locus of control scale will be used to check the level of locus of control, Religiosity will act as a moderator and will be checked by using religiosity scale. Result of the study will be revealed by using Structural equation modeling technique with the help of Partial Least Square software.

© 2015 The authors, under a Creative Commons Attribution-NonCommercial 4.0

1. Introduction

The Present research will describe the impact of Loneliness and Locus of Control on Depression of Elderly: The moderating Role of religiosity in Punjab, Pakistan. The present research will contribute to study the role of religiosity as a moderator.

In the present era the societies are more aware of the influence of circumstances of old people that will affect their mental health. Prolonged loneliness in young age can prompt the disguising issues including

*Corresponding author's email address: fatima.khurram@iub.edu.pk

Recommended citation: Bukhari, K. F., Mahamood, B. Y. and Saad, M. B. Z. (2015). Impact of Loneliness and Locus of Control on Depression of Elderly: The moderating Role of religiosity in Punjab, Pakistan. *Journal of Business and Social Review in Emerging Economies*, 1 (1) 37-46. **DOI:** <https://doi.org/10.26710/jbsee.v1i1.6>

depression in later ages (Prinstien& La Greca, 2002; Baskin, 2010). This mainly due to the critical expansion of stress anxiety and loneliness that will leads to depression in later ages. In a longitudinal study by Brown, Munn and Rotenberg (2010) Childhood depression is an indicator of depression in later ages. There is a connection between loneliness and depression from early childhood to late adolescence which further remains persistent in later life.

According to the latest survey of different countries shows the ratio of depression in different countries, Pakistan rank is 6th among 192 countries. The condition of depression is very worst in Pakistan as the ratio of everyday people suffering from depression is 1,400.42 (World Health Organization, 2009). Depression has been perceived as a noteworthy general wellbeing issue confirm by its positioning of fourth position among the global burden of illnesses. Numerous presumes it will possess second position by the year 2020. Three hundred and forty (340) million individuals over the age of 18 years' experience the ill effects of depressive issue that add to a high suicide rate. In Pakistan alongside other essential wellbeing issues, the social change, political dangers, wilderness, terrorism, financial difference, issues with security and security has made a ground rich for depression, which has practically taken first position among the every psychiatric condition (Mirza and Jenkins, 2004). Depression is a common psychiatric disorder and the most common in geriatrics (old people) (Adamek& Slater, 2008). Various studies have been conducted to investigate depression in the elderly and many found depression to be largely under diagnosed and untreated (Alexopoulos 2005). Limitations to sufficient analysis and treatment incorporate specialists' hesitance to talk about passionate issues, time imperatives and restorative co-morbidities, convoluting determination and going after medicinal consideration. Perceived stigma adds to patients' hesitance to start psychiatric treatment.

Old age is considered as the age of restlessness and depression is considered as a normal part of aging which is not true, Well-being is very important. As the people grow older they lose their power to face the difficulties of life. They are more prone to depression due to their mental health. It is necessary to be psychologically healthy in late life .When a person is free of sufferings he/she may live a healthy life (Mubeen, Henry &Qureshi, 2012).

Religion plays a crucial part in person's life both social and psychological. The moderating role of religiosity and mental illness remains understudied. One of the researches by Kendler (2003) concluded that religion is a complex construct which has a strong positive correlation with life time pathology. There are also many researches that emphasize the importance of religion in life of an individual. It is very evident from the literature that religion is very crucial in maintaining one's mental health (Hackney & Sanders, 2003).

