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Coping Mechanisms used by Socially and Emotionally Isolated Older Adults

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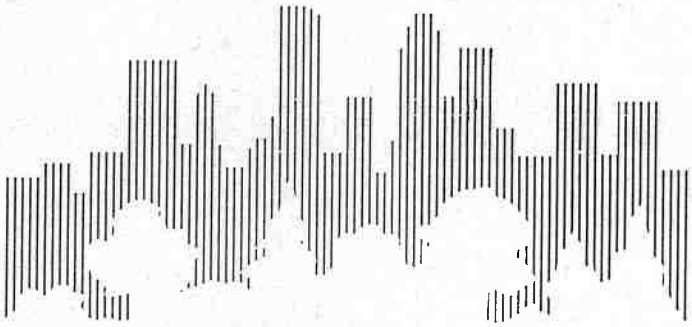

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Coping Mechanisms used by Socially and Emotionally Isolated Older Adults

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COPING MECHANISMS USED BY SOCIALLY AND EMOTIONALLY ISOLATED OLDER ADULTS

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CERTIFICATE OF APPROVAL

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has been approved by the Examining Committee for the thesis requirement for the Master of Social Work Degree.

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MESSAGE IN A BOTTLE

Just a castaway

An island lost at sea

Another lonely day

No one here but me

More loneliness

Than anyone could bear

Rescue me before I fall into despair

Gordon M. Sumner, 1979

"Paradise without people is not worth living in."

Arabian Proverb

ABSTRACT

COPING MECHANISMS USED BY SOCIALLY AND EMOTIONALLY ISOLATED OLDER ADULTS

PAULLA DECHMANN

JUNE 1998

This exploratory and descriptive qualitative study was undertaken to examine the nature of social and emotional isolation as it impacts older adults by examining the coping mechanisms they use. The participants (N=15), clients of Senior Community Services and CommonBond Communities, completed a structured interview consisting of nineteen primarily open-ended questions. The study looked at the issues of social and emotional isolation as it was identified by participants, the amount of support they received, and the methods they used to cope with any recognized feelings of isolation. The survey identified those persons involved in the senior's life, how frequently contact was available, and how involvement in activities affected older adults. Theories, including stress and coping, activity, and convoy of social relations were used to explore the relationship between aging and coping with social and emotional isolation. The findings of this study suggest that adults over age 70 do experience feelings of loneliness at times. They have frequent contact with other people and have supportive people in their lives. They find ways to deal with their loneliness, usually choosing solitary activities such as television or reading. The results provide implications for future social work in the delivery of services to older adults.

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CHAPTER 1

INTRODUCTION

This chapter presents the issues of social and emotional isolation as they impact older adults. It looks at the background of the problem and the significance of the research study and concludes with the research questions.

Background of the Problem

At any given time, 25% of all Americans experience intense feelings of loneliness. According to Bradburn (1969), at a minimum, one fourth of the total population of the United States experienced acute loneliness during the preceding two weeks. Weiss (1973) and Rubin (1979) reported on the pervasiveness of loneliness and also found that as many as 25% of all Americans felt lonely. Creecy, Berg, and Wright (1985), recognized the rate of loneliness to be as high as 40% in the older adult population and found it to be the fourth major concern for seniors following poor health, financial difficulties, and fear of crime. A more recent study found that 21.5% of 2,731 elderly Canadians felt lonely sometimes or often (Mullins, Woodland, & Putnam, 1989). According to Hansson, Jones, Carpenter, and Remondet (1986), loneliness is strongly associated with anxiety, depression, and interpersonal hostility. It is connected to the abuse of chemicals, susceptibility to health problems, and to suicide. Loneliness is a frequent complaint to telephone hotlines, marriage and youth counseling services, and college psychological clinics (Jones, Rose, & Russell, 1990). The findings of two other controlled studies (Berkman & Syme, 1979; House, Robbins, & Metzner, 1982) linked loneliness to increased mortality. Loneliness can be defined as a negative emotional state characterized

by feelings of isolation from people, while also having a desire to be with people. It can be a distressing and uncomfortable experience which creates a negative impact for older adults (Creecy et al., 1985; Peplau & Perlman, 1982). Fromm-Reichmann (1959:339) wrote "Loneliness seems to be such a painful, frightening experience that people will do practically everything to avoid it" (cited in Germain, 1991, p. 347).

Statement of the Problem

This research study explored the impact that social and emotional isolation has on a sample of older adults living in a metropolitan county in Minnesota. Because older adults may be susceptible to loneliness during their later years, social support in some form is essential in providing a buffer against the negative effects that loneliness can create. This research looks at how a sample of older adults experiences isolation and additionally what coping mechanisms they employ.

Purpose and Significance of the Research Problem

The purpose of this study was to explore the methods used by some older adults to cope with social and emotional isolation. The participants in this study answered questions regarding their perceptions of social supports and resources in their lives. They were asked to identify ways they dealt with feelings of loneliness. As people become older, they are subject to experience change and loss, i.e., due to death, retirement, relocation, physical changes, memory impairment, etc. The potential significance of the study's findings would be to assist practitioners to understand the impact formal and informal support systems have on older adults and to maximize resources and efforts when working with this population.

Research Questions

This study explored the following research questions:

1. How does social and emotional isolation impact the lives of older adults?
2. What is the availability of social and emotional support in the lives of older adults?
3. What coping mechanisms are used by older adults in managing their feelings of social and emotional isolation?

Summary

This chapter has introduced the issues of social and emotional isolation of older adults. Chapter 2 discusses a review of the literature regarding these issues. Chapter 3 outlines the theoretical framework that guided this research study while chapter 4 presents the methodology used. Chapter 5 identifies the findings of the study in relation to the framework used and the literature analyzed on this subject. Chapter 6 includes strengths and limitations of the research study, implications for social work practice, and future research suggestions.

CHAPTER 2

LITERATURE REVIEW

This chapter summarizes what factors the literature has found significant in the role of loneliness experienced by older adults. To expand the understanding of loneliness as it pertains to older persons, definitions are presented and relevant subject matter is identified. Subject matter include: social and emotional isolation; social support; mental health; physical health; the role of children, siblings, and family; the role of friends; support resources; pets; and coping issues. An overview of the issues is provided as well as the impact loneliness has on this population. This chapter also explores gaps in the literature including the lack of studies of minorities.

Social and Emotional Isolation

Weiss (1973) identified two dimensions of loneliness -- social isolation and emotional isolation -- and distinguished between the two while studying older adults. Social isolation is an outcome of feeling or being detached from a community or social network. Feelings of tension, vulnerability, marginality, and boredom can be experienced by an older person who has lost relationships because of death, retirement, or relocation. Mullins and Dugan (1990) found that older adults are at greater risk of social isolation than younger adults. The number of older adults is expected to reach close to 70 million by the year 2030, representing 20% of the population of the United States (U.S. Bureau of the Census, 1996). For this reason, it is critical that social workers and other practitioners learn how to assess factors associated with loneliness and work with older adults to

alleviate them.

Factors which contribute to social isolation include infrequent contact with children, siblings, and friends; lack of involvement in social groups; unsettled residency; and health and sensory impairments. Dugan and Kivett (1994) operationalized the definition of social isolation of older adults with questions centering around social interaction. The variables for their study of 119 older rural adults were: frequency of visits with children living within 49 miles, frequency of visits with siblings living within 49 miles, number of times relocated in the previous three years, frequency of telephone contact, frequency of visits with friends, monthly participation in a group, and self-reported visual and hearing abilities. Three of five older adults (average age 83) in the study reported feelings of loneliness from time to time. One in five expressed feelings of much loneliness.

Emotional isolation is the second dimension of loneliness and is an outcome experienced when there is the loss of an attachment figure. Weiss (1973) discovered a more serious need to respond to the feelings of emotional isolation than to social isolation. Weiss (1989) defined an attachment figure as a person who provides security because of an emotional or perceptual sense of linkage. Responses associated with emotional isolation include longing for the missing attachment figure, depression, and distress (Weiss, 1989). The loss of a spouse has been discovered to be the most significant factor contributing to loneliness in older adults (Berg, Mellstrom, Persson, & Svanborg, 1981; Kivett & Scott, 1979). Married adults, Revenson (1986) and Weiss (1973) found, were less likely to be lonely than were widowed, separated, divorced, or never married persons.

Because attachment is central to emotional isolation, Dugan and Kivett (1994) operationalized the definition with questions pertaining to attachment figures. Variables for emotional isolation were: marital status, number of deceased children, and presence of a confidant.

Solomon (1996) described the death of a loved one as one of two transitional stressors common with increased age. She said that depression frequently accompanies this loss. The other stressor is illness and/or physical impairment. Exercising a sense of humor and being adaptable has proven to be helpful characteristics for older persons coping with stress. In addition, possessing financial, social, and organizational resources can be advantageous.

According to Weiss (1973), "Children need both friends to play with and parents to care for them, and adults need both a social network for social connectedness and an attachment figure for emotional relatedness" (p. 148).

Social Support

Stroebe, Stroebe, Abakoumkin, and Schut (1996) found that losing a partner meant losing a significant attachment figure and that the social support given by others did not compensate for this loss. Study participants said that although their family members and friends were supportive, they could not replace the lost partner. These researchers' hypothesis from attachment theory was that marital status and social support affect well-being differently. The impact of marital status was shown to be mediated by emotional isolation while the impact of social support was mediated by social isolation. These authors noted that people who view their social support as high report fewer symptoms of

depression and somatic concerns.

Mental Health

Lack of social support is a risk factor for depression in older adults and it can be an atypical manifestation of the illness (Holahan & Holahan, 1987; Reynolds, 1996). Social losses such as the death of a partner have been found to predict the onset of depressive episodes. Reynolds found that depression is often not detected or treated because of atypical presentations like social withdrawal, incontinence, substance abuse, and low expectations for the quality of life of older adults. Incidentally, the use of drug therapy is effective in treating 60 to 75% of the cases of depression in older adults (Reynolds).

Individuals having a strong social support system are less likely to seek psychological services when experiencing emotional problems said Phillips and Murrell (1994). They found that it was not necessarily social contact that was significant in determining whether services were looked for, but it was the level of the relationships and how they were viewed as furnishing support and help when needed.

