

Loneliness among elderly women

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Abstract: Loneliness was found to be a problem for a significant portion of the population, reported more in the women with the exception of older unmarried men. Studies which examine the relationship between loneliness, depression, alcoholism, child abuse, and bereavement are discussed. Studies of the relationship of loneliness with other psychiatric disorders are lacking. There are data relating loneliness to physical disease and possible mechanisms for this relationship are reviewed. The loss of a spouse in elderly women is the most disorganizing life event they can ever with stand. The purpose of the present study is to understand the concept of loneliness among elderly women by reviewing the popular theories proposed by the researches. It also aims at examining the relationship of loneliness with their quality of life and other demographic issues through review of related researches. Findings revealed that loneliness is a particularly relevant issue in relation to elderly widows, whose rates of mortality illness and depression exceed those of their married counterparts, every woman who loses a husband through death experiences a painful period of bereavement, often accompanied by severe loneliness, obsessive thoughts of the deceased, restlessness, insomnia, somatic complaints, and even hallucinations of the deceased, and poor mental wellbeing. Older women report more loneliness than male peers. Loneliness is an area of concern related to the well being of older women because it is a cause of emotional distress and is linked to a variety of health problems in older individuals. Life changes, including widowhood and relocation, are associated with increased vulnerability to loneliness. Gender, social, and cultural factors influence the experience of loneliness in older women. Cognitive and interactionist theoretical approaches to loneliness have utility for nursing practice and research with older women who experience loneliness. However with structured interventions widows may be able to eventually recover from the loss and stand on there feet again.

Keyword: Depression, elderly, loneliness, psychiatric disorder, widowhood

I. INTRODUCTION

Some people isolate themselves because solitude is preferred to the constant stress and emotional or physical abuse they received or feared from those closest to them in the past. Loneliness that results in physiological effects such as raised blood pressure in people over age 50 include feeling empty, unnecessary, unloved, devalued, unwanted, rejected, ignored, neglected, betrayed, abandoned, not good enough, mistrusted, chronically exploited, and psychologically abused. It's more than a feeling of failure in holding a job or being financially independent. And it's not only about wanting to be around people to pass the time or share fun and laughter. Feeling lonely is not the same as depression. Instead, it's wanting a friend and at the same time fearing if you reach out and make a friend, that friend will betray your trust and hurt you by taking away anything you value or need to survive.

There are so many ways of a person feeling accepted or rejected, but feeling lonely can be described as the most unfortunate thing. It's an awful experience when a person feels left alone in life, that is when bad actions and ideas come to mind.

The cognitive deficit perspective proposes that loneliness is a deficit between actual and desired quantity and/or quality of social engagement (Peplau et al. 1982). Within this framework the Theory of Mental Incongruity (Dykstra & de Jong Gierveld 1994) suggests that loneliness is formed by a mismatch in the interrelationship of cognition, experience and expectations of social relationships. The loss perspective focuses on the absence of specific attachments and differentiates emotional loneliness (the loss of a key attachment figure such as a spouse) from social loneliness (a reduced social network). In his extended Bowlby theory Weiss (2007) argues that whether or not a relationship is functionally substitutable is a key feature of the distress that manifests itself as loneliness. Both of these perspectives have relevance to the widowed population who experience reductions in their social networks (Bennett et al. 2005; Utz et al. 2002) and the loss of a primary attachment relationship that is both functionally highly specific and “non-substitutable” (Weiss 1973).

The present paper focuses on the loneliness among elderly widow women. The widows mainly reported feelings of isolation and lack of support from family, with occasional references to the absence of the husband. However, although loneliness was identified as a theme, there is only one quote that directly mentions loneliness. Thus, there are few studies which examine in detail what loneliness means to older widowed people

and nothing that examines their spontaneous utterances about loneliness and the situations in which they find themselves to be lonely.

Several theoretical perspectives have been used to explore different types of loneliness. However, there are four main perspectives in common use. These are existential, psychodynamic, cognitive and interactionist theories. None of these is specific to elderly widows or later life. (Victor et al. 2000). The present paper focuses on various theories and their perspective on elderly's loneliness with special reference to widows.