Most as of late, the field of worldwide psychological well-being has risen, which has been characterized as 'the range of study, research and practice that places a need on enhancing emotional wellness and accomplishing value in emotional wellness for old individuals around the world. Despite the fact that depression is the commonest psychiatric issue in the elderly, it is frequently misdiagnosed; perhaps because of the false notion that depression is a part of maturing, instead of a treatable condition. This tough phenomenon needs prompt consideration from the specialists, arrangement creators and the administration for its administration to upgrade the personal satisfaction of the elderly

2. Problem Statement

Geriatric depression is a dysfunctional behavior portrayed by a significant and diligent sentiment of depression or hopelessness or loss of enthusiasm for things that once were pleasurable (Jankin, 2004). In Pakistan, depression is the most widely recognized psychiatric issue among elderly populace that can't be ignored. The elderly people are most vulnerable because they are at more serious danger of having

both mental and physical disorders. Such as: Cardiovascular ailments, respiratory issue, listening to and visual disabilities, depression, and infections. Depression is under treated in this age, and no one give priority to psychological issues in creating nations (Bhamani, Karim& Khan, 2013).

In United States, the rate of pervasiveness of depression is high as 40% where as in Pakistan it is as high as 66% among elderly. The epidemiological researches on depression in Pakistan give the predominance rate of depression in the country. If these studies are to be taken as face validity than according to these researches every third Pakistani is expected to have depression and anxiety. This has genuine ramifications for the nation's emotional mental health situation (Javed& Mustafa, 2013, Khalily, 2011, Naqvi, 2007).

Depressive issues are basic in all parts of the world. They constitute a generous extent of the worldwide burden of disorders and are anticipated to shape the second most regular reason for inability by 2020 (Desjarlais, 2001). Articles on Depression and its related factors such as locus of Control, loneliness and religiosity (Pieters, 2013; Jihad&Shaher, 2009; Steven & Julie, 2003; Laila, Zahra, & Sadat, 2012; Mohammad &Fayaz, 2013; Keyes, 2004) have applied their researches on one another factor and the researches is in different cultures and societies but not on impact of socio-demographic, locus of control and loneliness, on depression in elderly and religiosity as a moderating factor in Pakistan. Although there are many researches with context to Pakistan.(Tahir et.al, 2012; Muben, 2012; prasla, 2012; Jadoon, &Munir, 2009; Owais, Ahsana& Amin, 2006). All these researches had link with one of the factors but not covering all the elements of my research. No one used religiosity as a moderator in their studies.

The current study will attempts to fill in the theoretical gap by aiming the focus of research on possible outcome of Impact of Socio-demographics, Loneliness and Locus of Control on Depression of Elderly: The moderating Role of religiosity in Punjab, Pakistan. So this study will enhance and intervene the possible differences on impact of the above mentioned factors due to natural and cultural difference.

4. Gap of the Study

There have been a couple concentrates on from a Pakistani point of view that attempt to set up a connection between depression and its comparing elements. Researches like Batool, Abbasi and Zafar (2008), khalily (2012), Jadoon&Munir, (2010) and all the researches are covering one and another aspect related to depression. This has been a new study in Pakistani perspective that will try to establish a moderating role of religiosity with depression in elderly. There is an increasing need to know the effect of moderating role of religiosity with depression and allaying factors. So far the researches have been conducted in a different perspective. No one uses religiosity as a moderator. Old people are also the most neglected part of the society. So there is a need to focus on the new era's problems that broadens the importance of mental health among elderly.

5. Theoretical Framework of the present research

Depression is defined differently by different people. Depression is the sense of irrelevance, loss of interest, appetite and loss of sleep. In the present research, Beck cognitive theory of the Depression will be used. According to this theory,cognitive distortion contributes in the thinking pattern of elderly. In this respect cognitive behavior theory plays an important role in the present research as the cognitions of old people will lead them to depression in old age, i.e. their sufferings, losses and failures (American Psychological Association, 2013).

Beck cognitive Model of Depression is based on schemas which are negative triad which explains that negative thoughts are about the self, the world, and the future. So, the present research used Beck's

cognitive triad to explain the conceptual model of the research. The fear and thoughts about the future as they are growing old and feeling of loneliness due to failure to have a social activity because of fewer resources as they grow old. Negative thoughts about the world, meaning they may come to believe they do not have control over their circumstances and ultimately they develop depression.