Physical Health

Health and increased physical impairment were not factors in loneliness of rural older adults in the study by Dugan and Kivett (1994), possibly due to their "self-reliant and independent traits" (p. 345). It was a factor in other studies, however (Creecy et al., 1985; Kivett & Scott, 1979). In a study of 70-year-old Swedish persons, Berg et al. (1981) found that those experiencing loneliness had more complaints of low back pain and fatigue, had a less optimistic perception of their own health, took more medications, and

visited doctors more frequently than those who were not lonely. They also had more problems with depression, anxiety, and sleep patterns. In a study of older adults living in a retirement community, those experiencing greater health concerns were more depressed than those with fewer illnesses (Potts, 1997). Social support is positively related to health according to Germain (1991).

Sensory changes in vision and hearing were found to play a role in loneliness according to Kivett and Scott (1979); they were not found to be a factor in the study by Berg et al. (1981).

Children, Siblings, and Family

Some findings noted the importance of having more children and having children living closer to the older adults (Mullins & Dugan, 1990). Parker and Parrot (1995) discovered that older persons self-disclosed to family members more often than to friends. The emotional bond between seniors and their children is important said Shanas (1979) who found that "old people wish to maintain some physical distance from their adult children without being isolated from them" (p. 170). Those having children are more likely to have had a social contact in the previous day or two (Barchrach, 1980). Another study reported that there was no connection between visits with children and loneliness (Lee & Ellithorpe, 1982). Shanas discovered that seniors having little family involvement were more prone to institutionalization when they became ill. A study by Blazer (1982) showed that a lack of social relations with children and siblings was connected to an increased risk of mortality. More current studies would seem warranted to increase understanding about the role children play in their aging parents' lives in.

Bedford (1989) found that siblings can fill voids for older adults left by death, retirement, and relocation, and because of their peer status, siblings are in a better position than children to do so. The following reasons were suggested by Bedford in making his point: siblings have a similar background and shared personal history; they have significant blood ties; and there is the potential for blood ties to endure for the length of the siblings' lives. According to Shanas (1979), siblings and other relatives become substitutes for children when children are not available. Gold (1987) discussed the loss of a sibling or lack of interaction with them as a contributing factor toward loneliness in older adults. In providing interventions for socially isolated older adults, a focus might be on strengthening communication and contact opportunities with siblings and peers.

Friends

The role that friendship plays can be important to older adults said Bleiszner and Adams (1992) who found that older adults living in senior apartments and having less contact with friends and neighbors reported higher degrees of loneliness. It was not the level of contact which was determined to be important, but rather the fact that one had peers reaching old age together. Social support from friends living outside one's retirement community was significant for lesser degrees of depression (Potts, 1997). More than 50% of older adults in a study by Johnson and Troll (1994) acknowledged having a close friend while 75% had weekly or more frequent contact with a friend. Forty-five percent, in fact, reported making new friends after turning 85 years old. These authors extended the definition of a friend to include: close (friendships of long standing and ones possessing familiarity and interest in one another), casual (those available

because of physical closeness such as neighbors), club (those seen only in relation to a shared activity such as "bingo friends"), and helpers (those who are involved to perform a task such as volunteer visitors). The definition of friendship was broadened because the older adults considered each of the four categories as friends. According to Creecy et al. (1985), participation in group activities which allow for "belonging" can have a positive affect on loneliness.

A number of researchers believe that close friends are more valuable to an older adult's emotional well-being than relatives, neighbors, and acquaintances (Dykstra, 1995; Fredrickson & Carstensen, 1990; Stolar, MacEntee, & Hill, 1993). Despite the fact that some close friends are not readily available to an older adult due to proximity, illness, or commitments, this does not diminish the strength of the relationship. Adams (1985-86) suggested an association between the length of a friendship and the level of closeness, finding that the frequent contact available through casual friends is not to be associated with emotional closeness. Emotional isolation can manifest itself even when a person has regular contact with others.

Differences between the roles family members and friends play in the lives of older adults were studied by Johnson and Troll (1994) who found that family filled instrumental needs such as assistance with household chores, transportation, and money management, while the expressive needs such as socialization were filled by friends. This contrasted with Potts' (1997) research which showed close friends providing effective needs and casual friends or acquaintances meeting instrumental needs such as information sharing.

The issues of loneliness were more common among older women than among

older men (Berg et al., 1981). Older women were the focus of one study in which 38.5% of the 356 respondents reported they were lonely sometimes or more frequently (Essex & Nam, 1987). Women who were presently married or had never been married were less frequently lonely than formerly married women. Further findings suggested that older women who never married were more self-reliant and required fewer social contacts, enabling them to be less susceptible to loneliness than other women (Perlman & Peplau, 1984; Weiss, 1984). Eighty-five percent of men and 81% of women in one study (Strain & Chappell, 1982) reported their spouse as the person they would confide in.

Support Resources

To whom do older adults turn when needing support? A study of 520 community elders (Stolar et al., 1993) determined that of widowed persons, more than 50% would call a friend when feeling lonely. Forty percent of divorced/separated elders would call no one, and 35% of never married persons would call no one. According to Stolar et al., the divorced/separated group was the most isolated.

By viewing social isolation from a strength's perspective approach, using terminology such as social support, social involvement, and social interaction would be helpful to practitioners as they work with older adults. Ryff (1989) identified social interaction as the first of five features important to successful aging. Others include having a sense of purpose, personal growth, autonomy, and self-acceptance. Social relationships are valuable to an individual's well-being because they add a sense of security and the possibility of intimacy and companionship. There are three aspects of social support to consider said George (1989): the network of support givers, the amount and

kind of support given through the network, and the adequacy of the support. Social network takes into account such things as frequency of contact, proximity to others, and the type of relationship which exists (e.g., sibling, friend, group). The amount and kind of support include behaviors like comfort given with physical affection or expressing concern for the well-being of another. Guidance support refers to the giving of suggestions or knowledge. Adequacy includes the availability and use of social support in dealing with certain problems (George).

There are five factors Rokach (1996) views as indicative of the experience of loneliness: 1) Emotional distress or intense pain, hopelessness, and emptiness; 2) Social inadequacy and alienation; 3) Growth and discovery; 4) Interpersonal isolation; and 5) Self-alienation. The belief that different kinds of relationships meet different needs was central to Weiss' (1973) classification of loneliness. All six of Weiss' provisions for involvement in relationships are said to be necessary in order for people to prevent loneliness and feel properly supported.

Pets

Numerous studies cited the therapeutic benefits pets provide to older adults. Findings showed that animals promoted physical and emotional well-being in community dwelling seniors and provided support and comfort, increased social interaction, and reinforced feelings of independence (Brickel, 1980; Cusack & Smith, 1984; Lynch, 1980). Other benefits included protection and sensual stimulation. Bustad and Hines (1983) found that animals can become more important as seniors disengage from social activities. One author discovered that as older adults tend to their pet's needs they also tend to their

own needs (Levinson, 1969), and that older adults may complete tasks due to feelings of responsibility for their pet even when the tasks become difficult. Connell (1984) suggested that pets can be a source of coping and adaptation to life circumstances for seniors and they can take on a more important role as people age. Additionally, a research study by Katcher, Friedmann, Beck, and Lynch (1981) showed that talking to animals was effective in lowering people's blood pressures.

Coping with Social and Emotional Isolation

There are three ways of coping with social and emotional isolation according to Peplau and Perlman (1982) who said, "coping strategies may seek to establish satisfying social relationships by (1) changing the person's actual social relations, (2) changing the person's social needs or desires, or (3) reducing the perceived importance of the social deficiency" (p. 13). These authors also said that improving one's social relations is likely the most desirable way to combat feelings of loneliness. Constructing new relationships would be one way of doing this, or using current social networks more thoroughly, or even forming "surrogate" relationships with pets or radio and television personalities. In the second coping strategy, lonely individuals decrease their interest in social contacts by finding activities that provide enjoyment but also can be done alone. Or they reevaluate their requirements for relationships, possibly lowering their standards. A third manner of coping may be to refuse to admit feelings of loneliness or underrate the significance of social contacts. Peplau and Perlman went on to say that maladaptive coping activities, such as drinking, can produce detrimental health consequences. They also found that self help methods were beneficial because most lonely people cope without seeking

professional help.

Coping with social and emotional isolation can include various techniques which take into account the cognitive, emotional, and behavioral components of the experience. Denying and distancing oneself from loneliness is not an effective coping mechanism. Some beneficial methods of dealing with loneliness include reflection, self-development and understanding, and increased activity (Rokach, 1996). Programs and services which help combat the feelings of emotional isolation need to address the loss of an attachment figure and might include counseling and support groups. Some points that practitioners would want to address include dealing with the issues of grief and loss. The idea of replacing an attachment figure should be explored said Dugan and Kivett (1994) who suggested that visitors or peers could be confidants or companions and provide shared activities with older adults who have lost partners.

Rubenstein and Shaver's (1982) studies on loneliness showed that being unattached (emotional isolation) was significant for 44.4% of the common variance in their research while alienation (social isolation) accounted for 22.3% of the common variance. The remaining factors were being alone, forced isolation, and dislocation. Forced isolation is a reason for loneliness among disabled and ill persons, and among the elderly because they are more apt to be homebound, without transportation, or hospitalized. Rubenstein and Shaver also noted that being alone takes into account those who live alone, and that this explains 10% of the variance and is a significant cause of loneliness.

When researchers interviewed hundreds of American adults and asked what they

usually did when they felt lonely, the most familiar responses were reading, listening to music, and calling a friend. These responses fall into Rubenstein and Shaver's (1982) category called Active Solitude which they say is a rewarding and creative use of time spent alone. Sad Passivity is their category which includes: crying, sleeping, overeating, drinking, watching television, and is a state of "lethargic self pity" (p. 215) that can be a factor in low self-esteem and social isolation. It is most highly correlated with loneliness. The Spending Money category includes those who distract themselves or compensate their negative feelings by spending money. They tended to have higher incomes than other participants. The fourth category called Social Contact consisted of people who visited or called someone in response to feeling lonely; the authors found a slightly negative correlation to loneliness with these individuals and suggested that loneliness for them is in a transitional state.

Literature Gaps

A review of the literature on social and emotional isolation among older adults answered some questions while it presented new ones. For example, the rate of social isolation was expected by this writer to be more widespread than what was discovered in much of the research. That most older adults report some degree of loneliness is not surprising, but that only a few report frequent loneliness is inconsistent with Bradburn's findings about the percentage of all Americans being lonely. In working with older persons, this writer regularly hears concerns expressed about lack of contact with adult children due to distance and the children's busy lives. Older adults may be isolated because of lack of involvement with their children, and can be isolated despite living in a

community known to have a diversity of available services and supports. They can feel isolated living in a community of peers. As one author described it, "Loneliness exists, and can be quite intense, among residents of large urban centers whose contacts with other people may not be as intimate, satisfying, or easy as they would wish--but who certainly have no absence of such contacts" (Suedfeld, 1982, p. 55). It was found in a study by Cutrona (1982) that the quality of relationships was more important to loneliness scores than the quantity of relationships. This research will study a sample of seniors living in a large metropolitan county. It will look at the quality versus quantity aspect of their social contacts.

