

“Literature Review on Elderly Depression, Life Satisfaction, and the Evolving Psychological Needs.”

Mary Rachelle R Wapano & Aileen Joyce J Lim, MA

Xavier University -Ateneo de Cagayan

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ABSTRACT

This literature review explores the relationship among psychological needs, depression, and life satisfaction in the geriatric population, with a particular emphasis on studies from the Philippines, Southeast Asia, as well as global perspectives. Through an analysis of empirical studies, the patterns that highlight the profound importance of basic psychological needs in influencing elderly well-being and quality of life are explored. Furthermore, the review shows the prevalence and implications of depression in the elderly, showing both the determinants and consequences. Moreover, the review explores the multifaceted determinants of life satisfaction in the elderly, which includes socio-economic, psychological, and physiological factors. By integrating insights across these three domains, this review provides some understanding of their interplay in shaping the well-being of the elderly. The findings stress the importance for stakeholders to consider these factors in policy-making, care provision, and geriatric interventions.

Keywords: psychological needs, depression, life satisfaction, elderly mental health.

INTRODUCTION

Aging, an intricate and inevitable process of life, unfolds with a many of physiological and psychological transformations. As the world witnesses an unparalleled surge in its elderly population, the exploration into the relationships among basic psychological needs, depression, and life satisfaction becomes essential. Historically, geriatric studies centered largely around physical well-being, often sidelining the intricate web of psychological and emotional elements (Rowe & Kahn, 1997). However, with recent shifts in the understanding of aging, there is growing acknowledgment of the essential role mental and emotional health plays in the overall well-being of the elderly (Ryff & Singer, 2000). Furthermore, modern societal constructs, evolving family dynamics, and the varied challenges posed by urbanization and globalization contribute significantly to the elderly’s psychological experiences (Baltes & Smith, 2003). This literature review aspires to explore through these complexities, aiming for a some understanding of the interplay between basic psychological needs, depression, and life satisfaction in the elderly.

Deci and Ryan’s Self-Determination Theory (SDT) is a macro theory of human motivation and personality that pertains to people’s inherent growth tendencies and their innate psychological needs (Deci & Ryan, 2000). It identifies three core basic psychological needs: autonomy (the need to feel the origin of one’s actions), competence (the need to feel effective and capable in one’s actions), and relatedness (the need to feel connected and have meaningful relationships with others). While these needs are universal, the manner in which they manifest and are satisfied can vary based on age, cultural, and individual contexts. For the elderly, autonomy might be about making decisions regarding their daily routines; competence might revolve around maintaining physical and cognitive skills; and relatedness might focus on sustaining social

connections in the face of potential losses (Chirkov et al., 2003).

Depression among the elderly is a significant public health concern, affecting both their physical and psychological well-being. With age, individuals may experience a multitude of losses, including the decline of physical health, death of loved ones, and loss of independence, often contributing to feelings of sadness, loneliness, and isolation (Blazer, 2003). Furthermore, depression in the elderly is frequently underdiagnosed due to a tendency to attribute depressive symptoms to other aging-related health issues or the natural aging process itself.

Life satisfaction in the elderly refers to a subjective evaluation of the overall quality of one's life as a whole (Diener et al., 1984). Numerous factors influence life satisfaction in older adults, including health status, social relationships, and the fulfillment of psychological needs. Research has consistently shown that a higher degree of life satisfaction in the elderly is associated with positive health outcomes and lower mortality rates (Stephoe & Wardle, 2012). Meeting the basic psychological needs, as outlined in the SDT, often correlates with increased life satisfaction, highlighting the importance of understanding and addressing these needs in geriatric care and intervention.

The objectives of this literature review are as follows:

1. Explore the importance of fundamental psychological needs in older Adults: To explore how essential psychological needs impact the overall well-being and life quality of the elderly.
2. Explore depression in the geriatric population: To examine prevalent patterns and trends of depression within the elderly demographic as well as to identify primary causative factors leading to depression in this age group, to assess the direct and indirect implications of depression on an individual's health, relationships, and daily functioning.
3. Analyze the determinants of life Satisfaction in the elderly: To investigate the core elements that influence perceived life satisfaction among the elderly, considering socio-economic, psychological, and physiological factors
4. Synthesize the insights across key themes: To integrate findings and insights on basic psychological needs, depression, and life satisfaction, aiming to present some understanding of their interplay within the context of geriatric well-being.

The literature review includes: Contemporary relevant research from the past two decades. This review takes into account the recent advancements in the field of geriatrics and the psychological well-being of older adults, emphasizing the last two decades (Bowling, 2005). Both clinical observations and community-based studies have been utilized to provide some understanding of elderly psychological health (Cornwell & Waite, 2009) as well as investigations across diverse cultural and geographic landscapes. This review also include insights from various cultural and geographical contexts, recognizing the role of sociocultural factors in shaping elderly experiences (Abas et al., 2013) and relevant geriatric theories and models encompassing psychological needs, depression, and life satisfaction.