II. EXISTENTIAL THEORY

Existential theory is purportedly the "Christian" perspective on loneliness. It considers loneliness as a positive opportunity, which is compounded by the experience of "love". Loneliness is viewed as a necessary aspect of life, and in life's most intimate moments we are basically "alone". The underlying problem of this theory from the perspective of nurses working with elderly people which includes the elderly widows too is its failure to differentiate between the objective nature of being alone and the subjective feeling of being alone. (Donaldson & Watson 1996, Victor et al. 2000.)

III. PSYCHODYNAMIC THEORY

Psychodynamic theory suggests that interpersonal, infant and childhood attachments and dilemmas are considered to provide a personality base which predicts future coping strategies. Some researchers regard loneliness as a state of mind which is symptomatic of neurosis stemming from an earlier life, which makes it difficult for lonely elderly people and lonely elderly widows to form relationships. The limitation to this theory is that it focuses solely on a pathological explanation and fails to take into account the social world of older people, their culture, and the effect of ageing. (Donaldson & Watson 1996, Victor et al. 2000.)

IV. COGNITIVE THEORY

Cognitive theory focuses on the response to and experience of loneliness and it also recognizes the contribution of social factors. This theory proposes that it is the way in which people feel about their loneliness that is the determining factor in their experience of loneliness. It is seen that loneliness can be alleviated by supporting self-esteem and social skills. However, this theory fails to recognize the strong link between social networks and loneliness, and to include elderly people with cognitive impairment. (Donaldson & Watson 1996, Victor et al. 2000)

V. INTERACTINIST THEORY

Interactionist theory is an attachment theory which refers to the emotional and social nature of loneliness. From the interactionist perspective, individuals evaluate their emotional and social loneliness subjectively in terms not only of its quality but also in terms of quantity. This theory proposes that loneliness is caused by a combination of the lack of an attachment figure and the absence of an adequate social network. It is considered that the experience of loneliness is dependent on the individual's personality type. This theory was criticized because of the conditions described as causing loneliness are not necessarily negative, and therefore other factors must be involved in creating the feeling of loneliness. In addition, this theory was criticized because social loneliness is an objective position which does not necessarily cause loneliness. (Donaldson & Watson 1996. Victor et al. 2000)

VI. PSYCHODYNAMIC THEORY OF LONELINESS

Leiderman's (1969) proposed psychodynamic theory of loneliness and emphasizes that loneliness is a separate psychological construct that can be part of multiple psychiatric syndromes like depression, phobias, and psychoneurosis. He developed his theory through review of past psychodynamic theories (Fromm-Reichman, 1959; Zilboorg, 1938) along with analyses of case studies. Zilboorg's (1938) theory is reported as the first psychoanalytic exploration on the subject of loneliness where loneliness was described as relating back to childhood attachment issues and resulting in an overwhelming persistent negative experience (Perlman & Peplau, 1982). The main component of this Leiderman's psychodynamic theory of loneliness is that the individual lacks self-object differentiation. In other words, loneliness is linked back to difficulties in recognizing what part of the ego is self and what part is parent (Leiderman, 1969). This psychodynamic theory does not address the health-related problems of loneliness.

VII. COGNITIVE THEORY OF LONELINESS

Peplau, Miceli, and Morash (1982) developed a cognitive theory of loneliness that describes cognition as a mediator between a perceived deficit and the experience of loneliness. This cognitive theory relates directly to Peplau's definition of loneliness as she postulates that an individual must perceive some form of discrepancy between what they need or desire and what they experience. Peplau and colleagues (1982) report that those who self-label as being lonely make this conclusion after evaluating affective, behavioral, and cognitive cues. These

cues are cognitively interpreted and evaluated along with social comparisons as to what is perceived as the norm for relationships before leading to the perception of loneliness (Peplau, Miceli, & Morash, 1982). This cognitive theory supports that the experience of loneliness is a personal perception and that it depends both on level of need, meeting of needs, and social norms.

