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Loneliness from the perspective of the elderly

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Abstract

Introduction: Loneliness is a painful and distressing feeling that leads to a malaise where a person feels alone, despite being surrounded by people, feeling that he or she lacks support, especially of an emotional nature. It is most common in adolescence, but is also prevalent in old age. *Objective:* To identify the opinion of elderly persons in relation to feelings of loneliness. *Methodology:* The respondents were 73 elderly men and women living at home but attending day care/social centers. A random convenience sample was used, consisting of elderly persons who were able and wished to respond to a short, duly tested questionnaire with mixed response questions. Confidentiality was respected throughout the study. *Results:* In 78.1% of respondents, a significant person was a family member who was not a spouse (especially daughters and granddaughters); 79.4% reported feeling sometimes or rarely/never feeling lonely. Widowed or divorced elderly persons were those who most frequently referred to sometimes feeling lonely. To reduce loneliness, they suggested various forms of interaction and activities in which communication predominated. Intergenerational solidarity was also cited. *Conclusions:* Although loneliness is described as an increasing problem for the elderly, its frequency was not high among those interviewed, perhaps because the respondents engaged in social activities. A longitudinal study aimed at elderly persons who stayed at home, with a representative sample of the elderly population in a given region, who participated or did not participate in social activities, is recommended to provide a broader perspective of the views of the elderly about loneliness.

Key words: Loneliness; Elderly; Aging.

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INTRODUCTION

Demographic change, the urbanization of rural areas, the increasing use of new technology and the consequent establishment of virtual relationships, as well as other factors, have resulted an increase in individuals suffering from loneliness, especially in adolescents and the elderly.

Being a subjective concept, it is difficult to define exactly what loneliness is and to create tools that permit quantifiable research into the issue. However, several authors have sought to establish a definition of this feeling[1]

According to Peplau and Perlman (1982), also cited by Neto,[2] there is a common denominator in the definition of loneliness given by several authors, which are:

- Feeling alone is not synonymous with being alone. The latter represents objective isolation, while the former is more subjective.
- However, loneliness can arise as a consequence of unwanted isolation.
- Loneliness is always a psychologically unpleasant and distressing experience for those who experience it and can lead to social exclusion.

According to Hossen,[3] while isolation is objective, measuring as it does the number of social contacts, loneliness is subjective in that it expresses a person's dissatisfaction with these social contacts. The latter results from the discrepancy between what is expected of a relationship and the reality observed.

According to Kamiya et al.,[4] health problems, low self-esteem and social rejection may be a basis for the appearance of loneliness. Furthermore, these can be influenced by the past of an individual and his or her spirituality/religiosity.[5]

Loneliness is an afflictive and distressing feeling that leads to a malaise where individuals feel alone, despite being surrounded by people, and think they lack support, particularly in the form of affection. According to Neto,[6] it is a painful, unpleasant experience for anyone who suffers from it, and is therefore an intuitive concept. For this author,[6] there is a sense of not belonging and a disinterest in relationships, which often results from a discrepancy between reality and the expectations that a person has regarding their social relations. It is a difficult feeling to express in that it is a complex and subjective construct that is often confused with being alone or isolated.

Weiss (1973), cited by Neto,[6] states that loneliness is not caused by being alone, but by not having relationships where a person is needed, thus creating an unpleasant feeling of emptiness.

According to Berger and Poirie,[7] it is an exceedingly painful experience that is the sum of an unfulfilled need for intimacy and social relationships that are felt to be insufficient or not entirely satisfactory. Although an individual may have an extensive social network, this may not contain a close affectionate relationship that satisfies his or her expectations. This experience may well be experienced by an institutionalized elderly person.[7-9]

Sousa, Figueiredo and Cerqueira,[10] stated that living alone is not a sign of being alone or of loneliness, but is a sentiment that can be associated with life satisfaction and which depends on the capacity of each person to adapt to an increasingly economistic society, where other values are imposed.