There is no one solution to feeling socially or emotionally isolated, and no two people are likely to experience feelings the same way because of differences in state of mind. One person might feel content physically removed from contact with other people, while another might feel intensely lonely in a crowd of people. The individuality of a person has to be taken into account. A goal of this research is to look at a sample of seniors, and based on the individuality of their responses, analyze their views about the impact loneliness has on their lives.

This particular research study will examine the coping mechanisms used by socially and emotionally isolated seniors. Because this specific research area was not addressed in the literature (the only studies found looked at how younger adults coped with loneliness), it is unduplicated and therefore has the potential to broaden areas of understanding about coping techniques. It can be used as a springboard for further research.

Few studies were found which looked at differences in how older women versus

how older men experience loneliness. There was a lack of studies done on different ethnic populations. This researcher made an effort to have minority representation in the sample, both in terms of gender and ethnicity.

Other gaps in the literature include limited studies on how the personality type and socioeconomic status of an older adult affects his or her isolation factor. This researcher will inquire about these issues and draw conclusions after analyzing the data. Because the majority of studies on loneliness have focused on adolescents, further investigation is needed regarding seniors. Additional research is warranted on the two dimensions of loneliness and the myriad of implications these have for older adults, because as this population continues to increase, there will undoubtedly be more people experiencing the distressing and uncomfortable feelings associated with loneliness.

CHAPTER 3

THEORETICAL FRAMEWORK

From the literature review in Chapter 2, topic areas relevant to the issues of social and emotional isolation of older adults were reviewed. Chapter 3 describes the theoretical framework which provides structure for this research study. The theories most relevant to the research project are: *stress and coping theory, activity theory, and convoy of social relations theory.*

Stress and Coping Theory

Stress and coping theory is concerned with how individuals deal with life transitions and other dilemmas they experience. The theory states that the way a person adapts to a situation is affected by his or her life circumstances, by how these circumstances are viewed, and by the person's own social and personal resources (Lazarus & Folkman, 1984). In this theory, coping responses are seen as specific to the situation at hand and are used as a way of managing stressful events. The functions of coping are to manage or remove the source of stress (problem-focused coping) and to adjust one's emotional response to it (emotion-focused coping). Lazarus and Folkman define coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). Coping is advantageous because it affects outcomes. Three primary outcomes of coping processes are: functioning in work and social lives, life satisfaction or morale, and somatic health. How individuals cope with life's stresses, regardless of the degree of

the stress, impacts their quality of life and their physical and mental health (Lazarus & Folkman).

Social resources may promote more effective coping (Thoits, 1986). One study found those persons receiving more social support from children, family, and friends used more effective coping techniques such as approach coping, and less avoidance coping (Moos, Brennan, Fondacaro, & Moos, 1990).

Lazarus and Folkman (1984) categorized coping techniques into two classifications: instrumental or problem focused, and palliative or focused on regulating emotional distress. As the sources of stress change as people become older, "coping changes to meet the new demands" (p. 179). They found that older adults tend to use different coping mechanisms than do younger adults. For example, older adults are not as prone to using hostile reaction or escapist fantasies as coping techniques. They are more likely to use an accommodative, emotion-focused strategy such as looking for a positive side to the situation, accepting the limitations of a situation, or trying to refrain from becoming upset (Folkman, Lazarus, Pimley, & Novacek, 1987).

The complexity of coping refers to the type of strategy or strategies used by an individual in a stressful situation. Flexibility refers to the variation of strategies used. Coping strategies which facilitate more adaptive functioning have a greater likelihood of providing positive outcomes (Lazarus & Folkman, 1984).

Activity Theory

Activity Theory was developed by Havinghurst, Neugarten, and Tobin (1968) to be a contrast to *disengagement theory,* which suggests that older persons withdraw from

active involvement in society as they age. The founders of *disengagement theory*, Cumming and Henry (1961), believe the withdrawal is done voluntarily by seniors who "chose" to disengage themselves from social roles and involvements because of declining health.

Activity Theory is helpful in understanding older persons and suggests that adjusting to old age includes keeping active and integrated in society by retaining important roles. Because older adults continue to have needs for social connectedness, they do not in fact withdraw from social interaction. Those who remain active are happier says Maldonado (1987), and experience "optimal aging" (p. 104). Activity and integration lead to satisfaction and higher life morale (Clair, Karp, & Yoels, 1993). Havinghurst et al. (1968) said substitutes can make up for losses associated with aging, and that by replacing lost or decreasing roles with new or expanded ones seniors demonstrate adaptability.

Convoy of Social Relations Theory

Convoy of Social Relations Theory is a theoretical model concerned with the development of social relations between family and friends throughout adulthood and into old age. It recognizes that most older adults are encompassed in a network or convoy of people who are meaningful in their lives. Kahn and Antonucci (1980) developed the concept of *convoy of social relations* which emphasizes the longitudinal nature of relationships, noting that people are surrounded by others who are close and significant to them throughout their lives. In the convoy model, spouses and children comprise the inner circle of a three concentric circle diagram. Relationships in this circle are stable over time and surpass role requirements. The middle circle includes other family members such as

siblings, while the outer circle generally includes friends and neighbors, who although are considered within the network, seldom go beyond their required roles (Antonucci, 1985). Antonucci and Akiyama (1995) spoke about interindividual development and defined it as relationships that develop over time between people. Interactions from the past (positive and negative, reciprocal and non-reciprocal) are crucial to how a person views the present, and according to the authors, in how they deal with problem solving.

Development intraindividually, or change that occurs over time within an individual, affects how a person experiences older adulthood. These changes include health problems, physical, social, and cognitive changes. "People change, as do relationships, but rarely without taking their personal history and family and friendship experiences with them" (Antonucci & Akiyama, 1995, p. 357).

Convoy of social relations theory proposes that the preexisting network of individuals is utilized more by seniors as they age and experience changes, and can be beneficial in reaching old age successfully. Family members and friends can be valuable in addressing the demands that older adults face (Antonucci & Akiyama, 1995).

Summary

In this chapter, three relevant theories were examined. *Stress and coping theory* is central to this research because it provides the reader with a basis for understanding how the stressor of loneliness impacts older adults, and additionally what coping mechanisms are used and how they are used. *Activity theory* addresses the idea that as seniors age, they lose roles, but replace those roles with other involvements. *Convoy of social relations theory* is applicable because it looks at those who are significant in an older

adult's life; this research examines the relationship between those significant others and the degree of social and emotional isolation experienced by the older adult. Each theory provides a framework for understanding the relationship between loneliness and coping. In the following chapter, the methodology used in this study is described.

CHAPTER 4

METHODOLOGY

In this chapter, the methodology used to guide the research study is presented. This chapter contains the research questions, research design, definition of key terms, study population, information on data collection, instrumentation, and data analysis.

Restatement of Research Questions

This study explores the following research questions:

1. How does social and emotional isolation impact the lives of older adults?
2. What is the availability of social and emotional support in the lives of older adults?
3. What coping mechanisms are used by older adults in managing their feelings of social and emotional isolation?

Research Design

This study was an in-depth exploratory survey research design, using a face-to-face interview with closed and open-ended questions. It was also cross-sectional because it consisted of observations made during one-time interviews. In the study, feelings were explored regarding social and emotional isolation from a self-reported perspective with an objective of eliciting purposeful information.

Strengths of the research design include the interview guide using mostly open-ended questions which allowed respondents to use their own words in describing their thoughts and feelings. Because of its exploratory nature, the design produced valuable

client-focused insights. A second strength is the comparability of responses obtained by asking each respondent the same questions. Using an interview guide allowed for data collection that was systematic for each participant yet also permitted the interviews to be situational and conversational.

Weaknesses of the research design include the instrumentation being designed by this researcher and lacking the construct validity of a standardized measure. Another weakness is the low internal validity of cross-sectional surveys and the possibility that the standardized wording of questions interfered with the customary way participants respond. Also, study respondents might have been uncomfortable discussing personal or atypical attitudes or behaviors in the context of face-to-face interviews, but might be inclined to do this in an anonymous self-administered questionnaire. Background noise and low voices provided for poor quality tape recordings a small percentage of the time.

Key Concepts and Variables

Definitions of Social Isolation and Emotional Isolation

In this study *social isolation* is when one feels detached or is detached from a community or network of others. *Emotional isolation* is when one experiences the loss of an attachment figure.

The following variables are used in this study:

Older Adults: those persons age seventy and over.

Social Isolation: an outcome of feeling or being detached from a community or social network. This is operationally defined in questions numbered 3, 4, 5, 7, 10, and 12 on the interview guide.

Emotional Isolation: outcomes experienced when there is the loss of an attachment figure. This is operationally defined in questions numbered 3, 5, 12, and 17.

Social Support: feeling of connection to other persons in one's social network.

Social Support Network: an individual's social contacts including family members, friends, neighbors, and helpers. This is operationally defined in questions numbered 4, 5, 6, and 7.

Study Population

The study population identified in this research is older adults, age seventy and over, who reside alone in their own homes or apartments in a Minnesota county having urban, suburban, and rural areas. An effort was made to have minority representation in the sample. The study group was chosen on the basis of this researcher's interest in this population.

Population Sample

To obtain the population sample, Directors of Social Workers at Senior Community Services and CommonBond Communities were contacted. The researcher requested to interview older adult clients from each agency who met the age, demographic, and lifestyle criteria. In this non-probability purposive sample, the selection process was unknown to the researcher because it was left to the discretion of social workers at the two agencies. Nine social workers participated and were asked to use the following criteria in selecting the research population:

--over seventy years of age

--lived alone

--had no memory impairment

--perceived by the social worker as socially and/or emotionally isolated

Each social worker was given definitions of social and emotional isolation and was asked to follow a script (see appendix F) when approaching clients for the research project. The population sample was limited to fifteen to maintain a manageable sample size for an in-depth qualitative look at the issues presented by social and emotional isolation.

Interviews took place between March 7, 1998 and April 24, 1998 and were conducted in research participants' own homes or apartments. One interview took place in the community room of an apartment complex per that respondent's preference.