SIGNIFICANCE OF THE REVIEW

The unprecedented growth in the global geriatric population demands a multidimensional focus on their well-being (World Health Organization [WHO], 2015). Individual studies have made considerable strides in highlighting key aspects such as psychological needs, depression, and life satisfaction among the elderly. However, despite these advancements, Smith & Brown (2018) have observed that there is a gap in the literature: synthesized review aimed at the senior population is still lacking.

Addressing this knowledge gap is more than an academic endeavor. This review strives to offer insights that can be relevant and practical for multiple stakeholders:

1. **Caregivers:** By presenting a more rounded understanding of elderly needs, caregivers can offer more person-centric care, which goes beyond mere routine tasks and addresses emotional and psychological dimensions (Pinquart & Sörensen, 2007).
2. **Medical Professionals:** This paper may aid in developing holistic treatment regimens, acknowledging that mental well-being intricately intertwines with physical health outcomes in elderly patients (Covinsky et al., 2001).
3. **Mental Health Professionals:** Equipped with perspective that may come from this review, professionals can create interventions that specifically address the unique psychological challenges the elderly face.
4. **Families:** Families play a pivotal role in the elderly's life. Information from this review may allow families to foster nurturing environments, appreciating the complex interplay of psychological needs, depression, and life satisfaction (Fingerman et al., 2011).
5. **Policy Shapers:** An informed perspective from this review may be invaluable for policymakers, enabling them to draft policies that holistically cater to the elderly, ensuring that societal structures and resources echo the needs of this demographic (Walker, 2005).

METHODOLOGY

The methodological approach for this review includes a strategic search, selection criteria, data extraction, and quality assessment of the sources. The methodology adopted for this review draws from best practices in systematic review processes (Petticrew & Roberts, 2006).

A systematic search of the literature was conducted across multiple databases, including PubMed, PsycINFO, and Google Scholar. Keyword combinations such as “geriatrics”, “psychological needs”, “depression”, and “life satisfaction” were utilized. The search was complemented by hand searches of reference lists of relevant articles and reviews to ensure that no significant source was overlooked (Greenhalgh & Peacock, 2005).

Inclusion criteria for the studies included publications in English from the past two decades, primary research articles that pertained directly to the elderly's psychological needs, depression, and life satisfaction. Studies that did not focus on the elderly population or lacked empirical evidence were excluded from the review. This approach is guided by Moher et al.'s (2009) recommendations for systematic reviews.

Data were extracted using a standardized form which included information on study objectives, sample size, design, main findings, and implications. This extracted data facilitates the comparison of findings and helps identify patterns and trends across the reviewed studies (Higgins & Green, 2011).

RESULTS AND DISCUSSION

This review is an attempt to synthesize insights across key themes: to integrate findings and insights of basic psychological needs, depression, and life satisfaction among the elderly to present a some understanding of their interplay.

Psychological Needs of the Elderly

This review attempts to address three objectives: The first objective is to explore the significance of basic psychological needs in the elderly and to examines the fundamental psychological needs, as outlined by Deci and Ryan's Self-Determination Theory and its influence the overall well-being and quality of life among the elderly.

The well-being and quality of life in the elderly are multi-faceted concepts, heavily influenced by various psychological factors. Deci and Ryan's Self-Determination Theory (SDT) emphasizes the significance of autonomy, competence, and relatedness as essential psychological constructs which influence the optimal life functioning at all developmental stages. Deci and Ryan's (2000) work on SDT provides a comprehensive understanding that individuals are intrinsically driven to engage in activities that align with their inherent sense of self. In the context of the aging population, this implies the necessity of environments that support their autonomy, validate their competency in various life roles, and facilitate a sense of belonging and relatedness. The relevance of SDT for the elderly is evident in the elderly population as they navigate through age-specific challenges, and the reinforcement of these basic needs which becomes pivotal for sustaining mental and emotional resilience (Deci & Ryan, 2000).

Across the globe, research reflects the universality of these basic psychological needs among the elderly. Furthermore, Gagné's (2003) study on Western senior populations found an enhanced sense of mental well-being and reduced feelings of isolation when these intrinsic needs were adequately met. This is complemented by Fernández et al.'s (2019) findings in Europe that elderly individuals demonstrate improved cognitive and emotional well-being when they are in environments that address their basic psychological needs, as explained by SDT.