Weiss (1957), cited by Pocinho, Farate and Dias[1] and by Neto,[6] distinguished between social loneliness "in which the person feels alone and unsatisfied because of the lack of a social network (friends, family and acquaintances) and emotional loneliness (in which the individual is alone and unsatisfied, due to the lack of a close personal relationship)".

Situational factors and those associated with personality, whether combined or not with other factors, can contribute to a person experiencing feelings of loneliness. These feelings transform into a multidimensional problem the etiology of which may be based on social roles and unrealistic expectations.[11,12]

Feelings of loneliness can arise in any age group, but are of particular significance for adolescents and the elderly, not only due to their prevalence, but also due to the consequences. In both of these groups, the situation becomes more serious when there is a need to be institutionalized following previously healthy family relations where the individual had the support of genuine, healthy intergenerational solidarity.[6,13,14]

Feeling alone is, therefore, a growing phenomenon in modern and post-modern society, in which demographic change and the urbanization of rural areas also play a role. It is likely to become more widespread in the near future, and requires an urgent solution. It is therefore necessary to recognize loneliness both as a health and social problem, and one with a tendency to become more serious.[13,14] Any intervention team must be multi-sectorial and multidisciplinary.[15-17]

As previously stated, the considerable subjectivity of this sentiment has hampered its characterization and the measurement of its intensity and quality, thus delaying adequate intervention. It is, however, being expressed more and more often, either directly or indirectly, by sufferers, especially those with a long history of varied experiences, such as the elderly.[12,13,17]

Professionals who spend time with these people should be attentive to their verbal and nonverbal communication, as they often, especially if they are elderly, express their feelings of loneliness atypically through psychosomatic symptoms, manifestations of aggression and/or depression or through activities which are not always correctly interpreted by others and/or through attempts of suicide (which can be successful).

The changes which have occurred in families in recent decades in which the number of one-member, single parent and reconstructed families have greatly increased, favor growth in the number of people with this problem.[13,14] People live in a world of constant transformation with which we interact intensely and continuously, due to our social nature. Our health and well-being depend on the internal and external homeostasis we can establish with the environment. The way we live our lives can also influence the "vision" we have of the world in our old age, and the manner in which we interact with it may or may not arouse feelings of loneliness.

As Sousa, Figueiredo and Cerqueira[10] stated, the society of today is "a society with no time to breathe, where concern for productivity and economic prosperity prevails, forcing the elderly into severe situations of loneliness and exclusion".

Pereira, Giacomin and Firmino[18] claimed that the more socio-cultural barriers/constraints there are, the more difficult the integration and participation of an individual with some dysfunctionality in society will be.

The bodies of elderly persons, especially those aged over 85, present visible signs of time and aging and may, for some, reflect very significant experiences of loss which may contribute to isolation and/or loneliness.[10,13]

The feelings of loneliness that affect the elderly are not only a hallmark of those who are institutionalized (although they appear to be more common in these cases). Prevalence increases, particularly when life events occur that result in loss, or when the ability to adapt is decreased.[19,20]

Failure to understand these situations by people who relate to elderly persons may aggravate the feelings of sadness that result from the losses and arouse feelings of loneliness. The combination of these feelings can trigger a depressive syndrome, which can often manifest atypically in the elderly, and therefore go unnoticed and consequently lead to a syndrome of frailty (more frequent in those aged over 85).[20,21]

The personality of each elderly person, the social support they receive, how they lived their lives and the way coping strategies are organized to deal with feelings of loneliness can all influence feelings of being alone. Elderly people who cannot overcome the feelings of loneliness are at risk of premature institutionalization or even tend towards accelerated frailty, or even death.[20-23]

Russel (2004), cited by Fernandes[24] and Neto,[22] stated that "loneliness is one of the most frequent complaints among the elderly", the cause of which can be: widowhood, children leaving home through work, or retirement. In this situation, loneliness may contribute to premature institutionalization.[20,21]

Pocinho, Farate and Dias[1] described loneliness as:

> *[...] an adverse emotional condition, accompanied by problematic cognitions and unfavorable living conditions, inadequate strategies of problem solving, dysfunctional interactive standards, among other individual and/or social factors.*

Based on the belief that it is important to understand the views of older people themselves about loneliness, the present study was created in order to investigate the perspective of elderly persons attending day/community centers, whether institutionalized or not, regarding feelings of loneliness and any factors that may have contributed to such sentiments.