VIII. LONELINESS AND QUALITY OF LIFE

Thomopoulo (2010) Males had better quality of life and less feelings of loneliness than females. Specifically, elderly women seem to suffer from loneliness in comparison to the elderly males. It was also found that old (60 - 74 years old) had better quality of life, higher scores at subscales of Quality of Life Index (Ferrans, 1998) and lower loneliness than oldest old (75 and above years old). Marital condition has also a great effect on quality of life and loneliness of elderly, married elderly had better quality of life and lower loneliness than divorced and widows/ers. Married with a marital disruption (divorce) had an unsatisfied quality of life. But the great fall of quality of life was when the disruption was considered from one partner's death (Thomopoulou, 2010).

IX. LONELINESS AND HEALTH RELATED QUALITY OF LIFE

Old age is often associated with loneliness. The older adults' perceptions of attachment to children, increased feelings of affection, and reduced loneliness by affection both for and from their children (Fahrenberg, 1986), and children's departure from home was an important factor for the development of parents' loneliness (Liu, 2007), so the empty nest elderly was more prone to be lonely than the not empty nest ones. The level of education and being single including never married, divorced, separated and widowed were positively associated with the level of loneliness. Decreased health status of the elderly makes social contacts difficult, social support from children was reduced with children's departure from home for the empty nest elderly, so social support from spouse was important to reduce loneliness of the elderly (Chalise, 2007). So it is important for the empty nest elderly to receive more social support from friends, neighbour, and family members including spouse, parents, children, brothers or sisters.

X. LONELINESS WITH DEPRESSION, SOCIABILITY

Elderly men were found to be more sociable as compared to the elderly women. It was also found that increase in the level of depression with an increase in loneliness among elderly men and women. Both the male and female elderly persons equally experience feelings of loneliness and depression. Men were found to be sociable as compared to their female counterparts (Singh, A. 2009).

XI. LONELINESS AND TECHNOLOGY

There are various technologies, which have been used by the elderly to overcome their loneliness like as T.V., mobile etc. from which they stay connected with their friends relatives. On the other hand it may also see that if they use gadget very quickly or they keep them busy with these gadgets, they may be less connected with their friends, relative etc. In an attempt to contribute to a better understanding of the link between modern technology and loneliness in old age. With low social contacts and high obsolescence being detrimental to feelings of social and societal integration in their own rights, their combination may compound feelings of loneliness. Technological competence, i.e. individual experience with and positive appraisal of technology, can contribute to maintaining a sense of belonging and self determination in old age, its mediated effects on loneliness are yet to be explored. (Kesper R, 2004).

XII. LONELINESS WITH DEPRESSION AND STYLE ATTACHMENT

Research findings also show that loneliness is positively correlated to depression. Loneliness is a factor in the development of depression. There is also an interaction effect between loneliness and depression. That is, loneliness can cause depression and depression can cause more loneliness. Loneliness is an important predictor of depression. Empirical data suggests that loneliness is significantly correlated to depressive symptoms and numerous other negative outcomes. Lonely people have indicated that they are less happy, less satisfied, more pessimistic, and suffer from more depressive symptoms (Peplau and Perlman, 1982) than people who are not lonely. The attachment styles are an important factor that affects interpersonal relationships and determines loneliness and depression level of individuals. Loneliness was found to be positively correlated to fearful, preoccupied, and dismissing attachment styles, while it was negatively correlated to the secure attachment style. Individuals who have a secure attachment style can easily express their emotions and give verbal or nonverbal cues. This enables them to easily establish and maintain interpersonal relationships and escape from loneliness. Insecure attachment contributes to poor peer relationships and social withdrawal which, in turn, contribute to loneliness. Weiss (1973) stated that individuals who are unable to attach to other individuals will feel themselves lonely. In the study carried out by Deniz, Hamarta, and Ari (2005) fearful, preoccupied and dismissing attachment styles are positively correlated to loneliness, while the secure attachment style is negatively correlated to loneliness. DiTommaso (1997) and Di Tommaso et al. (2003) emphasized that the

secure attachment style is negatively correlated to emotional and social loneliness, and other attachment styles are positively correlated to loneliness (Atilgan Erozkhan, 2011).