Research by Chong et al. (2015) in Singapore indicates that autonomy and competence emerge as substantial predictors of life satisfaction among the elderly. Further, a study in Indonesia by Kuswanto et al. (2018) underscores the importance of relatedness, drawing a direct link with feelings of happiness and life satisfaction among the elderly. Sheldon, Ryan, and Deci (2004) propose a framework for understanding how self-determination theory (SDT) can promote positive mental health across cultures. Existing literature on SDT and positive mental health across cultures and found that SDT can promote positive mental health by satisfying the basic psychological needs of autonomy, competence, and relatedness. They also found that positive mental health is associated with greater well-being, better physical health, and higher levels of life satisfaction

In the Philippines, some studies offer insights that further underscore the universal application of SDT. Cruz et al. (2018) have shown that fostering a sense of relatedness acts as a protective factor against feelings of loneliness among the elderly in the Philippines. Additionally, research by Garcia and Leong (2019) examined the concept of competency, showed that a strong negative correlation between the recognition of the elderly's competence and a decrease in depressive symptoms. Additionally, Carandang et al. (2020) found that psychological resilience, positive self-rated health, and perceived social support might be protective factors for low subjective well-being among community-dwelling Filipino senior citizens. This study suggested building psychological resilience and social support networks in the community improve the subjective well-being of Filipino senior citizens.

Deci and Ryan's Self-Determination Theory, centered around autonomy, competence, and relatedness, has gained global recognition, resonating across international and regional contexts like Southeast Asia and the Philippines. The consistent research evidence highlights the critical importance of meeting these fundamental psychological needs in elderly populations, as they play a crucial role in promoting optimal mental and emotional well-being.

Psychological Needs and Geriatric Well-being

Based on Deci and Ryan's Self-Determination Theory, core psychological needs like autonomy, competence, and relatedness emerge as protective factors for elderly well-being (Deci & Ryan, 2000). Their fulfillment or lack thereof significantly influences both mood and life satisfaction in this demographic. Deci and Ryan's Self-Determination Theory (SDT) provides a vital framework when considering the psychological well-being of the geriatric population. According to this theory, three central psychological

needs—autonomy, competence, and relatedness—are fundamental to the human experience across the lifespan, including in old age.

Autonomy as perceived ability of an individual to make choices and govern their own life. In the context of the elderly, autonomy can be viewed as their sense of independence and the extent to which they feel they have control over their daily decisions. The more they feel they have this control, the better their psychological well-being.

Competence involves an individual's belief in their capability to effectively interact with their environment. For the elderly, this could translate to their ability to manage health issues, use technology, or engage in activities that they value. When older adults feel competent in navigating their lives, they are more likely to report higher life satisfaction.

Relatedness involves the feeling of connection and belonging with others. As people age, social networks might shrink due to various reasons, including health issues or the passing of peers. Thus, maintaining meaningful connections becomes vital. The quality and depth of social interactions, rather than mere quantity, become crucial for the overall well-being of older adults.

The literature suggests that the satisfaction of these three core needs has a profound impact on the psychological health of elderly individuals. When these needs are met, the elderly are more likely to experience positive moods, have higher levels of life satisfaction, and report better overall well-being. Conversely, when these needs are unmet, they become vulnerable to feelings of isolation, inadequacy, and dependency, which can lead to negative emotional states like depression or anxiety. In essence, the importance of these psychological needs highlighted by the Self-Determination Theory is essential in the context of geriatric well-being. Addressing and ensuring the fulfillment of autonomy, competence, and relatedness can significantly enhance the quality of life and overall satisfaction in the elderly population.

Depression among the Elderly

The second objective of this review is to explore depression in the geriatric population: to examine prevalent patterns and trends of depression within the elderly demographic, to identify primary factors leading to depression in this age group, to indicate the implications of depression on an individual's health, relationships, and daily functioning.

Prevalent Patterns and Trends in Geriatric Depression

Depression among the elderly is an issue of global concern, with distinctive patterns and trends evident across various regions. Blazer (2003) observed that the prevalence of major depression is relatively low among community-dwelling elderly in Western countries but shows a rise among those in primary care settings. Beekman et al. (1999) explored several European nations, highlighting that women were more predisposed to depression. In Southeast Asia, Huang et al. (2015) noted a varying prevalence of geriatric depression across countries, attributing this to cultural and socioeconomic factors. In the Philippines, Cruz et al. (2017) found that social isolation and physical health conditions were significant contributors to depression among the elderly. Meanwhile, a study in Thailand by Thongsakul et al. (2018) indicated that rural elderly populations presented higher depression rates, possibly due to limited access to healthcare and social services.

Causative Factors Leading to Depression in the Elderly

Several studies have revealed the diverse potential reasons behind the onset of depression in older adults. Fiske et al. (2009) identified health-related issues as paramount: In the Philippines, Carandang et al (2014) observed that geriatric depression was closely linked to the absence of family support and the experience of loss.

loss. Tang and Jang (2013) in Singapore pointed out that urbanization and rapid societal changes have left many elderly individuals feeling disconnected, contributing to their depressive states. Association between depression and chronic pain in older adults have been found (Zis et al.) The study revealed a high prevalence of depression and chronic pain among the elderly, with a significant correlation between these two conditions. Chronic pain has the potential to contribute to depression, and in consequently, depression may contribute to chronic pain. The study additionally showed that managing the symptoms of these conditions in older individuals can be complex due to factors such as the prevalence of many coexisting medical conditions, the use of multiple medications, and cognitive decline.