METHODOLOGY

A sample group was randomly selected from elderly people aged 65 years or older who lived in the municipality of Viseu in Portugal, and who either lived in care homes for the elderly or in their own homes (and in the latter case, attended day/community centers), a sample group was randomly selected. A short questionnaire, consisting of mixed response questions, was applied to this group, which was designed to study feelings of loneliness and possible factors involved.

The questionnaire contained, in addition to questions related to socio-demographic characteristics (age, gender, marital status, place of residence, among others), questions that identified whether the elderly participants had ever experienced feelings of loneliness, which person was most significant to them and if they had suggestions for improving loneliness among the elderly population.

When answering questions about the frequency of feeling lonely, the participants completed a scale of four items: *never/ rarely; sometimes, almost always and always*.

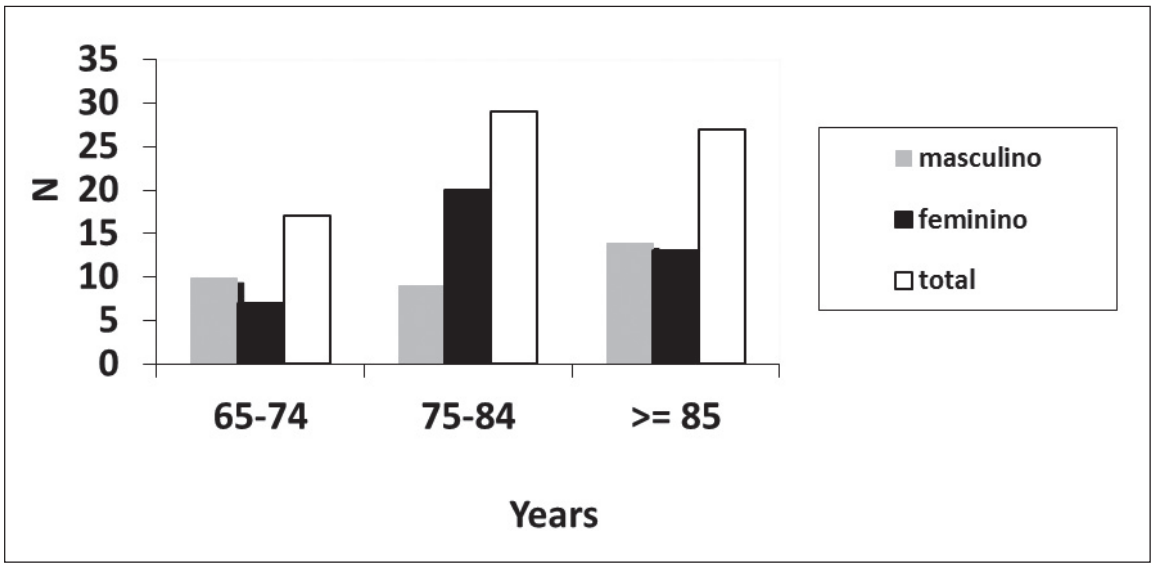
In order to evaluate the language of the questionnaire and correct any inadequacies, it was tested on an identical population. No alterations were required following this test.

The questionnaire was applied to elderly persons aged 65 or above, of both genders, who had the mental capacity to answer the questions and who agreed to participate in the study. Its application was in compliance with the ethical rules for research of this type, and the respective authorizations were requested according to guidelines set by the institutions involved (which do not have ethics committees). In addition, informed consent was requested from the respondents, who read and signed the corresponding form. For those who were illiterate, the free and informed consent form was read to them and they were then asked before witnesses if they agreed to participate.