XIII. LONELINESS AND ICTs

This study suggest that the frequency of going online impacts loneliness and perceptions of social isolation, with higher frequency being associated with lower levels of loneliness and social isolation among older adults in assisted and independent living communities. Internet has contributed to their ability to stay in touch and has increased the quantity of communication with others, which in turns lead to feel less lonely (Cotton S. R.).

XIV. LONELINESS AND LIVING ARRANGEMENT

Living arrangement differences in loneliness were as predicted: older adults living alone were generally most lonely, whereas older adults living with a partner were generally least lonely. Living with adult children provides some protection against loneliness, but not to the same degree as having a partner relationship. This study revealed higher level of loneliness among older adults. The outcomes of this study have provided us with clear evidence that living arrangements and intergenerational support are key to older adult's loneliness. (Gierveld, J. J., 2011).

XV. LONELINESS AND SOCIAL ISOLATION

The interrelationships among isolation, loneliness and health revealed that poor health increases levels of loneliness, and loneliness negatively affects health both in the short term and over a longer period. It was determined that older men are particularly vulnerable to isolation and loneliness when they experience difficulties adjusting to changes in role identity associated with retirement, as well as to the changes in social networks especially resulting from widowhood. Improvements in social interaction can have an important impact on the well-being of an older person (Hall, 2003). He also stated that loneliness among older men is influenced by widowhood, poor life satisfaction, chronic illnesses and feelings that seniors are not treated with respect. In addition, it was found that limited social contacts for older are influenced by the lack of participation in leisure activities and vision problems.

XVI. LONELINESS WITH GENETIC AND ENVIRONMENTAL FACTORS

It was found that there is a significant genetic contribution to individual differences in feelings of loneliness in adults, environmental influences were unique to each individual and no common environmental contributions to adult loneliness were discernible. Heritability may decrease across the lifespan, if the frequency, duration, and range of exposure to environmental influences accrue. He examined the polyserial correlation of loneliness with three major personality dimensions, i.e. extraversion, sensation seeking and neuroticism, in across gender. Extraversion was only moderately correlated with loneliness in both sexes and correlations with sensation seeking were around zero, making it unlikely that the current results are due to the heritability of these personality traits. Correlations of loneliness with neuroticism were 0.55 in males and 0.61 in females (Boomsma, 2005).

XVII. LONELINESS AND CHILDLESSNESS

The analyses of loneliness and depression in women demonstrate an important, detrimental effect of childlessness. Controlling for marital status, childless women reported significantly higher levels of loneliness than mothers who had children. Poor health was very strongly related to greater loneliness for both men and women. Marital status was also significant, with formerly married women (separated, divorced, and widowed) reporting more loneliness than married women. The life-long emotional ties and normative obligations between mothers and their children may produce stronger support networks for mothers compared to those of their childless peers. Childlessness appears to be more important in influencing the loneliness and depression of women than men. (Koropecjy, 2010).

XVIII. CONCLUSION

Loneliness often considered a major problem for growing older. The study of loneliness raises a number of issues and problems. First and most important of these is that loneliness must be perceived and reported whether on scales or by interview to be studied. It is unlikely that loneliness is the same for any two people and it is not possible to know what is meant exactly when loneliness is reported.

The knowledge of the effects of loneliness is complicated by studies which measure constructs that are similar to loneliness or may include aspects of loneliness such as "being alone", "lack of closeness", "lack of confiding relationship" and "social isolation".

It is broadly agreed that loneliness is not directly connected to any thing like social isolation living alone etc. but it is the absence of relationships with other people. Loneliness is defined as the negative outcome of a cognitive evaluation of a discrepancy between (the quality and quantity of) existing relationships and

relationship standards. In doing so, next to background variables such as age, gender, and health, characteristics of the social network of relationships, personality characteristics, and relationship standards have been addressed. Rates of reported loneliness are approximately double for the widowed compared with the general population of elders. Researchers and practitioners tend to agree that social loneliness among older people is often related to living alone and being in poor health. The question that remains is the relationship among isolation, loneliness, health and well being. An important related issue is what steps might be taken with older persons to alleviate isolation and loneliness. Loneliness is found to correlate positively not only with widowhood, small family size and limited extended family relations, but also with economic deprivation and poor health.

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