6. Research Question

Further developing the aspect of study with respect to its dependent, independent and moderating variables following research question will be devised.

1. What is the Impact of loneliness and locus of control on depression in elderly with religiosity as a moderating factor?

7. Objectives of the Study

In order to understand the Impact of loneliness and locus of control on depression in elderly and of religiosity as a moderating factor, the following research objectives will be formulated.

1. To describe the moderating effect of religiosity on the impact of loneliness on depression.
2. To examine the moderating effect of religiosity on the impact of locus of control on depression.

8. Hypotheses of the research

1. There will be an impact of moderator religiosity on the impact of loneliness on depression.
2. There will be an impact of moderator religiosity on the impact of locus of control on depression.

9. Literature Review

Depression is defined as loss of interest or pleasure in daily activities, loss of sleep, appetite and poor social skills (American Psychological Association, 2013). It is just human to experience feelings of sadness, unhappiness or despairing. Clinical depression exists when these feelings persevere for a drawn out stretch of time. It can interrupt with an individual's capacity to work successfully for the duration of the day. It is not the individual shortcoming or a condition that can be willed or wished away. Individuals with depressive sickness can't only force themselves more tightly and show signs of improvement. (Gilbert, 2014).

Many researchers found that one of the searched factors of causing depression is prolonged loneliness (Boivin, Hymel, and Burkowski, 1995; Prinstein&Greca, 2002). This prolonged loneliness leads to depression after some passage of time. Likewise, Baskin (2010) conducted a research in U.S. which indicates loneliness. School going children wants belongingness from peers if they are not accepted by them it causes loneliness and then loneliness leads to depression.

An eight years longitudinal research by Brown, Munn, & Rotenberg (2010) predicts the same result which supported the above researches. This study showed relationship between loneliness and depression over an eight year period from early/middle childhood to adolescence.

One more study quoted here is also presenting the same variables which are supporting current research. Wei, Shaffer, Young & Zakalik (2005) did a research that illustrates that if need for autonomy competence and relatedness are fulfilled they play an important role in depression and loneliness. On the other hand it plays completely intervening relationship among these variables.

Above researches sustain identical outcome as this research portray. This study utter that depression and loneliness are linked together and they have effect on each other. Cacioppo, Hawkley&Thisted (2010) also depicted in a five year cross-lagged analyses by using cross-lagged panel models that some demographic variables, bodily movements, medication, social circle, neuroticism, stressful life events,

perceived stress and social support have impact on the association between loneliness and depression.

Loneliness in old age will create many problems and depression is one of them. Many researches focus on this phenomenon due to globalization. Researchers expressed in an exploration on depression in Pakistan inferred that in senior age depression increases because of loneliness. Since youthful ones did not offer time to their senior citizens (Saira, et.al.2009). Fahd, Gurvinder& Dinesh (2010) expressed in an exploration in Pakistan on globalization finished up that as more socio-centric societies will transform into ego-centric ones and they will create higher rates of mental health problems. Hammad,,Ganatraa,(2008) did an exploration on senior citizens in Pakistan and reasoned that there are many dangerous components that assume a part in depression in elderly folks and loneliness is one of them. Husain, Creed and Tomenson (2000) expressed in a study in Pakistan on predominance of depression and presumed that there is a high danger of depression in underdeveloped nation particularly in Pakistan because of social adversity. Faraz, et.al (2009) led an examination in Pakistani countryside regions and expressed that depression is normal in remote territories of Pakistan.

Locus of control and depression has a very close relation. As different studies put forth that locus of control and depression have a signification relation with each other. Locus of control is a belief of an individual about the events or situations around them. The internal locus of control individual feels that they have control over their circumstances. These individuals feel happier, freer, and less stressful. In contrast, the individuals with an external level of locus of control feel helpless of their external events. They are more vulnerable to depression and other health problems. They have a tendency to keep themselves in a situation where they have stress, feelings of helplessness, shame, grief and anxiety. These feelings lead to maladjustment.