Measurement Issues

Systematic error (validity), which has a consistent pattern, could have occurred if respondents answered questions incorrectly due to fear of having their real feelings identified (e.g., expressing limited feelings of loneliness when in fact they experience it frequently). Participants could have slanted their responses in order to protect their image. They could have answered questions in a manner they thought the interviewer wanted them to. It is possible that their mood, whether due to nervousness about the interview process or for any other reason, affected their responses. Random error (reliability) could have occurred if a question were phrased in a way that a respondent did not comprehend. The following measures were used to increase the study's reliability and validity:

1. Respondents were interviewed in surroundings familiar to them.
2. Audiotapes were used to decrease interviewer bias (tape recorders do not interpret what has been said).
3. Interview notes were reviewed soon after the interviews were conducted.
4. Two individuals were asked to review the thesis manuscript to catch any themes this researcher might have missed because of bias or oversight.

Other issues involving reliability of data collection include the researcher not possessing any formal training in interviewing and not being attentive to whether neutrality was always maintained during the interviews. Also, because of the length of time it took to complete the thesis process, the researcher's ability to recall significant factors (remarks, feelings, nuances) has been diminished since the interviews occurred.

Data Collection Instrument

The instrument used in this survey design was an interview guide developed by the researcher borrowing questions from other surveys in the literature. The interview guide (see appendix D) was designed to find answers to the three research questions; it consisted of nineteen multiple-part open and closed-ended questions. Structured interviews were conducted with fifteen study participants in their own homes. Interviews were personal and in-depth and ranged between one and two and a half hour's duration.

Each interview began with introductions and interaction to promote trust and openness. Following this, an explanation of the objective and purpose of the research was given to the older adult. Confidentiality was discussed and a copy of a confidentiality and consent form was presented to the respondent and a signature was obtained after being

read. A second copy was given to the respondent.

Interviews were audio-taped when permission was granted by respondents. Two chose not to have the interview taped, while thirteen consented. When necessary, the interviewer provided examples to facilitate understanding of the questions and offered prompts to encourage participants to expand their answers. When responses were lengthy, cumbersome, or difficult to follow, modifications were made on the transcripts. For example, only partial responses were collected when the tape recorder did not pick up low voices.

Data Analysis

The study's interview guide was designed to elicit both qualitative and quantitative data. The audio-taped interviews were transcribed and responses were categorized according to the research questions they addressed. All responses to open-ended questions used content analysis techniques. In narrative form, similarities and differences in the information obtained were analyzed in an effort to discover patterns and themes. Responses to closed-ended questions were sorted and related in percentages. Bivariate analysis of the variables was conducted by looking at the means used by respondents to cope with any feelings of isolation they experienced and comparing these responses to the others given. Figures and tables have been used to highlight specific topic areas.

Human Subjects

An application for approval of research was submitted to The Institutional Review Board (IRB) at Augsburg College prior to any contact with human subjects; the approval number is 97-33-03. All potential participants in the study were given the option to be

involved and their participation was voluntary. Although anonymity was not possible because the names of survey respondents were available to the researcher for the purpose of locating them, those names were not written on the tapes or interview guides. The only identifying marks on the cassette tapes and interview guides are a corresponding number. The responses have been kept confidential with all materials locked in a file cabinet and accessible only to this researcher. These materials will be destroyed by September 30, 1998. Respondents were advised via the consent form of their right to withdraw their participation at any time during the interview or to skip over any question(s) they chose not to answer. No respondents withdrew their participation or asked to skip questions.

CHAPTER 5

FINDINGS

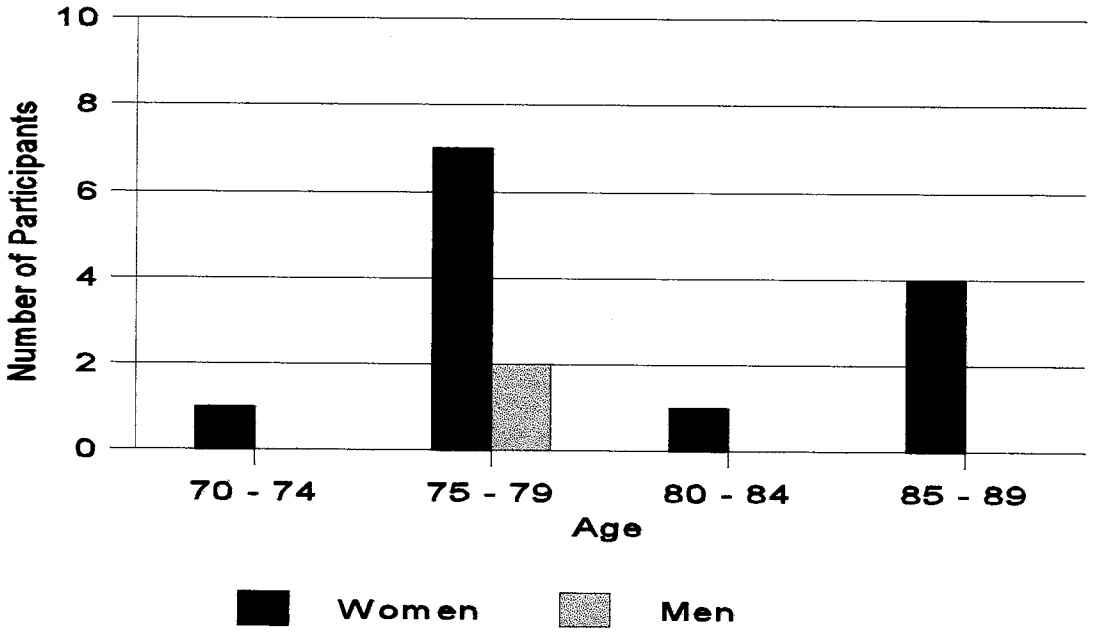
This chapter presents the results of the study. It includes representation of responses from each of the fifteen study participants. Chapter 5 is organized according to the research questions addressed, with additional sections on social demographics and other pertinent information elicited from the interviews.

Social Demographics of Study Participants

Respondents in this study were adults who ranged in age from 70 to 86 years old with a mean age of 79 and a median age of 77. Figure 1 depicts the breakdown by age and gender.

Figure 1

Age of Study Participants by Gender (N=15)

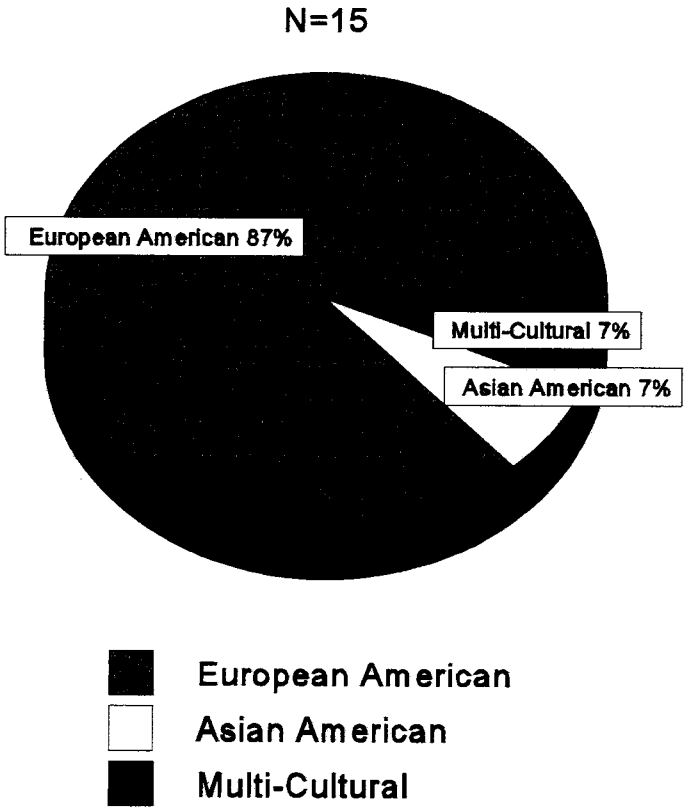


Thirteen women (87%) and two men (13%) participated in the study.

Race and ethnicity revealed a majority of European American participants (see Figure 2).

Figure 2

Ethnicity of Survey Participants



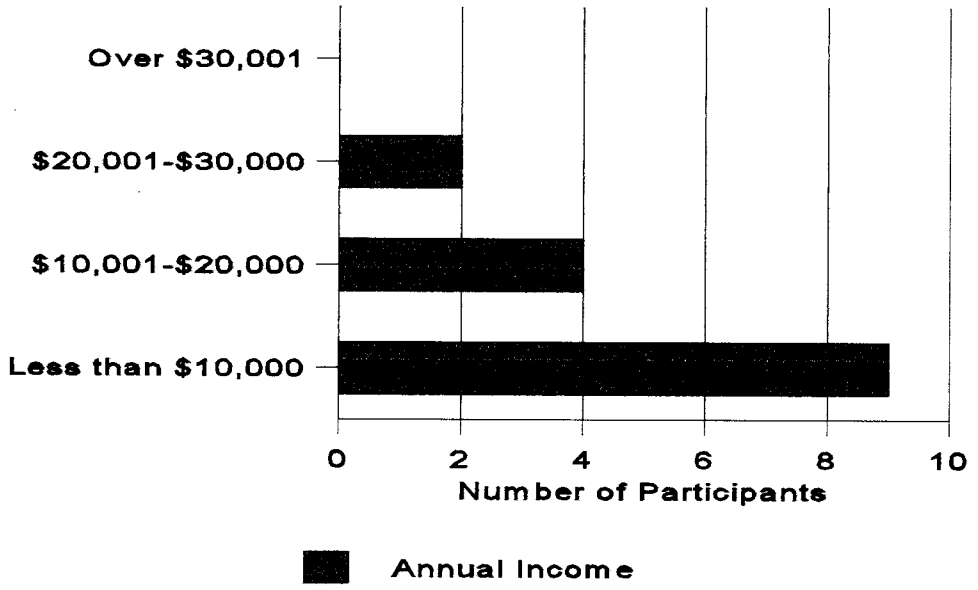
One question asked if respondents were widowed, divorced, separated, partnered, married, or never married. Thirteen respondents (87%) reported being widowed, two of whom identified losing two spouses. Two (13%) respondents had been divorced, one of

whom had also been widowed in her first marriage.

Figure 3 represents the annual income of respondents. Thirteen respondents (87%) had income levels below $20,000 per year. These income levels are consistent with a study by the Minnesota Board on Aging (1997) which found the median per capita income of older Minnesotans to be $12,500 per year.