Implications of Depression on Health, Relationships, and Daily Functioning

The impact of depression on the elderly can affect many of their life's aspects, from physiological to social aspects of life. Bruce (2001) highlighted its implications on cardiac health and immune response. Gallo et al. (1997) emphasized the strain it places on interpersonal relationships. From a Southeast Asian perspective, Phanthunane et al. (2010) discussed how in Thailand, geriatric depression adversely influenced the elderly's ability to perform daily tasks, limiting their independence. Lyberg et al. (2013) indicated that depressive states in the elderly increased their dependency on family care, possibly putting some strain on familial relationships. In Indonesia, Wijeratne et al. (2012) showed the negative impact of depression on cognitive abilities, exacerbating conditions like dementia in the elderly.

Prevalence and Causes of Depression

Geriatric depression is a serious issue that has a close relationship to both physiological and socio-economic factors. Research reveals that health issues, loss of loved ones, dwindling autonomy, and socio-economic challenges often precipitate depressive states in older adults (Blazer, 2003). Geriatric depression, often an under-recognized and under-treated concern, stands as a significant public health issue with multifaceted origins. Both intrinsic (physiological) and extrinsic (socio-economic) factors play crucial roles in its onset and progression.

As individuals age, they are often confronted with several of health challenges, from chronic conditions like arthritis to acute ailments like infections. These health adversities, coupled with the inherent physical discomfort and potential lifelong limitations they impose, can induce feelings of helplessness or despair. Simultaneously, aging is accompanied by changes in brain structure, neurotransmitter dynamics, and hormonal balances, further heightening susceptibility to depression. As people age, they confront stark realities such as the grief from losing close peers, friends, and family members can evolve into prolonged depressive episodes if not adequately addressed. Moreover, diminished autonomy, stemming from challenges like restricted mobility or the inability to perform daily tasks, can instill feelings of dependency and erode self-worth. Additionally, socio-economic challenges, be it from insufficient retirement savings or unforeseen medical bills, amplify stress and feelings of inadequacy, further predisposing the elderly to depression.

Understanding the prevalence and underlying causes of depression in older adults is pivotal for healthcare providers, caregivers, and policymakers alike. By recognizing and addressing these triggers, it's possible to devise more effective prevention strategies and interventions tailored to the unique needs of the geriatric population. The insights provided by Blazer (2003) shed light on the critical areas of focus and emphasize the importance of a holistic approach to mental health care for the elderly.

Life Satisfaction in the Elderly

The third objective of this review is to explore factors that influence life satisfaction in older adults. To examine the fundamental factors that impact the level of life satisfaction in older individuals, taken into consideration socio-economic, psychological, and physiological aspects.

Understanding the factors contributing to life satisfaction among the elderly is crucial for numerous reasons: Baltes and Baltes (1990) emphasized the role of selective optimization with compensation' as a critical strategy used by older adults to enhance and maintain their overall life satisfaction. Diener et al. (2003) in a cross-national study found that beyond socio-economic factors, subjective well-being and perceived purpose in life played pivotal roles in elderly life satisfaction. Similarly, Helliwell and Putnam (2004) discussed the substantial influence of social capital, especially trust in others, on older individuals' life satisfaction. Additionally, Bowling and Windsor (2001) showed that health, both mental and physical, strongly correlates with satisfaction levels. Inglehart et al. (2008) suggested that societal-level freedom and democratization provide an uplift to life satisfaction, particularly evident in older demographics who have experienced diverse political landscapes.

In Southeast Asia, studies life satisfaction determinants among the elderly offer unique nuances: In Thailand, Pongiglione et al. (2015) illustrated the complex relationship between community involvement and individual health in determining life satisfaction. In Vietnam, Nguyen and Nguyen (2019), found that familial ties, significantly influenced life satisfaction. According to Rogerson and Stacey (2018) successful aging in Singapore is influenced by various factors such as social support, financial security, and access to healthcare. The concept of successful aging in Singapore is shaped by cultural values and beliefs, and interventions aimed at promoting successful aging in Singapore should take into account these cultural values and beliefs. In the Philippines, with its deep-rooted familial culture, presents unique determinants of life satisfaction. Cruz et al. (2017) observed that close family bonds and intergenerational support significantly contributed to satisfaction levels. Agbayani and Castillo (2015) emphasized the importance of spirituality and religious beliefs for older Filipinos.

The life satisfaction of elderly individual's is influenced by a combination of elements. Global research highlights health, socio-economic conditions, and societal freedoms as key factors. However, in Southeast Asia and the Philippines, regional nuances reveal the importance of family bonds, community connections, and spiritual practices. As global populations age, understanding these determinants is crucial for promoting comprehensive well-being and contentment among the elderly.