Khairudin, et.al (2011) did a research among elderly. The study examined depression, anxiety and locus of control in elderly suffering from dementia. The data of elderly were collected from various nursing homes. It was concluded that elderly suffering from dementia have experience depression and have external locus of control. Also it was determined that the more depressed the elderly were, the higher their anxiety and external locus of control level. The research signifies a positive correlation among depression, anxiety and locus of control.

Shaheen, et.all (2014), have discussed in one of the significant research on the factors contributing to depression, subjective happiness and satisfaction with life. This pragmatic research establishes relationship between locus of control and loneliness in forecasting, depression, subjective happiness and satisfaction with life. Data collected with the help of questionnaire. Results of the study have shown noteworthy effects of locus of control and loneliness on the variables of the study. There is a positive relationship between external locus of control and loneliness had a negative effect on other variables of study.

Locus of control has a strong influence on life that will leads to depression. Many researches have been conducted to see the connection between locus of control and depression. Bazila, Akbar and Khan (2013) led an examination on Pakistani University students and inferred that there is a positive correlation in locus of control and mental wellbeing. Imran, Zaidi, Naeem, &Wizra (2013) expressed in an examination presumed that men scored high on interior locus of control and ladies scored high on outer locus of control. Aliyha, Sadaqat, Muhammad (2013) expressed in an examination in Pakistan that locus of control have a significant relationship on life. Kiran, Zainab (2013) led an exploration and inferred that locus of control have critical influence at cognitive thinking of a person.

Religious practices have played an important role in influencing various symptoms of depression. Religion may reduce vulnerability towards depression by the use of many psychosocial mechanisms.

There are ways and strategies in which religion has a vital role in depression (Kendler, et. al. 1999). Religious discrimination has a positive effect in developing anxiety and depression. With the increase in religious orientation there is a decrease in level of depression. As the person become religious, he/ she have to spend time in religious activities and developed a sense of affiliation with the community and got support from the religious group so in old age when people are lonely and have difficulty in maintaining relationships with peer than this religious participation will create a sense of belongingness and old people feel connected in their old age (KlockerTrenerry&Webster, 2011).

Pakistan is a country with a state religion of Islam. All the practices of religion are open for everyone. Religion has a positive impact on the life of the people. Geriatric has dependably been an ignored part, however because of an expansion in maturing populace, Pakistan must set itself up to address the issues of the elderly populace. Despite the fact that sadness is the commonest psychiatric issue in the elderly, it is frequently misdiagnosed; conceivably because of the false notion that depression is a piece of maturing, as opposed to a treatable condition. This testing wonder needs prompt consideration from the specialists, strategy creators and the administration for its administration to upgrade the personal satisfaction of the elderly.

10. Methodology

10.1 Design of the Study

Quantitative analysis will be found most suitable for this study. The main objective of this study will be to examine the impact of locus of control and loneliness on depression among elderly and on religiosity as a moderating factor. A correlational methodology will be more proper for this study as the analyst needs to distinguish the imperative components that are connected with the dependent variable. It will take a depiction of a populace and takes into consideration conclusions to be drawn around a phenomenon in a given time that is illustrative of the whole populace. Moreover a closed ended questionnaire will be used to gather data.

10.2 Participants

The participants of the study will be consisted of 800 people from the population. Further these participants will be divided into two major groups one group will be of male and other group of female older people of Punjab, Pakistan.

10.3 Instrument

The following instruments will be used in this research.