Figure 3

Annual Income of Study Participants (N=15)



One criterion of the study was that each respondent needed to live alone. A question asked how long each participant had lived in his or her present home or apartment. Nine resided in a home (one of which was a townhouse and one in a rural area), while six lived in an apartment (one of which was a condominium). Four of the apartment dwellers lived in subsidized housing. Two of the fifteen respondents had been

in their apartments one year. One had lived in her home 47 years, another 46 years. The mean number of years in present residence was 19.6.

The following question asked how long respondents had lived in their present neighborhoods. The range of years in present neighborhood was between one and forty-seven with an average of 23 years. Although it was not a question on the interview guide, respondents were asked to describe their feelings about their neighborhoods in an effort to learn if they felt a sense of community. Three voiced positive feelings:

"I like it here very much."

Neighbors are "real close" and "they're like family"

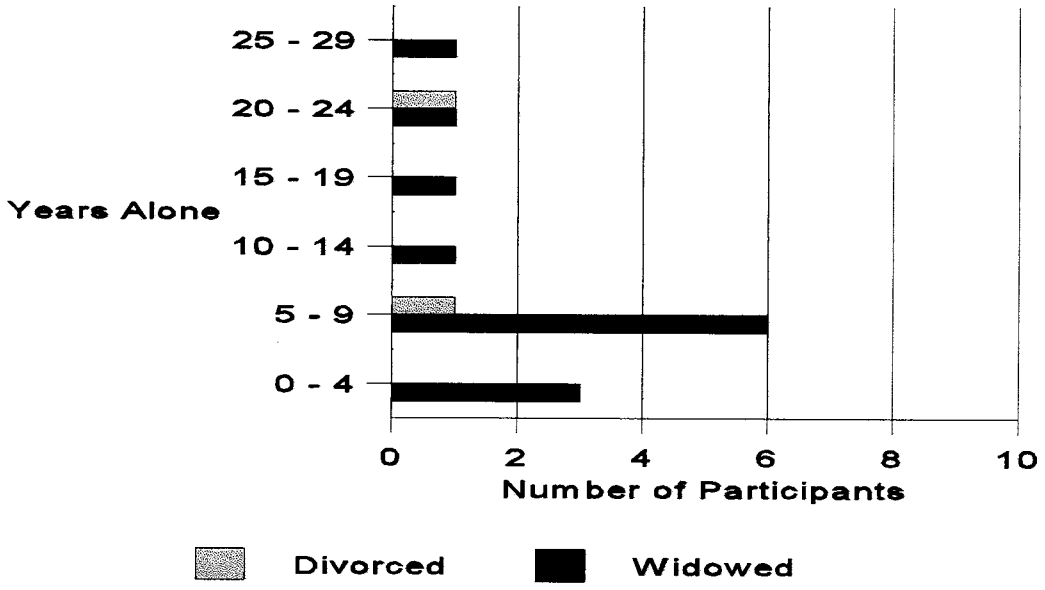
"Wonderful" and "good, friendly neighbors"

One respondent who had lived in her home 47 years voiced negative thoughts saying, "It's a lonely neighborhood to live in cuz most of the people are younger." Ten respondents described satisfaction with their neighborhoods, saying they liked it, or felt comfortable, or felt safe. One homeowner said the neighborhood had changed over the past 25 years and that neighbors are not as friendly and do not do things together anymore. Another said that the apartment complex has deteriorated since it is no longer exclusively for seniors.

Another question asked how long respondents have lived alone. Participants had lived alone between three months and 28 years. The mean number of years lived alone was 9.8 and the median number of years was 7. Figure 4 indicates a breakdown of years lived alone by respondents based on their marital status.

Figure 4

Number of Years Lived Alone (N=15)



The second part to this question asked their feelings about living alone. Only one respondent described herself as content. Two did not provide answers and one described it as preferable to being in a nursing home. Three did not mind living alone, while eight used negative words to describe their feelings. Some of these comments were:

"It's very tiresome and very lonely."

"I get bored with my own company."

"It gets kind of depressing at times."

"I don't like it."

"It's a lonely existence."

Research Question #1

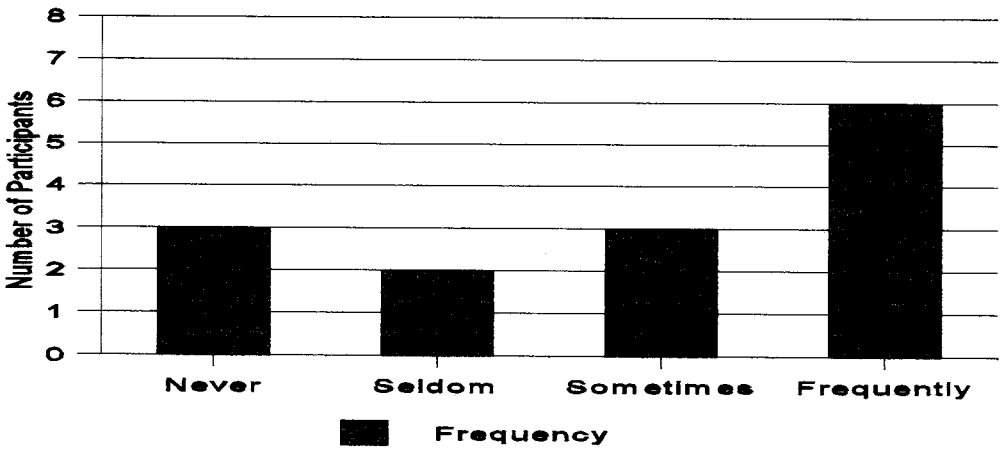
How does social and emotional isolation impact the lives of older adults?

The first question in this section asked if respondents felt lonely at times. Twelve (80%) identified having feelings of loneliness, while three (20%) did not report having these feelings. One of these three commented about feeling lonesome, but not lonely.

Respondents were then asked how frequently they felt lonely. The categories on the interview guide were never, seldom, sometimes, and frequently. Those respondents who said weekly or more than weekly were recorded in the response category "frequently." Six (40%) reported frequent feelings of loneliness (see Figure 5). Three (20%) identified being lonely sometimes, two (13%) reported it is seldom a problem, and three (20%) said it is never a problem. One respondent could not account for frequency except to say that it happens in cycles.

Figure 5

Frequency of Loneliness (N=14)



Nine (60%) respondents shared that they sometimes or frequently feel lonely.

The ensuing question asked when or under what circumstances do respondents feel lonely. Five found weekends to be the most lonely times for them, two said mornings, one each said afternoons, evenings, and nights. One did not answer the question and one said the loneliness has been most difficult since her adult child's recent death.

Another question asked respondents what, if anything, limits their involvement with other people. Five people described physical health issues as a limiting factor, four said nothing limits their involvement, two reported their reserved personalities, one said transportation, and one shared that she does not go anywhere that she could meet people.

Research Question #2

What is the availability of social and emotional support in the lives of older adults?

The first question which addressed this asked how frequently respondents talk to people they know on the telephone. Five talk to people every day, five talk most every day, three talk several times weekly, one talks weekly, and one did not provide an answer to the question.

The next question asked if the amount of phone contact was too little, enough, or too much. Three found the contact to be too little (each of whom had daily or almost

daily contact), eight found it to be enough, one person said it is too much with one friend who rambles excessively, and three either did not answer the question or said they did not know.

Regarding the question which asked who respondents call or turn to if they have a problem or a concern, four said a son (27%), two indicated a daughter (13%), one said a sister (7%), five reported a friend (33%), two said a social worker (13%), and one (7%) said neighbors (Figure 6).

Figure 6

Main Contact Person (N=15)

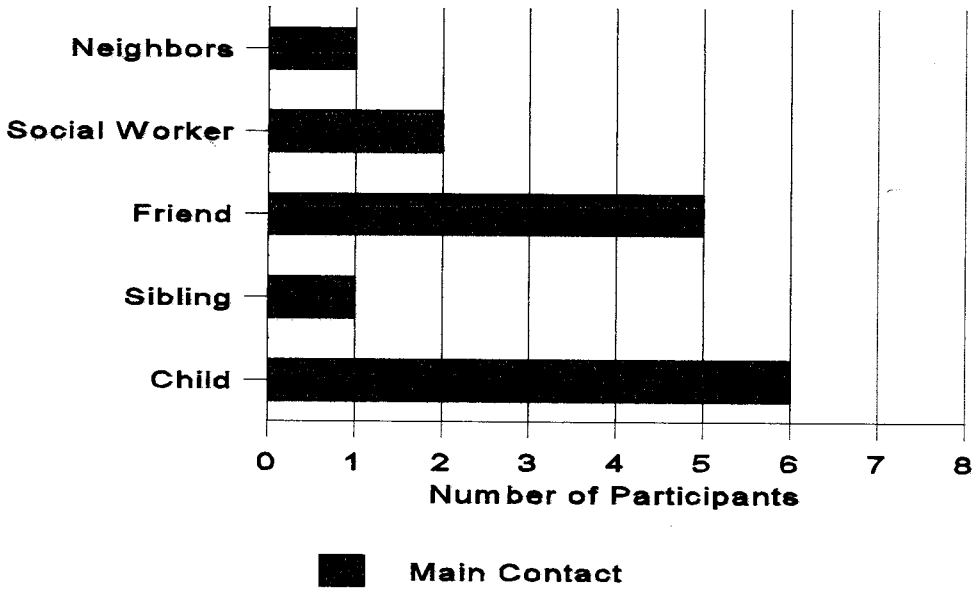
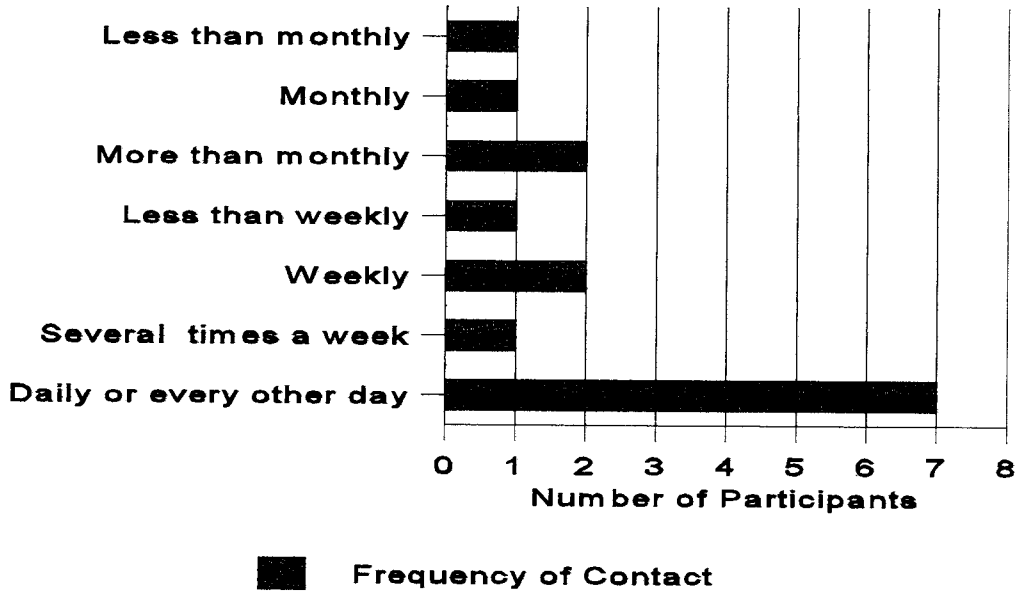


Figure 7 depicts the responses to the question which asked how often contact occurs.