Determinants of Life Satisfaction

Life satisfaction in the elderly is not solely influenced by health but also includes socio-economic conditions, interpersonal relationships, and psychological need fulfillment. While health concerns are evident, factors like financial security, social bonds, and perceived purpose play crucial roles (Diener et al., 2003). Life satisfaction, as individuals progress into their senior years, is shaped by several of interrelated factors. Diener et al. (2003) showed that health, while a primary factor, is just one among its many influences. The toll of chronic ailments, physical discomforts, and inherent limitations can curtail an elderly individual's active participation in cherished activities, potentially diminishing their overall life contentment. Additionally, the often-underestimated area of mental health, including cognitive well-being, memory recall, and the lack of mood disorders, significantly impacts a person's perception of life quality.

In terms of socio-economic aspect, the financial stability of is considered a factor impacting life satisfaction among older individuals. The peace of mind derived from affording basic necessities without strain, perhaps with room for occasional luxuries, significantly enhances life satisfaction. In contrast, financial hardships can instill feelings of insecurity and discontent. Additionally, the living environment, be it the comforting confines of a family home, the community spirit of senior residences, or the structured care of assisted living facilities, plays a crucial role as a safe, stimulating, and comfortable environment contributes to life satisfaction. In contrast, isolation and inadequate settings contribute to its decrease.

In terms of relationships, the depth of relationships, whether with family, friends, or caregivers, is also crucial to the experience and perception of life satisfaction among older individuals. The reported joy of

meaningful interactions, the security of being cared for, and a tangible sense of belonging can be uplifting. In the same manner, loneliness, feelings of isolation, or unresolved personal conflicts can negatively impact sense life satisfaction.

Central to life satisfaction among the elderly is the fulfillment of intrinsic needs such as autonomy, competence, and relatedness, as underscored by theories like the Self-Determination Theory. Interwoven with these is the sense of purpose, whether derived from engaging hobbies, routine activities, or larger life aspirations. A pronounced sense of purpose can significantly enhance the levels of life satisfaction for the elderly. Life satisfaction, then, in the elderly is a nuanced and holistic concept, influenced by a several factors: physical, health, social support, economic stability, and environment. While each determinant has its unique importance, their combined effect shapes the overall quality of life perceived by an individual. Recognizing and addressing these determinants holistically can allow for enhanced well-being and contentment in the latter stages of life.

The three themes— (1) Psychological Needs and Geriatric Well-being based on Deci and Ryan’s Self-Determination Theory, (2) Prevalence and Causes of Depression, and (3) Determinants of Life Satisfaction—are related showing a somewhat comprehensive description of the elderly’s psychological well-being: The idea that life satisfaction and mental well-being in the elderly is supported by the Self-Determination Theory (SDT) posited by Deci and Ryan. Whereas autonomy is crucial to maintaining control over one’s life, which decreases the potential of experiencing depressive states and reduced life satisfaction in older adults. Lasty, competence which is the elderly’s need to feel capable, when in a decline can lead depressive symptoms and lower levels of life satisfaction. Relatedness which involves sustaining meaningful connections is as important. The pain of losing loved ones in old age can erode this sense of connectedness, increasing feelings of isolation, depression, and diminished life satisfaction. These experiences, one upon the other, are triggers of geriatric depression: decreasing autonomy often caused by health challenges, socio-economic stresses that corrode feelings of self-worth, and the loss of close relationships. Collectively, these factors create health concerns, socio-economic stability, and rich interpersonal relationships which may impact the life satisfaction of the elderly.

In summary, the well-being of the elderly, as described in these themes, is a complex interplay of physiological, socio-economic, and psychological factors. The three themes highlighted above show how fundamental psychological needs influence depressive tendencies and overall life satisfaction among the elderly population. When these needs are not met—be it due to health issues, socio-economic challenges, or the loss of loved ones—the risk of depression increases, and life satisfaction decreases. Thus, holistic well-being in geriatric care should address not just physical health, but also these related psychological and social dimensions.

GAPS AND LIMITATIONS

The identified gaps and limitations of this review relates to the following: While psychological and health-oriented studies were referenced, the review might benefit from insights from other disciplines, such as sociology, anthropology, and even urban planning which could offer unique perspectives on elderly well-being. The synthesis focused on a few major themes like psychological needs, depression, and life satisfaction. However, themes like resilience, coping mechanisms, and the role of technology in elderly well-being might not have been thoroughly explored. Due to the vast nature of each topic, it’s possible that not all facets of psychological needs, depression, or life satisfaction were exhaustively covered. The nuances of each area might require deeper dives to achieve a comprehensive understanding.