RESULTS

The sample consisted of 73 elderly persons aged 65 years or older (the oldest being 97) living in care homes for the elderly or who attended day/community centers in the city of Viseu, in Portugal. The sample group consisted not only of elderly people living in care homes for the elderly, but also those living in their own homes and attending day/community centers, so that a broader sample could be obtained, in which the elderly persons represented a greater variety of situations, allowing us to obtain a wider opinion about loneliness and its underlying factors, according to the elderly respondents themselves. For this reason and given that the sample was not very large, the institutionalized elderly and those living in their own homes were not separated and no statistical comparison between the two groups was carried out, as this was not the purpose of the study.

Of the sample, 45.2% were male and 54.8% female (grafh 1).



Grafh 1. Distribution of respondents by age group and gender.

Widowed individuals predominated (46.6%), followed by those who were married or living in civil unions, while 13.7% of the elderly persons were single. There were gender differences in relation to marital status. While 60.0% of women were widows, only 30.3% of men were widowers. Of those who were divorced, males predominated (21.2%), in comparison with 5% of women. Of respondents living in care homes, 86.1% were single, widowed or divorced, and only 13.9% were married.

The level of education was low for both men and women, (71.2% had completed primary education only or were illiterate) with this percentage being slightly higher for women (72.5% of women compared to 69.7% of men). A total of 49.3% of individuals lived in care homes, 21.9% lived alone in their own residencies and 19.2% lived with only their elderly spouse. The percentage of women living in care homes was slightly higher (50%) than men (48.5%). The percentage of elderly respondents living alone with their spouse or with their spouse and family (or just with family) was much lower among those aged over 85 (Table 1).

Table 1. Distribution of the respondents by age group and living condition. Viseu, Portugal, 2014.

Years / Live	65-74		75-84		>=85		Total	
	N	%	N	%	N	%	N	%
Alone	3	17,7	6	20,7	7	25,9	16	21,9
Only with spouse	5	29,4	7	24,1	2	7,4	14	19,2
With more family members	3	17,7	1	3,5	2	7,4	6	8,2
Only with friends	0	0,0	1	3,5	0	0,0	1	1,4
In a care home	6	35,3	14	48,3	16	59,3	36	49,3
Total	17		29		27		73	100,0

For the majority (78.1%) of elderly respondents, the most significant person was a family member other than his or her spouse, followed closely by friends. Among these family members, children and grandchildren were frequently mentioned as being the most significant people, with only a few citing brothers or nephews. For some, grandchildren (especially granddaughters) provided the true emotional support and care. In two cases, the individual's mother was described as the most significant person, despite having died long before. Similarly, one widow cited her husband. There was one male respondent, from the group aged 65-74, who said that the most significant "person" for him was his dog. In four cases, the director, psychologist and/or doctor at the nursing home were mentioned as the most significant people, because they were the people with whom they could talk and who listened to them. One of the elderly persons (from the older age group and male) indicated that he had no significant person (Table 2).

Table 2. Distribution of respondents by gender and age group and significant person. Viseu, Portugal, 2014.

Years / Significant person	65-74	75-84	>=85	Male	Female	Total	(% in relation to total of 73 respondents)
Spouse	5	1	1	5	2	7	9.6
Other family members	11	25	21	24	33	57	78.1
Friends	2	2	6	6	4	10	13.7
Neighbors	0	1	-	-	1	1	1.4
Nobody	0	1	2	1	2	3	4.1
Home professional	1	-	-	1	-	1	1.4
Dog and other animals	1	-	-	-	1	1	1.4
Total*	20*	30*	30	37*	43*	80*	109.7*

*More than one answer was possible

The majority (79.4%) reported feeling lonely *sometimes*, or *rarely/never*; only 5.5% reported feeling lonely *always*. Of those who *always* felt lonely, three lived in care homes and one with his/her spouse. Of those who lived in nursing homes, 27.0% said they felt lonely *often/always*. All of the participants living with their spouse and other family members as well as those living with friends, reported that they *rarely/never* feel lonely. Also 44.4% of those living alone reported *rarely/never* feeling lonely; 38.9% *sometimes* and 16.7% *often*. Of those who lived only with their spouse, most (53.9%) said they felt lonely *sometimes* (Tables 3 and 4).