Figure 7

Frequency of Contact with Closest Person (N=15)

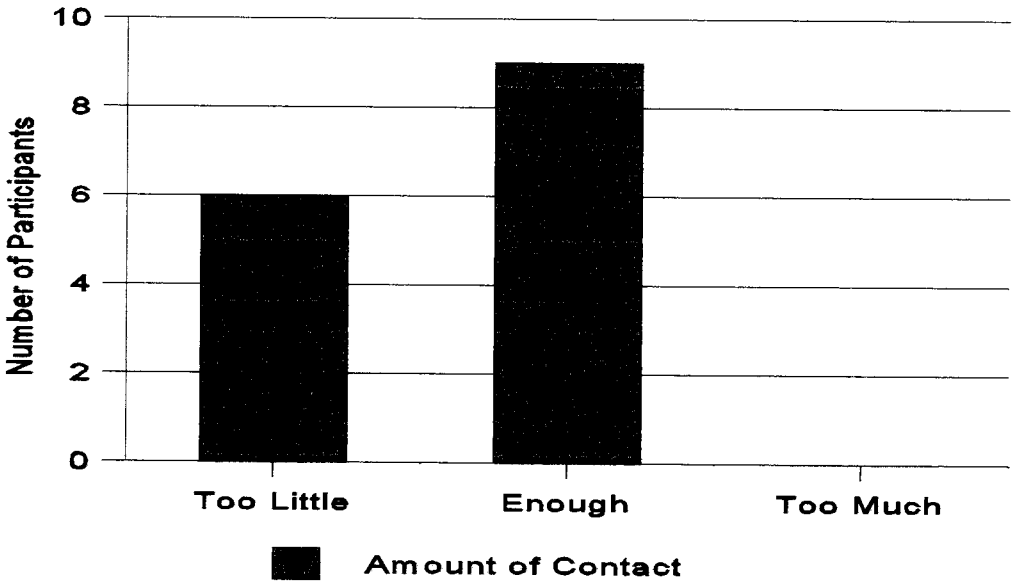


Ten respondents (67%) have weekly or more frequent contact with another person. Four (27%) have contact one or more times a month. One (7%) has less than monthly contact with the person he or she would most likely turn to if having a problem.

When asked if the contact with this person was too little, enough, or too much, nine (60%) described it as being enough while six (40%) said it was too little. No respondent said the amount of contact was too much for them (Figure 8).

Figure 8

Amount of Contact with Main Person (N=15)



The following question asked who would be a second person they would turn to if they needed help. Eight (53%) would turn to a family member (two to a daughter, one each to a son, a niece, a cousin, a daughter-in-law, a former sister-in-law, a stepdaughter). In terms of non-family, two (13%) turn to friends, one (7%) to a neighbor, one (7%) to her pharmacist, one to her social worker (7%), and one (7%) to in-home staff (a home health aide). One (7%) person had no second individual to turn to.

Respondents were then asked about the contact they have with neighbors and acquaintances. One had daily contact, five had contact most days, one said every other

day, and one said several times a week. Seven said infrequent contact (of these seven, five lived in houses).

To the question which asked their feelings about contact with neighbors and acquaintances, seven respondents found it enough, four found it to be too little, and two said it did not matter to them.

The last question in this section asked if respondents had children. Ten respondents reported having children. Five never had children. Although the question was not asked, seven respondents shared that they had lost children to death. The causes of death included: AIDS, Vietnam, a fire, multiple sclerosis, heart disease, and natural causes.

Research Question #3

What coping mechanisms are used by older adults in managing their feelings of social and emotional isolation?

One question asked those respondents (n=12) who acknowledged having feelings of loneliness what they do to alleviate them. Numbers in parentheses indicate how many respondents provided that answer. These are their responses:

--eat or write a letter
--take pills for nervousness
--call someone
--find someone to talk to
--sleep or listen to the radio

--cry (3)
--do a project in the house
--say the rosary
--read (2)

When asked how helpful it was for them to do these activities, eight of the twelve respondents (67%) found their responses to loneliness to be helpful. Three did not provide answers. Only one respondent said that her method, crying, was not helpful.

The last question in this section asked respondents what, if anything, prevents them from dealing with feeling lonely. Eight said nothing prevents them, that they do deal with the feelings. One woman explained that "you're supposed to grieve." One said she tries to avoid the feelings. Three did not respond and one commented about it being a funny question.

Other Interview Guide Questions:

One question asked respondents if they had health concerns which affected them on a daily basis. Eight (53%) reported they did, while five (33%) did not. Two (13%) did not directly answer the question. Every respondent had one or more health conditions present. Three received personal help at home on a regular basis. When asked what caused the most difficulty of present health concerns, the answers included:

--high blood pressure
--heart problems
--emphysema
--shortness of breath
--vision loss
--bursitis

--osteoarthritis
--falls
--hip replacement
--mobility
--bladder incontinence
--tiredness/lack of strength

Respondents were asked how frequently they were involved in activities outside of the home. Five were not involved in formal activities (i.e., structured activities such as congregate dining or painting class vs. informal activities such as going out to eat or playing cards in own apartments), two were active less than monthly, one was involved monthly, and seven were active one or more times weekly. Two described themselves as being strictly homebound.

Respondents were asked if the amount of contact spent in activities outside of the home was too little, enough, or too much for them. Five (33%) identified it as being too little. Nine (60%) found it to be enough and one person (7%) did not respond.

When asked what respondents do in their homes to stay occupied, five people found television to be important, two specifically identified soap operas. What is noteworthy is that at least four respondents had cable television and valued having it. Following television, music was rated most important to two respondents, reading to two, crocheting to one, letter writing to one, crossword puzzles to one, and household chores to one. (A few participants mentioned more than one activity, but only their first answer is reported here.)

Although the question was not printed on the interview guide, the researcher did inquire about the role pets played in the lives of participants. It was evident that companion animals were important to some respondents based on interactions observed and comments made. Five respondents (33%) owned cats or dogs. Some comments respondents made about their pets included:

"She's been a companion to me."

"I'm so close to her," and when the pet was ill, "it made it worse for me."

The pet "keeps me from being more lonely."

"They're my feline friends; I enjoy them."

"She clings to me; everywhere I go she goes. It makes you feel good."

Three study participants no longer have pets, but commented positively about their experiences. One woman who had lost her pet several years before said, "I still grieve for her" and "I wouldn't be lonely if I had a pet." Another respondent who had lost a pet several months earlier said "it's like losing a member of the family." The reasons for not replacing pets included no longer being able to care for them and no longer having them allowed in the apartment complex. Because of the obvious significance companion animals played in the lives of seniors who live alone, the literature review was expanded after surveys were completed, to include information about them.

Respondents were asked to describe themselves. Four respondents thought themselves to be outgoing, five described themselves as reserved or loners, three said they were somewhere in the middle between outgoing and reserved. Two described themselves

as being self-conscious and one did not answer the question.

Another question asked if respondents drive. Eleven (73%) of the respondents do not drive. Of the four who do, three mentioned that they have limitations to their driving (no freeways, not at night, stay close to home). Several mentioned that lack of available or convenient transportation limits their involvement in activities outside of the home or with other people.

Respondents were then asked how they get places they need to go. Four respondents rely primarily on friends for transportation, four use community transportation programs or Metro Mobility, two utilize volunteer drivers, and one said she does not go anywhere.

And finally, one question asked those respondents who identified no feelings of loneliness why it was not an issue for them. Of the three who said they did not feel lonely, one said the reason was because she keeps herself busy around the house, one said it is because she can reach her children any time she needs to, and one said that she reads her Bible, or if she feels "a little lonesome," she goes downstairs at her apartment complex and gets "a pop" and in doing so sees people.

CHAPTER 6

DISCUSSION

This study investigated how a sample of older adults in a metropolitan area in Minnesota copes with issues of social and emotional isolation. In this chapter, a summary of the findings is discussed in relation to the literature review and the theoretical framework. Strengths and limitations of the research, implications for social work practice, and future research suggestions are also addressed.

Relevance to the Research Questions

This chapter relates the study findings in the context of the research questions.

How does social and emotional isolation impact the lives of older adults?

What is the availability of social and emotional support in the lives of older adults?

What coping mechanisms are used by older adults in managing their feelings of social and emotional isolation?

In relation to the first research question, social and emotional isolation can be viewed, based on the results, as impacting the lives of older adults. Twelve (80%) survey respondents described themselves as being lonely at times. Six (40%) described loneliness as occurring frequently. Loneliness affects respondents weekends, evenings, mornings, and at night. It causes some of them to cry.

Granted, it is not surprising that so many respondents feel lonely at times, because

their social workers referred them to the study based on the belief that they experience loneliness. The respondents in this study are service recipients. They have social service involvement and in that regard are likely to have access to services that other seniors do not have. And yet six (40%) still find themselves frequently lonely.

Regarding the second research question, all respondents have support of other people in their lives. Each participant identified a person whom he or she would contact if needing to talk to someone. Only one of the fifteen respondents had no second person to call. Interestingly, friends were the first call person in almost the same number of cases as family members.

In terms of the coping mechanisms used, respondents rely on one or more activity when they experience loneliness (see Table 1). Some found their coping mechanism of choice more helpful than others. (Several participants gave more than one response; every answer was recorded. Numbers in parentheses indicate duplicated answers.)

Table 1

Responses to Loneliness Using Rubenstein and Shaver's Factors (N=12)

Factor 1:	Factor 2:	Factor 3:	Factor 4:
Sad Passivity	Active Solitude	Sending Money	Social Contact
Cry(3)	Read(3)		Call someone
Eat	Listen to radio(2)		Find someone and talk
Take tranquilizers	Say Rosary		
Sleep	Write a letter		
	Project in the house		

Note. From Loneliness: A sourcebook of current theory, research and therapy (p. 215), by L.A. Peplau and D. Perlman, 1982, New York: John Wiley & Sons, Inc. Copyright 1982 by John Wiley & Sons, Inc.