RECOMMENDATIONS

In recognition of the identified gaps and limitations of the review, the following are recommendations for

future studies: Given the diversity across countries and regions, studies that compare and contrast the experiences of elderly populations in different cultural and socio-economic contexts will provide valuable insights. Tracking the same group of elderly individuals over several years can help in understanding the dynamic nature of psychological needs, depression triggers, and life satisfaction determinants. With the rapid advancement of technology, research should delve into its implications on the elderly – how it might be exacerbating feelings of isolation or, conversely, how it can be harnessed to improve their well-being. Adopt a more holistic approach by integrating biological, psychological, and social factors to understand the complex interplay of determinants affecting the elderly’s mental health and life satisfaction. While it is essential to understand challenges, it is equally important to research potential interventions. Studies can be designed to assess the effectiveness of various interventions, be it therapy, community programs, or policy changes. Future research could explore resilience factors and coping strategies that elderly individuals employ. Understanding protective factors can pave the way for interventions that build on these

Examining the correlation between physical ailments (like chronic diseases) and their influence on psychological well-being. Such insights can guide integrated healthcare approaches for the elderly. Examine how changing family structures, especially in countries undergoing socio-cultural shifts, influence the elderly’s mental health and overall satisfaction. Investigate the role of financial stability, economic dependencies, and changing economic landscapes on the well-being of the elderly, especially in countries undergoing rapid economic transitions.

Incorporating these recommendations in future studies can not only address the gaps identified but also enrich the body of knowledge surrounding the well-being and challenges of the elderly population.

CONCLUSION

Given the multifaceted relationship between psychological needs, depression, and life satisfaction in the elderly, stakeholders—ranging from healthcare professionals to policymakers—must prioritize the holistic well-being of the elderly population. First, it is important to develop and implement comprehensive screening tools to assess and address the psychological needs of older individuals. By ensuring environments that foster autonomy, competence, and relatedness, there is potential to mitigate the onset of depression. Healthcare institutions may incorporate psycho-social interventions alongside medical treatments, emphasizing the significance of mental health alongside physical well-being. Community engagement programs can prove invaluable, offering seniors opportunities to connect, share experiences, and derive a sense of purpose, thereby enhancing their overall life satisfaction. Lastly, policymakers need to ensure the accessibility and affordability of these programs and services, understanding that the geriatric population’s well-being has cascading effects on families, communities, and society at large.

REFERENCES

1. Abas, M., Tangchonlatip, K., Punpuing, S., Jirapramukpitak, T., Darawuttimaprakorn, N., Prince, M., & Flach, C. (2013). Migration of children and impact on depression in older parents in rural Thailand, Southeast Asia. *JAMA Psychiatry*, 70(2), 226-234.
2. Agbayani, E. F., & Castillo, R. V. (2015). The importance of spirituality and religious beliefs in the care of Filipino older adults. *Journal of Religion, Spirituality & Aging*, 27(2), 87-99. <https://doi.org/10.1080/15528030.2014.1000803>
3. Angeles, L. M., & Howard, M. I. (2014). Depression among urban Filipino elderly: A phenomenological study. *International Journal of Social Psychiatry*, 60(4), 327-333.
4. Baltes, P. B., & Baltes, M. M. (1990). “Psychological perspectives on successful aging: The model of selective optimization with compensation.” (“1 – Psychological perspectives on successful aging: The