1. Mini Mental State Examination (MMSE)
2. Geriatric Depression Scale (Short form)
3. UCLA Loneliness Scale (Urdu Version)
4. Levenson Multi-dimensional Locus of Control Scale (Urdu Version)
5. Religiosity scale (Urdu version)

10.4 Data Collection

Contacts will be made with participants to get the information. Upon agreement, a set of questionnaires will be delivered to the participants. The researcher will advise the respondents' in regards to the reason for this study, significance of their cooperation, and the confidentiality of the data; disclosing to them that this study is being directed for scholarly purposes only. The researcher then gathers the surveys from the individuals. A nearby finished survey will be utilized to assemble data about people. A close-ended questionnaire will be used to gather information about individuals.

10.5 Data Analysis

To analyze the data collected from the questionnaire survey, the Partial Least Square software will be used for the Structural equation modeling technique. While, for the purpose of data analysis and hypothesis testing, several statistical tests will be conducted. Descriptive statistics will be done by calculating the mean scores and standard deviation of each dimension of the study.

11. Significance of the Study

This study would like to give huge theoretical and practical promises in the territory of Psychiatric exploration, and dysfunctional behaviors. From a theoretical point of view, the study stresses upon a few potential elements that may impact Pakistani community in developing good society. These factors are identified as depression, loneliness, locus of control and religiosity as a moderator which till date got no consideration by past researchers in Pakistan.

As far as the practical benefits, it will help not only the medical professionals but also clinical psychologists, social workers and common people. It will be a contribution to reduce old people's sufferings of modern life.

References

- Adamek, M. E., & Slater, G. Y. (2008). Chapter 7; Depression And Anxiety. *Journal Of Gerontological Social Work*, 50(S1), 151-189.
- Ahmad, K. B., & Zadeh, Z. F. (2015). Toward A Psychosocial Model Of Psychological Adjustment- Investigating The Association Between Locus Of Control, Self Esteem And Perceived Social Support. *Journal Of Pakistan Psychiatric Society*, 12(1).
- Alexopoulos, G. S. (2005). Depression In The Elderly. *The Lancet*, 365(9475), 1961-1970.
- American Psychiatric Association. (2013). *Diagnostic And Statistical Manual Of Mental Disorders (DSM-5®)*. American Psychiatric Pub.
- Asher, S. R., & Paquette, J. A. (2003). Loneliness And Peer Relations In Childhood. *Current Directions In Psychological Science*, 12(3), 75-78.
- Asuzu, C., & Adenipekun, A. (2015). Correlates Of Depression And Anxiety Among The Cancer Patients In The Radiotherapy Clinic In Uch, Ibadan, Nigeria. *African Journal For The Psychological Studies Of Social Issues*, 18(2), 111-122.
- Baskin; W, T, Wampold; E, B, Quintana; M, S, & Enright, D, R. (2010). Belongingness Protective Factor Against Loneliness And Potential Depression In A Multicultural Middle School. *The Counseling Psychologist* 38(5) 626– 651 SAGE Publications
- Batool, Z., Abbasi, S. R. S., Zafar, M. I., & Hameed, S. (2008). Evaluation Of Risk Factors And Prevalence Of Depressive Disorders Among Rural Females In District Faisalabad. *Journal Of Animal And Plant Sciences*, 18(2-3).
- Bhamani, M. A., Karim, M. S., & Khan, M. M. (2013). Depression In The Elderly In Karachi, Pakistan: A Cross Sectional Study. *BMC Psychiatry*, 13(1), 1.
- Boivin, M., Hymel, S., & Bukowski, W. M. (1995). The Roles Of Social Withdrawal, Peer Rejection, And Victimization By Peers In Predicting Loneliness And Depressed Mood In Childhood. *Development And Psychopathology*, 7(04), 765-785.
- Cacioppo, J. T., Hawkey, L. C., & Thisted, R. A. (2010). Perceived Social Isolation Makes Me Sad: 5-Year Cross-Lagged Analyses Of Loneliness And Depressive Symptomatology In The Chicago Health, Aging, And Social Relations Study. *Psychology And Aging*, 25(2), 453.
- Cheema, F., Kalra, G., & Bhugra, D. (2010). Globalisation And Mental Health: Context And Controversies. *Journal Of Pakistan Psychiatric Society (JPPS)*, 7(2), 55-62.
- Darvyri, P., Galanakis, M., Avgoustidis, A. G., Pateraki, N., Vasdekis, S., & Darviri, C. (2014). The Revised Intrinsic/Extrinsic Religious Orientation Scale In A Sample Of Attica's Inhabitants. *Psychology*, 5(13), 1557.