Six responses to the question about coping with loneliness can be placed in Rubenstein and Shaver's (1982) category called Sad Passivity (Table 1). According to these authors, who studied college students and adults, severely lonely people react in these ways to loneliness. Two respondents who fell into this category shared with the researcher that depression was a part of their lives. Learning if depression caused their loneliness or if loneliness caused their depression would have been a good question to ask, but it was not. Eight responses fit into the Active Solitude category which is said to be a rewarding use of time spent alone. Three respondents listed both a Sad Passivity and an Active Solitude response. No responses fit into the Spending Money category, while two responses fit into the Social Contact category. People in this category are said to deal with the problem of loneliness directly, and the authors believed those using this strategy to most likely be in a transitory state of loneliness. It is worth noting that only two (13%) study respondents dealt with their feelings of loneliness head-on (both having been widowed), which is a much lower percentage than the study by Stolar et al. (1993) in which nearly 50% of widows and 40% of divorced/separated people would call someone. Of these two respondents, one was frequently lonely and one was seldom lonely.

Most study participants found solitary means of alleviating their loneliness. This is interesting because all fifteen respondents had a person or persons with whom they could talk. Why do they not call on someone when feeling lonely? Some expressed that they

did not want to trouble their family/friends too often. One said the frequency of involvement with the main contact person, which was two to three times a week, was personally not enough, but "I can't expect more than that" because it was a significant amount of time. Each of the six respondents who was frequently lonely had daily or almost daily contact with other people. Some research suggests that persons experiencing higher levels of social support tend to count on others less for problem-solving (Hansson & Carpenter, 1994). These authors found that receiving support helped cope with the stressor, but also lowered self-esteem by making recipients feel reliant or incompetent. It is possible that some study participants felt this way and although felt supported, did not always use their supports when needed.

Themes

Coping Strategies

Themes which emerged from the research study include the use of coping strategies. Peplau and Perlman (1982) identified three ways of coping with loneliness: 1) Changing one's actual social relations. This would include improving existing relationships, constructing new ones, and even forming "surrogate" relationships with pets or radio/television personalities. Many respondents had these surrogate relationships--some of those with pets and some with television characters (those who identified soap operas as important in their lives). One participant said she had recently assisted a new tenant at the apartment with laundry room protocol and enjoyed making the social connection. No one talked about improving existing relationships, but then this was not a question on the interview guide.

2) Changing one's social needs or desires. In this strategy, lonely persons decrease their interest in social contacts by finding enjoyable activities which they can do alone. Many independent activities were discussed by respondents. The interviewer did not ask if these activities were pursued as a diversion to social contacts, but it is speculated that there is merit to this possibility. This would coincide with Peplau and Perlman's (1982) findings that lonely people rely on self help methods because they cope without seeking professional help. Another part of this strategy states that people lower their standards regarding their social contacts. The researcher does not recall any participant referring to a use of this strategy.

3) Refusing to admit feelings of loneliness or underrating the significance of social contacts. It is possible that the three respondents who did not experience loneliness were in essence refusing to admit, maybe even to themselves, feelings of loneliness. It would be speculation to say more.

Losses

Another theme is the sense of loss that so many respondents experienced in their lives. As was previously mentioned, seven of the ten (70%) who had children had lost an adult child. One respondent said "now it's all been changed" since her child's death because they did a lot together both having been widowed. Several also made comments such as "my friends have been dying off," "you lose people you know," "so many people have just passed out of my life that were fun," and "everyone died around me." Additional comments relating to the loss of others included, "People forget you after awhile you know," "I don't belong any place," and "I don't count on anybody." In terms of

emotional isolation, one respondent reported, "you're still alone when you come home." Another spoke about the dissolution of a personal relationship a year prior which continued to have an impact. And another said "The minute people leave, slam the door, I'm alone again."

Pets

A final theme to be highlighted is the importance that companion animals played in the lives of respondents. Pets can become more important to people as they age and in that respect can fill voids created by losses. Pets provide unconditional affection and do not judge their owners. They do not care if their owners cannot see or hear or walk as well any longer. Pets provide immeasurable benefits for seniors merely by their presence and their need to be tended to and cared for.

Comparison of Findings to Theoretical Framework

As has been discussed, respondents coped in different ways to the stress resulting from being lonely. *Stress and coping theory* helps in understanding the relationship between people's stressors and how they respond in various situations to stress. The personal and social resources available are different from one study participant to the next. Various coping mechanisms were utilized by respondents. Although only two coped with loneliness by contacting other people, it was evident that they viewed social involvement as important because six (40%) found the contact with the person most important in their life to be too little.

In regards to *activity theory*, respondents were not as active in formal activities outside of their homes as they would have liked, but they turned to informal activities

(e.g., going out to eat) to fill their need to be active, and found this satisfying. This group of respondents did experience losses associated with aging. Some replaced lost roles with new ones, some did not. It is apparent by the responses that they valued social roles and involvement and were not choosing to withdraw as *disengagement theory* would state, but also acknowledged if not accepted, limitations they had, such as health and transportation issues. And although they were less involved in the external world, some were very active with independent activities. Whether this is a change from past behavior is not clear and would have been a worthwhile question to have asked.

Convoy of social relations theory is helpful in addressing the role family and friends played in respondents' lives. One respondent spoke positively about her relationship with an ex-sister-in-law, saying her brother's divorce from this woman did little to diminish their friendship. All three circles (immediate family, extended family, friends) were depicted in the responses by participants. What is surprising is that the "friends" circle had the largest representation. Children were a first or second call person nine times, extended family members six times, and friends, neighbors, and social workers fourteen times. The social workers, and in some cases the friends and neighbors, had become more recently involved in the respondent's lives, and therefore did not possess a relationship with a lengthy history, which is central to *convoy of social relations theory*. Although it was clear that having social contacts was important to respondents, it seemed more important that there be contacts than that there be contacts with family members. It appeared in many cases that respondents substituted friends for family because of the unavailability of family members.

Strengths of Study

A strength of this research study was the insights gained from participants who were willing to share their thoughts and feelings regarding loneliness; self-reports offer a valuable research tool. The qualitative data obtained helped contribute a depth and richness of participant individuality. The findings revealed some pertinent information about the coping methods used by seniors, and because a similar study was not found in the literature, this particular unduplicated study could be used to propel additional research.

Limitations of Study

There are limitations to both the sample size and the literature research. The subject is too vast to discuss all relevant issues. The sample size of fifteen is small and was obtained only in one county in Minnesota. This being the case, it cannot be generalized to rural settings or to other counties or states. Choosing the sample was left to the judgment of social workers at two agencies which serve older adults with only some selection instruction (i.e., over 70 years old, lived alone, no memory impairment, perceived as being socially and/or emotionally isolated) and therefore was not random. The social workers might have chosen people they perceived as aging successfully and in doing so skewed the research data. One respondent did exhibit some mild memory loss and needed questions to be rephrased or repeated at times. Although this respondent did not fit one of the four selection criteria, she offered valuable insights and for this reason remained in the study. The self-reports identified individual feelings and needs, not the needs of the population of older persons as a collective whole. It cannot be known how

persons who were not selected for the sample would respond to the questions. There was also a lack of diversity among participants with only two males (13%) and two (13%) minorities represented in the study.

Finally, the nature of the study was subjective and the responses to interview questions were based on feelings and perceptions of survey participants. Participants could have answered in a manner they thought they were supposed to, or they could have masked their feelings in order to appear as though loneliness was not an issue for them. Three respondents said they did not experience feelings of loneliness, yet social workers who recommended them for the study believed them to be lonely. A scale measuring quantitative data, such as the UCLA Loneliness Scale, could potentially provide more data relevant to the topic area.

Implications for Practice and Policy

The implications of this study for practitioners who work with older adults would seem complex. First, one would need to recognize who might fit the profile of a socially or emotionally isolated elder. Good assessment skills would be helpful in understanding any factors contributing to the loneliness. For example, is it social or emotional isolation? Is the individual shy? What kind of social skills and coping skills does the person have? What roles does the person see himself/herself in? Do pets play a role in the person's life? After understanding these issues, the implementation of workable programs and linkages within communities would be important. Some ideas might include a visiting pet program, which already exists for institutionalized seniors, but does not exist for those in their homes (in this Minnesota county). Perhaps incorporating child care centers within senior

centers or adult day centers would provide a valuable intergenerational link between older adults and children. Public policy needs to address issues such as these. Practitioners need to bring suggestions to the attention of policy makers. Because practitioners can be instrumental in understanding the service delivery system, they need to articulate this understanding with the public and with their clients so they better know their options. Certainly, it would be advantageous to consider the present needs in relation to any limitations (physical, social, financial or other) that present themselves and to target any available resources, in light of funding cuts, shrinking resources, and greater numbers of older persons. Practitioners would be valuable in educating the public, providing direction, helping clients accept and adjust to changes they experience in their social networks, and advocating for the needs of those persons experiencing any dimension of social or emotional isolation.

Conclusion and Recommendations for Future Research

This research was undertaken to identify the supports available to older persons, to look at how seniors perceive living alone and being alone, and to examine how they experience and cope with loneliness. Results indicated the presence and availability of supportive people in seniors' lives. Lonely older adults found activities to keep themselves occupied. However, they also did not particularly enjoy living alone and they had occasions when they felt lonely. Each found some way or ways to deal with the lonely feelings they experienced.

Following the completion of the interviews and the data analysis, additional questions surfaced which were not addressed by the original research design. Some of

these questions which are now available for future researchers to ask are:

How would you define loneliness?

What do you perceive as the reason(s) for your loneliness?

Have you always been lonely? (For the 33% who described themselves as loners.)

What would make you less lonely?

Is your way of coping with loneliness the same as your way of coping with other issues?

Do you cope differently now than when you were younger? How?

Why is your preferred method of coping effective/not effective for you?

Further research could be done with a more diverse population in regards to gender, race, culture, and dwelling status (urban, suburban, or rural). Future research could look at the connection between loneliness and depression. It could focus on losses. Exploring differences between how older males and females respond and how educational and socioeconomic factors affect loneliness would address these gaps in the literature.