Table 3. Distribution of respondents by age group and feelings of loneliness. Viseu, Portugal, 2014.

Years	65-74		75-84		>= 85		Total	
	N	%	N	%	N	%	N	%
Rarely/ never	8	47.1	12	41.4	9	33.3	29	39.7
Sometimes	7	41.2	10	34.5	12	44.4	29	39.7
Often	1	5.9	5	17.2	5	18.5	11	15.1
Never	1	5.9	2	6.9	1	3.7	4	5.5
Total	17	100.1	29	100.0	27	99.9	73	100.0

Table 4. Distribution of respondents by living condition and feelings of loneliness. Viseu, Portugal, 2014.

	Rarely/never		Sometimes		Often		Always		Total	
	N	%	N	%	N	%	N	%	N	%
Alone	8	44.4	7	38.9	3	16.7	0	-	18	100.0
Only with spouse	4	30.8	7	53.9	1	7.7	1	7.7	13	101.1
With other family members	4	100.0	0	-	0	-	0	-	4	100.0
With friends	1	100.0	0	-	0	-	0	-	1	100.0
At a home	12	32.4	15	40.5	7	18.9	3	8.1	37	99.9
Total	29	39.7	29	39.7	11	15.1	4	5.5	73	100.0

Single and divorced respondents represented the highest percentage (80.0% and 56.0% respectively) of those who *rarely/never* feel lonely, yet widows and widowers and divorcees presented the highest percentage of those who felt lonely *often* (Table 5).

Table 5. Distribution of respondents by marital status and feelings of loneliness. Viseu, Portugal, 2014.

	Rarely/ Never		Sometimes		Often		Always		Total	
	N	%	N	%	N	%	N	%	N	%
Single	8	80.2	2	20.0	0	-	0	-	10	100.0
Widowed	8	25.8	11	35.5	9	29.0	3	9.7	31	100.0
Divorced	4	56.0	2	25.0	2	25.0	0	-	8	100.0
Married/Civil Union	8	33.3	13	54.2	2	8.3	1	4.2	24	100.0

When asked how loneliness among the elderly could be reduced, the most mentioned suggestions were: more group trips (28.8%) and activities such as singing, dancing, gymnastics, handcrafts, etc. (16.4%). The other two most frequently mentioned suggestions were *family being more present / not abandoning the elderly* (15.1%) and *to have better communication between people* (15.1%). The need for more intergenerational solidarity and young people doing community work with the elderly was reported by 4.1%, while 6.9% referred to the need for more social support. Also 6.9% of the respondents said they did not know how to improve loneliness among the elderly (Chart 1).

Chart 1. Suggestions for tackling the problem of loneliness among the elderly. Viseu, Portugal, 2014.

Suggestions* (N= 73)	%
Family more present/do not abandon elderly person	15.1
Conformism in day to day living	1.4
Avoid overburdening the elderly person with problems	1.4
More homebased support	2.7
Attendance at day centers	2.7
More intergenerational solidarity/community work with young people	4.1
Activities such as singing, manual labor, dancing, keep fit	16.4
More people/company	28.8
Have lots of friends	9.6
Better communication	15.1
More affection and attention paid to the elderly	5.5
More social support	6.9
Psychologists in the care facility	1.4
Don't know	6.9
Didn't answer	4.1

*Some elderly persons provided more than one answer

DISCUSSION

Various publications describe loneliness as a distressing and unpleasant feeling that can be experienced by anyone, but is most common in adolescents and the elderly.[1-3,22,24]

Being a feeling, it is difficult to characterize it objectively; therefore, the opinions of those who describe it are important. This feeling can be aroused by several factors (not necessarily always the same) that often intertwine and together contribute to produce this unpleasant feeling.