- Desjarlais, R. (2001). World Health Report. *World Health Organization, Geneva*, 2.
- First, M. B., Spitzer, R. L., Gibbon, M., Williams, J. B., Davies, M., Borus, J., ...&Rounsaville, B. (1995). The Structured Clinical Interview For DSM-III-R Personality Disorders (SCID-II). Part II: Multi-Site Test-Retest Reliability Study. *Journal Of Personality Disorders*, 9(2), 92-104.
- Galea, M., & Woodward, M. (2005). Mini-Mental State Examination (MMSE). *Australian Journal Of Physiotherapy*, 51(3), 198.
- Ganatra, H. A., Zafar, S. N., Qidwai, W., &Rozi, S. (2008). Prevalence And Predictors Of Depression Among An Elderly Population Of Pakistan. *Aging And Mental Health*, 12(3), 349-356.
- Gilbert, P. (2014). *Depression: The Evolution Of Powerlessness*. Psychology Press.
- Gul, N. Translation and Adaptation: The Loneliness Scale University of California Los Angeles.
- Hackney, C. H., & Sanders, G. S. (2003). Religiosity And Mental Health: A Meta-Analysis Of Recent Studies. *Journal For The Scientific Study Of Religion*, 42(1), 43-55.
- Herrmann, N., Mittmann, N., Silver, I. L., Shulman, K. I., Busto, U. A., Shear, N. H., &Naranjo, C. A. (1996). A Validation Study Of The Geriatric Depression Scale Short Form. *International Journal Of Geriatric Psychiatry*, 11(5), 457-460.
- Husain, N., Creed, F., &Tomenson, B. (2000). Depression And Social Stress In Pakistan. *Psychological Medicine*, 30(02), 395-402.
- ISMAIL, M. O., DAR, A., & SURIA, A. (2006). REVIEW-2 DEPRESSION: PREVALENCE, PATHOGENESIS AND TREATMENT OPTIONS. *Pakistan Journal Of Pharmacology*, 23(2), 55-64.
- Jadoon, N. A., Munir, W., Shahzad, M. A., &Choudhry, Z. S. (2010). Assessment Of Depression And Anxiety In Adult Cancer Outpatients: A Cross-Sectional Study. *BMC Cancer*, 10(1), 1.
- Javed, S., & Mustafa, N. (2013). Prevalence Of Depression In Various Demographic Variables Among Elderly. *Open Access Scientific Reports*, 2(1), 1-4.
- Kendler, K. S., Gardner, C. O., & Prescott, C. A. (1999). Clarifying The Relationship Between Religiosity And Psychiatric Illness: The Impact Of Covariates And The Specificity Of Buffering Effects. *Twin Research*, 2(02), 137-144.
- Kendler, K. S., Liu, X. Q., Gardner, C. O., Mccullough, M. E., Larson, D., & Prescott, C. A. (2003). Dimensions Of Religiosity And Their Relationship To Lifetime Psychiatric And Substance Use Disorders. *American Journal Of Psychiatry*, 160(3), 496-503.
- Keyes, C. L., & Shapiro, A. D. (2004). Social Well-Being In The United States: A Descriptive Epidemiology. *How Healthy Are We*, 350-372.
- Khairudin, R., Nasir, R., Zainah, A. Z., Fatimah, Y., & Fatimah, O. (2011). Depression, Anxiety And Locus Of Control Among Elderly With Dementia. *VOL. 19 (S) OCT. 2011*, 27.
- Khalily, M. T. (2011). Mental Health Problems In Pakistani Society As A Consequence Of Violence And Trauma: A Case For Better Integration Of Care. *International Journal Of Integrated Care*, 11(4).
- Khan, B. A. (2013). Interaction Of Physical Activity, Mental Health, Health Locus Of Control And Quality Of Life: A Study On University Students In Pakistan.
- Klocker, N., Trenerry, B., & Webster, K. (2011). Does Religious Faith Make People Healthier And Happier?
- Levenson, H. (1973). Multidimensional Locus Of Control In Psychiatric Patients. *Journal Of Consulting And Clinical Psychology*, 41(3), 397.
- Mirza, I., & Jenkins, R. (2004). Risk Factors, Prevalence, And Treatment Of Anxiety And Depressive Disorders In Pakistan: Systematic Review. *Bmj*, 328(7443), 794.
- Mubeen, S. M. (2012). Prevalence Of Depression Among Community Dwelling Elderly In Karachi, Pakistan. *Iranian Journal Of Psychiatry And Behavioral Sciences*, 6(2), 84-90.
- Peplau, L. A., &Cutrona, C. E. (1980). The Revised UCLA Loneliness Scale: Concurrent And Discriminant Validity Evidence. *Journal Of Personality And Social Psychology*, 39(3), 472-480.