The level of awareness by practitioners who work with older adults regarding coping mechanisms and reactions to stressors is a potential area for additional research. Further investigation into the coping styles and strategies of seniors would address this gap in the literature. One goal of this researcher was that the study motivate practitioners to be aware of the impact being old and being lonely has. Subsequent studies on the effects of social and emotional isolation on older adults are warranted because of the seriousness of the issues it presents, combined with the information that persons age 65

and over are projected to increase from about 34 million presently to close to 70 million in the next 30 years. This is a jump from 13% of the population to 20% (U.S. Bureau of the Census, 1996). Social and public policy need to strengthen the social relations of seniors. Future research should emphasize that which individuals and the community can do to retain and maximize the social relations of older adults, and by doing so, contribute to their health and well-being, the health and well-being of a large segment of our population.

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APPENDICES

APPENDIX A

SENIOR COMMUNITY SERVICES PERMISSION LETTER

SENIOR COMMUNITY SERVICES

10709 Wayzata Blvd., Suite 111, Minnetonka, MN 55305 Phone 541-1019 Fax 541-0841

January 27, 1998

Michael Schock, Ph.D.
Institutional Review Chairperson
Augsburg College #29
2211 Riverside Avenue
Minneapolis, MN 55454-1351

Re: Paulla Dechmann

Dear Dr. Schock:

I am writing you on behalf of Paulla Dechmann, MSW graduate student at Augsburg College. Paulla has requested the opportunity to interview clients of Senior Community Services for her thesis requirement.

Paulla has my permission to do personal interviews with approximately 10 clients of our agency. Senior Community Services staff will approach and gain initial consent from these individuals before their names are available to Paulla.

Sincerely,

Adele Mehta

Adele Mehta
Program Administrator

APPENDIX B

COMMONBOND COMMUNITIES PERMISSION LETTER

January 1998

Michael Schock, Ph.D.
Institutional Review Chairperson
Augsburg College, #29
2211 Riverside Avenue
Minneapolis, MN 55454-1351

RE: Paulla Dechmann

Dear Dr. Schock:

We are writing you on behalf of Paulla Dechmann, MSW graduate student at Augsburg College. Paulla has requested the opportunity to interview five clients of CommonBond Communities for her thesis requirement.

Paulla has our permission to do personal interviews with five clients of our Seward Towers Apartment Community. We will select clients which meet criteria she has specified (i.e., over age 70, living alone). We will approach these individuals to gain initial consent before their names are available to Paulla.

Sincerely,

Brian Lockwood
Social Worker

Helene Shear
Supervisor

328 Kellogg Boulevard West • St. Paul, Minnesota • 55102-1900
phone (612) 291-1750 • *fax* (612) 291-1005
Formerly Westminster Corporation

APPENDIX C

INFORMED CONSENT LETTER

COPING MECHANISMS USED BY SENIORS

CONSENT FORM

March 1998

Dear

I am a graduate student working toward a Master's Degree in Social Work at Augsburg College in Minneapolis, MN. For my thesis, I am studying how older adults cope with the experience of loneliness. You have been chosen as a possible participant in my research because you are a client of Senior Community Services or CommonBond Communities. This research study has been approved by, and is being done in cooperation with, Senior Community Services and CommonBond Communities. The results may assist the staff of these agencies in planning and developing services for seniors. Please read this form before agreeing to be in the study.

Participating in this research study is voluntary. Your decision whether to participate or not will not affect your current or future relations with Senior Community Services, CommonBond Communities, or Augsburg College. You may choose not to answer any question or questions which make you feel uncomfortable and still remain in the study. You can stop the interview at any time.

I will be interviewing in person approximately fifteen seniors who presently use Senior Community Services or CommonBond Community services. Your name has been provided to me by staff members of these agencies. I do not work directly with you now nor will I in the future. You will be asked about your involvement in activities and with other people, ways you handle living alone, and any feelings of loneliness you may have. Your name will not be attached to the interview guide and your answers will be kept confidential. Information will be used for my thesis and will be shared with Senior Community Services and CommonBond Communities in summary form only to ensure that participants cannot be identified. The interview guides will be kept in a locked file cabinet and available only to me until my thesis is completed, approximately September 30, 1998, and then they will be destroyed.

Potential risks to you by participating in this research study could be stress due to the personal nature of the questions asked. Mental health professionals (Arlene Boutine and Theresa George) at Pyramid Mental Health Center, phone number 546-1866, are available to you if you would like to talk to someone. Your health insurance should cover this service, but speak with your social worker if you are not sure.

While there are no direct benefits to you, the information will benefit my research. It will be a one time commitment and take no more than one hour of your time. I will be calling you to arrange a time to meet with you to review this consent form and interview you. If you choose to participate, I will also ask your permission to audio-tape the interview.

Thank you in advance for considering this research study. You may contact me at (612) 533-1574 at any time with questions about the research or about your rights. You may also speak with my thesis advisor at Augsburg College, Dr. Sharon Patten at (612) 330-1723.

Sincerely,

Paulla Dechmann

You will be given a copy of this consent form.

Statement of Consent:

I have read or been read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature:_____

Date:_____

Signature of researcher:_____

Date:_____

I consent to be audio-taped.

Signature:_____

Date:_____

Augsburg IRB Approval #97-33-03

APPENDIX D

INTERVIEW GUIDE

Interview Guide

Coping Mechanisms Used by Socially and Emotionally

Isolated Older Adults

Introductory Questions

I would like to begin by asking you some introductory questions to get us started.

1. How long have you lived in this home or apartment?

    1a. How long have you lived in this neighborhood?

2. Do you drive?

    2a. How do you get places you need to go?

3. How long have you lived alone?

    3a. How do you feel about living alone?

Contacts

Now I would like to ask you about contacts you have with other people.

4. How frequently do you talk to people you know on the telephone?

    (Prompts: A) Daily B) Weekly C) Monthly D) Other)

    4a. Is this amount of contact too little, enough, or too much for you?

5. If you have a problem or concern, who do you call or turn to? (Prompts: A)Friend

    B) Son/Daughter C) Sister/Brother D) Other Relative E) Other)

    5a. How frequently do you have contact with this person?

    5b. Is this too little, enough, or too much contact?

5c. How close to you does this person live?

6. Is there anyone else, besides the person you said for number 5, who you call or turn to when you find it necessary?

7. How frequently do you have contact with neighbors/acquaintances?

7a. Is this too little, enough, or too much contact?

8. Do you have children?

Miscellaneous Questions

These next few questions do not really fit anywhere else, so I would like to ask them here.

9. Do you have any health concerns which affect you on a daily basis?

9a. What, if anything, causes you the most difficulty? Explain.

10. What, if anything, limits your involvement with other people? (Prompts: hearing, transportation)

11. How would you characterize yourself? (Prompts: A) Outgoing B) Homebody C) Reserved/Loner D) Other

Attitudes

The following questions concern any feelings of loneliness you may have.

12. Do you at times feel lonely?

12a. If yes, how often? (Prompts: A) Frequently B) Sometimes C) Seldom)

12b. If yes, when or under what circumstances?

12c. If yes, what if anything do you do when you feel lonely? (Prompts: Is there

anything in particular you do to decrease these feelings? How helpful is this for you?)

12d. If no, can you explain why you do not experience feelings of loneliness?

13. What, if anything, prevents you from dealing with your feelings of loneliness?

Involvements

These next couple of questions ask about your involvement in activities.

14. Are you involved in activities outside of your home? (Prompts: congregate dining, bingo, volunteering)

14a. What activities?

14b. How often? A) Daily B) Weekly C) Monthly D) Other (explain)

14c. Is this too little, enough, or too much involvement?

15. Are there any other ways you keep yourself involved/busy? Please explain.

15a. What, if anything, would help you stay more involved/busy?

Social Demographics

Finally I would like to ask you for some background information that will help me when I combine the answers of everyone participating in the study.

16. What is your age? _____

17. Are you married, widowed, divorced, separated, partnered, never married?

17a. If you are widowed/divorced/separated, how long ago did this occur?

18. What is your race/ethnicity? European American African American

Asian American Native American Hispanic Other

Hand a card with levels on and ask participant to answer A, B, C, or D

19. What is your annual income level?

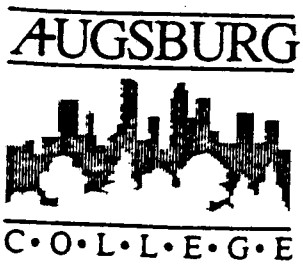
A) Less than $10,000 B) $10,001-$20,000 C) $20,001-$30,000

D) Over $30,000

That is all the questions I have for you, is there anything else you would like to tell me about yourself or ask me? Thank you for your participation. Your comments are very much appreciated.

APPENDIX E

IRB APPROVAL LETTER



Prof. David Apolloni
IRB
Augsburg College
Minneapolis, MN 55454

Paula R. Dechmann
6665 Flag Ave. N.
Brooklyn Park, MN 55428

February 21, 1998

Dear Ms. Dechmann:

I am happy to write you to say that the Augsburg Institutional Review Board has accepted your research proposal, "The Impact of Social and Emotional Isolation of Older Adults: Coping Mechanisms Used." However, IRB made the following recommendations:

(1) To soften further the wording of your Consent Form: instead of saying ". . .I am studying the coping methods used by older adults when they experience loneliness and isolation from others" you might say, "I am studying how elderly people cope with the experience of loneliness."
(2) To modify your "Script for Social Workers" so that it is no longer written completely in capital letters.
(3) To rewrite the eighth of your interview questions as "Do you have children?"
(4) To reorder your interview questions so that the very last are the more uplifting ones.

We hope you find these recommendations helpful. Best wishes to you as your pursue your research.

Regards,
David Apolloni
Augsburg IRB

cc: IRB

IRB #97-33-03

APPENDIX F

SCRIPT

SCRIPT FOR SOCIAL WORKERS

The principal investigator is requesting that the social workers of Senior Community Services and CommonBond Communities approach clients using the following statement:

I would like to ask you if you would be interested in answering some questions about yourself for a social worker who is doing a research project for her graduate school program at Augsburg College.

She would like to visit with you in your home and ask you questions about the activities you do, the people who are involved in your life, how you feel about living alone, and how you handle any feelings of loneliness that you may have.

The interview will last no more than an hour. Your participation is voluntary and you may choose not to answer a question or questions and still remain in the study. You may stop the interview at any time. Because of the personal nature of the questions, you will be given the name of a mental health professional whom you could contact. Your health insurance should cover this service, but we could talk about this further if you would like.

Do you have any questions about this project that I could answer for you?

Would this be something you would be willing to do? (If no, "thank you for your time.") If yes, "would you like a copy of the consent form that she will ask you to sign at the time of the interview?" If yes, "would you like to have her phone number and get in touch with her, or would you want me to give her your name and number and have her call you?" Her name is Paulla Dechmann. Thank you.