In relation to the elderly, institutionalization, isolation and poor intergenerational relationships are often cited as the factors that trigger loneliness. However, a bibliographic review carried out on the subject, did not reveal any publication dealing with the views of elderly people themselves.

This fact aroused our curiosity and led to a desire to hear the opinions of elderly persons on this sentiment, and better understand some of the underlying factors described by the respondents themselves.

Based solely on opinions, the present study is not intended in any way to extrapolate to the elderly population in general, but rather to gather information which will be is useful for interventions that are intended to the improve the well-being of the elderly.

As Neto[22] states, loneliness "is experienced by humans wherever they live, and is a topic that has sparked a growing interest in the western world".

Newspapers and magazines publish more and more articles on this theme. With an aging population and an increasingly economistic society, loneliness is becoming a concern due to its negative impact on social welfare.[25]

In the present study, our aim was to involve not only institutionalized elderly persons, but also those who remained in their own homes while attending day/community centers. The choice of these two groups of elderly persons (institutionalized and those living at home and attending day/community centers) was not made in order to establish a comparison, but to obtain a wider spectrum of opinions, for as Neto[22] says, loneliness is a sentiment that can be expressed by a person in any situation.

Of the respondents who were not institutionalized (in other words those living in their own homes) but attended day centers, the majority lived alone or only with their also elderly spouse. The fact they attend such institutions helps in itself to prevent social isolation and loneliness. Therefore, it would be interesting to continue this research, extending it to elderly people living at home who do not attend any institution that occupies free time and/or offers social support.

For most of the elderly persons interviewed, their significant person was represented by one or more 1st and 2nd degree direct family members (children and/or grandchildren), with female relatives being referred to more often. Spouses represented a lower percentage than friends. This situation makes us reflect on the significance of family, as these are probably elderly people who have lived for many years with the same spouse without he or she becoming their significant person.

There were many widowed, single and divorced participants in the present study, which may decrease the importance of a spouse as a significant person. However, there could be other underlying reasons: the respondents are from a period when the dissolution of marriage, especially on the part of a woman, was still socioculturally condemned, and so they remained married; people change throughout their life cycle, as do their social networks, new significant people emerge, particularly children and grandchildren. When they reach advanced age, it may be these people or those who alleviate the loneliness of the elderly person and/or provide him or her with essential care, who become the most significant person.

It is therefore not surprising that females were more often referred to as the significant person. Various authors have reported that females predominate in the provision of elderly care.[25,26] The reasons given by the respondents for the selection of the significant person varied, ranging from the person providing economic support to being their principal caregiver and/or emotional support.

It should also be noted that three (4.1%) respondents reported having no significant person. Adding these to the respondent who referred to a dog as his or her most affective element, and the three who cited deceased persons, it could be concluded that 9.6% of the elderly feel there is no human being present to whom they can convey their affection and confidentiality, and therefore suffer from affective isolation.

In four cases, the significant person was a professional of the home where some of the respondents resided. For institutionalized elderly persons, any professional who works in the institution can play an important role in the prevention of loneliness, especially among those who no longer have family or when families are affectively or geographically absent. With the increase in longevity and single-member families,

this situation is increasingly common, and can also be a reason for premature institutionalization.[9,20,26,27]

Most (79.4%) of the respondents stated they *rarely/never* or *sometimes* feel lonely, and it was the elderly who live in homes who, proportionally, most reported feeling *always* or *almost always* lonely, followed by those who live only with their spouse, who is also elderly and/or often sick.

Regarding marital status, widowed and divorced respondents represented the greatest percentage of those who felt lonely *often* or *always*.