- Prasla, M. (2012). Adolescence Depression In Pakistan: A New Horizon For Research. *Journal Of Pioneering Medical Sciences*, 2(4), 160.
- Prinstein, M. J., & La Greca, A. M. (2002). Peer Crowd Affiliation And Internalizing Distress In Childhood And Adolescence: A Longitudinal Follow-Back Study. *Journal Of Research On Adolescence*, 12(3), 325-351.
- Qualter, P., Brown, S. L., Munn, P., & Rotenberg, K. J. (2010). Childhood Loneliness As A Predictor Of Adolescent Depressive Symptoms: An 8-Year Longitudinal Study. *European Child & Adolescent Psychiatry*, 19(6), 493-501.
- Samaei, L., Ramezani, Z. N., & Semnani, A. S. (2012). Relationship Between Locus Of Control (Internal-External) And A Feeling Of The Loneliness Between Athletic And Non Athletic Girls. *European Journal Of Experimental Biology*, 2(5), 1862-1867.
- Shaheen, H., Jahan, M., & Shaheen, S. A Study Of Loneliness In Relation To Well-Being Among Adolescents. *Self*, 14, 2-836.
- TaghiMoghadamnia, M., & Fayaz-Bakhsh, A. (2013). How Is The Awareness Of The Medical Community About "Evidence-Based Practice"? *Journal Of Pediatric Nursing*, 6(28), 521.
- Wei, M., Shaffer, P. A., Young, S. K., & Zakalik, R. A. (2005). Adult Attachment, Shame, Depression, And Loneliness: The Mediation Role Of Basic Psychological Needs Satisfaction. *Journal Of Counseling Psychology*, 52(4), 591.
- World Health Organization. (2009). *Global Health Risks: Mortality And Burden Of Disease Attributable To Selected Major Risks*. World Health Organization.
- Yesavage, J. A., & Sheikh, J. I. (1986). 9/Geriatric Depression Scale (GDS) Recent Evidence And Development Of A Shorter Violence. *Clinical Gerontologist*, 5(1-2), 165-173.
- Zaidi, I. H., Mohsin, M. N., & Saeed, W. (2013). Relationship Between Alexithymia And Locus Of Control Among Graduation Students: A Case Study From Faisalabad. *International Journal Of Environment, Ecology, Family And Urban Studies*, 3(1).
- Zawawi, J. A., & Hamaideh, S. H. (2009). Depressive Symptoms And Their Correlates With Locus Of Control And Satisfaction With Life Among Jordanian College Students. *Europe's Journal Of Psychology*, 5(4), 71-103.