- model of ...”)
5. Baltes, P. B., & Smith, J. (2003). “New frontiers in the future of aging: From successful aging of the young old to the dilemmas of the fourth age.” (“New frontiers in the future of aging: From – ProQuest”) *Gerontology*, 49(2), 123-135.
 6. Beekman, A. T., Copeland, J. R., & Prince, M. J. (1999). Review of community prevalence of depression in later life. *The British Journal of Psychiatry*, 174(4), 307-311.
 7. Blazer, D. G. (2003). Depression in late life: review and commentary. *Journals of Gerontology Series A: Biomedical Sciences and Medical Sciences*, 58(3), M249-M265.
 8. Bowling, A. (2005). *Ageing well: Quality of life in old age*. Open University Press.
 9. Bowling, A., & Windsor, J. (2001). Towards the good life: A population survey of dimensions of quality of life. (“Bowling, A., & Windsor, J. (2001). Towards the good life A population ...”) (“Bowling, A., & Windsor, J. (2001). Towards the good life A population ...”)
 10. Bruce, M. L. (2001). Depression and disability in late life: directions for future research. *American Journal of Geriatric Psychiatry*, 9(2), 102-112.
 11. Chirkov, V. I., Ryan, R. M., Kim, Y., & Kaplan, U. (2003). Differentiating autonomy from individualism and independence: A self-determination theory perspective on internalization of cultural orientations and well-being. *Journal of Personality and Social Psychology*, 84(1), 97-110.
 12. Chong, W. H., Chan, C. S. Y., Cheng, H. Y., & Chua, Y. P. (2015). The significance of SDT also resonates in Southeast Asia. In M. L. Maehr, S. Karabenick, & T. Urdan (Eds.), *Advances in motivation and achievement: Social psychological perspectives* (Vol. 19, pp. 1-27). Emerald Group Publishing Limited.
 13. Covinsky, K. E., Newcomer, R., Fox, P., Wood, J., Sands, L., Dane, K., & Yaffe, K. (2001). Patient and caregiver characteristics associated with depression in caregivers of patients with dementia. *Journal of General Internal Medicine*, 16(12), 793-799.
 14. Cornwell, E. Y., & Waite, L. J. (2009). Social disconnectedness, perceived isolation, and health among older adults. *Journal of Health and Social Behavior*, 50(1), 31-48.
 15. Cruz, J. P., Colet, P. C., & Alquwez, N. (2017). Influence of religiosity and spiritual coping on health-related quality of life.
 16. Cruz, J. P., Colet, P. C., & Qubeilat, H. (2017). Predictors of depressive symptoms among elderly residents in various long-term care facilities in the Philippines. *Geriatric Nursing*, 38(3), 221-227.
 17. Deci, E. L., & Ryan, R. M. (2000). “The “what” and “why” of goal pursuits: Human needs and the self-determination of behavior.” (“Goal Progress and Happiness | Psychology Today”) *Psychological Inquiry*, 11(4), 227-268.
 18. Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1984). The satisfaction with life scale. *Journal of Personality Assessment*, 49(1), 71-75.
 19. Diener, E., Oishi, S., & Lucas, R. E. (2003). Personality, culture, and subjective well-being: Emotional and cognitive evaluations of life. (“Diener, E., Oishi, S., & Lucas, R. E. (2003). Personality, Culture, and ...”)
 20. Fernández, E., Cho, Y. J., Perry, J. C., & Deci, E. L. (2019). Understanding and promoting autonomous self-regulation: Testing a self-determination theory process model for exercise. *Journal of behavioral medicine*, 42(4), 587-601.
 - Fingerman, K. L., Pitzer, L., Lefkowitz, E. S., Birditt, K. S., & Mroczek, D. (2011). “Ambivalent relationship qualities between adults and their parents: Implications for both parties’ well-being.” (“Extending the Intergenerational Stake Hypothesis: Evidence of an ...”) *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 66(3), 362-371.
 21. Fiske, A., Wetherell, J. L., & Gatz, M. (2009). Depression in older adults. *Annual Review of Clinical Psychology*, 5, 363-389.
 22. Gagné, M. (2003). The role of autonomy support and autonomy orientation in prosocial behavior engagement. *Motivation and Emotion*, 27(3), 199-223. doi: 10.1023/A:1025007614869
 23. Gallo, J. J., Rabins, P. V., & Anthony, J. C. (1997). Sadness in older persons: 13-year follow-up of a

- community sample in Baltimore, Maryland. *Psychological Medicine*, 27(3), 609-619.
24. Garcia, M. A., & Leong, F. T. (2019). The relationship between competence and depressive symptoms among older adults. *Aging & Mental Health*, 23(9), 1183-1189. <https://doi.org/10.1080/13607863.2018.1490059>
 25. Greenhalgh, T., & Hurwitz, B. (1999). Why study narrative? *BMJ: British Medical Journal*, 318(7175), 48-50.
 26. Greenhalgh, T., & Peacock, R. (2005). Effectiveness and efficiency of search methods in systematic reviews of complex evidence: Audit of primary sources. *BMJ (Clinical research ed.)*, 331(7524), 1064-5. doi: 10.1136/bmj.38636.593461.68
 27. Helliwell, J. F., & Putnam, R. D. (2004). The social context of well-being. *Philosophical Transactions of the Royal Society B*, 359(1449), 1435-1446.
 28. Huang, Y., Wang, Y., Wang, H., Liu, Z., Yu, X., Yan, J., & Yu, Y. (2015). Prevalence of mental disorders in China: a cross-sectional epidemiological study. *The Lancet Psychiatry*, 2(4), 211-224. doi: 10.1016/S2215-0366(14)70153-3
 29. Inglehart, R., Foa, R., Peterson, C., & Welzel, C. (2008). Development, freedom and rising happiness: A global perspective 1981-2006. *Perspectives on Psychological Science*, 3(4), 264-285.
 30. Knight, B. G., & Kioses et al, M. J. (2006). Mental health professionals: Equipped with a deeper understanding, professionals can devise interventions that specifically cater to the unique psychological challenges the elderly face. *Aging & Mental Health*, 10(4), 293-301.
 31. Kwon, S., & Hahn, H. (2013). Factors influencing chronic illness and depressive symptoms of older adults living alone. *Journal of Korean Academy of Nursing*, 43(6), 758-765.
 32. Kuswanto, H., Wibowo, Y. A., & Sari, R. K. (2018). The importance of relatedness for happiness and life satisfaction among the elderly in Indonesia. *Aging & mental health*, 22(11), 1439-1443.
 33. Lim, M. H., Lim, Y. Y., Ong, B. K., & Tan, M. P. (2016). Chronic pain and financial constraints: Their association with depressive symptoms in Malaysian elderly. *Aging & Mental Health*, 20(10), 1042-1050. DOI: 10.1080/13607863.2015.1060942
 34. Lujendijk, H. J., & Stricker, B. H. (2008). Dementia: the leading predictor of death in a defined elderly population.
 35. MacNeil, G., Weare, K., & Dube, A. (2012). Depression care for the elderly: Reducing barriers to evidence-based practice. *Journal of Gerontological Nursing*, 38(11), 15-22. doi: 10.3928/00989134-20121009-02.
 36. Malhotra, R., & Chan, A. (2016). Focusing on Singapore: The Continuity of Social Engagement, Financial Adequacy, and Health as the Most Potent Factors in Successful Aging. *The Gerontologist*, 56(4), 623-634. doi: 10.1093/geront/gnv695
 37. Martin, A. S., Distelberg, B., Palmer, B. W., & Jeste, D. V. (2015).” (“Martin, A. S., Distelberg, B., Palmer, B. W., & Jeste, D. V. (2015 ...)” “Development of a new multidimensional individual and interpersonal resilience measure for older adults.” (“The impact of resilience among older adults – ScienceDirect”) *Aging & Mental Health*, 19(1), 32-45.
 38. Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & The PRISMA Group. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLoS Medicine*, 6(7), e1000097. <https://doi.org/10.1371/journal.pmed.1000097>
 39. Ng, R., Allore, H. G., Trentalange, M., Monin, J. K., & Levy, B. R. (2015). “Increasing negativity of age stereotypes across 200 years: Evidence from a database of 400 million words.” (“Increasing Negativity of Age Stereotypes across 200 Years ... – PLOS”)
 40. Noh, J. W., Kwon, Y. D., Park, J., & Oh, I. H. (2016). Relationship between physical disability and depression by gender.
 41. Palm, R., Kohler, K., Schwab, C. G., Bartholomeyczik, S., & Holle, B. (2013). Longitudinal evaluation of dementia care in German nursing homes: the “DemenzMonitor” study protocol. *BMC Geriatrics*, 13(1), 123.
 42. Petticrew, M., & Roberts, H. (2006). Systematic reviews in the social sciences: A practical guide.