Menis and White (2001), cited by Fernandes,[24] referred to the fact that the elderly can feel solitude when they suffer losses, especially when it comes to significant people who die or become absent. This was corroborated by some of the statements of the elderly interviewed, who claimed that for them the significant person was someone who had already passed away (spouse, mother), saying that these people were irreplaceable and continued to be greatly missed by them.

Some authors cited by Neto[6] stated that feelings of loneliness decrease with age. In the present study, elderly people aged between 65-74 represented the lowest percentage claiming to suffer from solitude *often* and *always*, but the group aged between 75-84 had the highest percentage who said they *often* and *always* felt lonely, with this percentage declining a little in the group aged 85 or above.

Without seeking to extrapolate to the wider population of elderly people, there seems to be a peak between the ages of 75-84 in which elderly people more often feel lonely. As various authors have reported, there are a set of factors that underlie the emergence of this sentiment. It is in this age group that the elderly suffer various types of losses, including the death / distancing (for various reasons) of affectively significant people. At the same time, they also suffer a decrease in their own functionality and mobility, and together these factors increase expectations on and need of support from others. A discrepancy is therefore created between what is expected and what reality offers, leading to frustrations and feelings of loneliness emerging, as many authors have stated.[1,3,6,7,9,10,12-14,20-22]

This theory cannot be confirmed by an exploratory study such as this, which in addition to this limitation, was also based on a convenience sample. The question, however, is relevant enough to be investigated in a longitudinal study.[2]

Therefore, we present some questions we would hope to see answered through other types of studies. Can we confirm that feelings of loneliness increase with age, but decrease in the age group of 85 and above? If so, what are the factors involved? Do recent affective losses and inadequate adaptation to new lifestyles more often awaken feelings of loneliness? Do elderly people over 85 years of age have life philosophies that allow them to more readily accept new lifestyles and therefore arrange coping systems to overcome loneliness?

Regarding the opinion of the elderly about what would improve their loneliness, they emphasized activities that permit healthy and fun social interaction. They referred to trips, social interaction and diversified activities, with greater emphasis on those which prioritize communication and fun. Today, elderly persons seek a new social image in which they are seen as active, and which permits them to live their remaining years integrated into a society where productivity has become essential. The fact that trips and activities such as dance, gymnastics and handcrafts were most frequently mentioned by the elderly people corroborates this belief.[4,5,7,13,18,20,27]

The presence of healthy family and intergenerational interaction also seems to be important in fighting loneliness. Indeed, family conflicts often appear to underlie feelings of loneliness in the elderly, even when the individual is surrounded by other elements.[3,13,14,20,24,26,27]

One of the respondents cited a dog as his significant element. It is evident that animals, though they do not replace human relationships, can play an important emotional role in the lives of the elderly, a fact that should not be overlooked. Quite often, the reluctance that an elderly person

expresses in relation to being institutionalized is due to not wanting to leave the pet which for years was his or her most significant company.

CONCLUSION

The present study intended only to collect the views of the elderly respondents themselves in relation to feelings of loneliness, which seem to occur frequently. However, 79.4% of respondents stated that they *rarely/never* or *sometimes* suffer from loneliness, which may be due to the sample being chosen from elderly persons living in care homes or who attend day/community centers. For this reason, it would be interesting to extend this study to people living in their own homes with and without family.

From the interviews, and without wanting to extrapolate to other elderly people, it can be concluded that individuals who live with family are those who, proportionally, suffer least from loneliness. Elderly persons who are institutionalized and those who are widowed or divorced represented the greater proportion who *often* or *almost always* felt lonely, which is consistent with other authors.[8-10,14,15]

Trips, meetings, leisure and recreational activities (dance, gymnastics handcrafts, etc.), as well as healthy intergenerational relationships and the presence of family members are, in the opinion of the elderly respondents, a way to reduce feelings of loneliness and combat isolation.

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