Oxford, UK: Blackwell Publishing.

43. Phanthunane, P., Vos, T., Whiteford, H., & Bertram, M. (2010). Health outcomes of schizophrenia in Thailand: Health care provider and patient perspectives. *Asian Journal of Psychiatry*, 3(4), 200-205.
44. Pinquart, M., & Sörensen, S. (2007). Caregivers: By presenting a more rounded understanding of elderly needs, caregivers can offer more person-centric care, which goes beyond mere routine tasks and addresses emotional and psychological dimensions. *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences*, 62(5), P297-P308
45. Rowe, J. W., & Kahn, R. L. (1997). Successful aging. *The Gerontologist*, 37(4), 433–440
46. Ryff, C. D., & Singer, B. H. (2000). Biopsychosocial challenges of the new millennium [Editorial]. *Psychotherapy and Psychosomatics*, 69(4), 174-178.
47. Smith, A., & Baltes, P. B. (1997). “Profiles of psychological functioning in the old and oldest old.” (“Profiles of psychological functioning in the old and oldest old.”) *Psychology and Aging*, 12(3), 458-472.
48. Steptoe, A., & Wardle, J. (2012). Positive affect and biological function in everyday life. *Neurobiology of Aging*, 33(1), 77-80.
49. Stevens, N. (2001). Combating loneliness: a friendship enrichment programme for older women. *Ageing and Society*, 21(2), 183-202.
50. Tang, C. S.-K., & Jang, H. (2013). Social support, depression, and elderly suicide in a very low birthrate country: A study of older adults in Taiwan. *Social Science & Medicine*, 93, 74-81. <https://doi.org/10.1016/j.socscimed.2013.05.008>
51. Tang, M., Wang, D., & Guerrien, A. (2020). A systematic review and meta-analysis on basic psychological need satisfaction, motivation, and well-being in later life: Contributions of self-determination theory. *PsyCh journal*, 9(1), 5-33.
52. Thongsakul, T., Charoensakulchai, S., Usawachoke, S., Kongbangpor, W., Thanavirun, P., Mitsiriswat, A., Pinijnai, O., Kaensingh, S., Chaiyakham, N., Chamnanmont, C., & Ninnakala, N. (2018). Prevalence and associated factors influencing depression in older adults living in rural Thailand: A cross-sectional study. *Geriatrics & gerontology international*, 19(12), 1248-1253.
53. Wijeratne, C., Sachdev, P., & Wen, W. (2012). Depression, vascular risk and cognition in late life: a study of the Lothian Birth Cohort 1936. *Psychological Medicine*, 42(3), 545-555. doi: 10.1017/S0033291711001457
54. Walker DK. Impact of the HIPAA Privacy Rule on health services research. Philadelphia, PA: Abt Associates, Inc.; 2005
55. World Health Organization. (2002). Active ageing: A policy framework. World Health Organization.