

Loneliness in Ageing

Pragya Sharma¹, Dr. Shubha Dube²

¹ Research Scholar, Department of Home Science, University of Rajasthan, Jaipur, India

² Associate Professor, Department of Home Science, University of Rajasthan, Jaipur, India

Abstract: *The current scenario as regards to ageing people clearly shows that their numbers have increased over the last few decades worldwide and tend to be so in the coming years also. Urbanization, modernization and globalization have led to change, in the economic structure, the erosion of societal values, weakening of social values and social institutions such as the joint family. In this changing economic and social milieu, the ageing adults are experiencing absence of adequate social support which leads to loneliness. These changes are compelling many of our elderly to live alone, though it must be said that some of them have chosen to do so. Loneliness has been described as “the subjective, unwelcome feeling of lack or loss of companionship”. Loneliness can be considered as a biggest enemy of ageing population. Factors leading to loneliness are living alone, advancing age, widowhood, low levels of education or income, poor health and infrequent contact with family. There are many ways to help overcoming loneliness such as connecting with the people, peer support, making friends and social contact. Loneliness play cardinal role in the quality of life of ageing adults in all societies and especially where formal support and social protection programs are not available.*

Keywords: Ageing, Loneliness, Unwelcome Feeling, Overcoming Loneliness, Social Contact

1. Introduction

The elderly population is substantial in general and growing due to advancement of health care and education. The current scenario as regards to elderly evidently shows that their numbers have increased over the last few decades worldwide and tend to be so in the coming years. Ageing adults face numerous physical, psychological and social role changes that challenge their sense of self and capacity to live happily. Many people experience loneliness and depression in ageing years, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in the community activities [20].

Ageing can be defined as a progressive functional decline or a gradual deterioration of physiological function with age, including a decrease in fecundity or the intrinsic, inevitable and irreversible age-related process of loss of viability and increase in vulnerability. Clearly, human ageing is associated with a wide range of physiological changes that not only make us more susceptible to death, as described above, but also limit the normal functions and render us to be more susceptible to a number of diseases [16].

2. Loneliness: The concept

Loneliness has been described as “the subjective, unwelcome feeling of lack or loss of companionship” [7]. Loneliness has been defined as a personal subjective feeling of a lack of satisfying human relationships, and for this reason, loneliness is a negative feeling that impairs the quality of life of ageing adults sometimes causing depression. The quality of social relationships plays an important role in whether or not people suffer from loneliness [13]. Loneliness affects the physical and mental health of ageing adults. It leads to slower recovery from stroke and also increases the frequency the emergency hospitalization which may cause depression and stress. Loneliness contributes to anxiety and despair [4], [17], [2].

3. Causes and Effects of loneliness

Loneliness has many different causes and affects everyone differently. Often people feel lonely because of their personal circumstances. But sometimes loneliness is a deeper, more constant feeling that comes from within. Some people experience a deep and constant feeling of loneliness that come from within and does not disappear, regardless of their social situation and social support.

Major factors that contribute to loneliness include living alone; advancing age; widowhood; low levels of education or income; poor health; and infrequent contact with family [19],[8]. Loneliness was associated with living alone or in a residential home, advancing age, widowhood, a low level of education and a low level of income. In addition, poor health status, poor functional status, poor vision and loss of hearing increased the prevalence of loneliness. The most common subjective causes for loneliness were found to be illnesses, death of a spouse and lack of friend [19].

Studies have also reported that some predictors for social loneliness include increased age, poor health, living in a rural area and lack of contact with friends. Some significant predictors of emotional loneliness were living in a rural area, family and gender being high in male, having a lower income, widowhood, having no access to transport, lack of contact and interaction with children or relatives [8].

In, a study on social isolation in Belfast it was found that people who were divorced or separated experienced the highest levels of loneliness, followed by people who were widowed. Older people with poorer health tended to report high feelings of loneliness [9].

A longitudinal study on a group of over 75s in Sweden in 2002 showed the strong connection between levels of satisfaction with social contacts and loneliness [14]. Age may also relate indirectly to the increasing experience of loneliness through weakening health and functional capacity. Also, decline in cognitive capacity, low income, infrequent

social relationships and diminishing participation in networks, as well as infertility, depression and anxiety are all related to the experience of loneliness [18].

Loneliness shows an increased incidence of high blood pressure, high cholesterol, and obesity. [6]. A sense of well-being, depression and hopelessness were all independently associated with loneliness and a non-integrated social network [10]. The results of a US study published in 2012 show that loneliness not only increases the risk of heart disease, but accelerates the process of ageing [5]. Loneliness is a particularly relevant issue in relation to elderly widows, whose rates of mortality illness and depression exceed those of their married counterparts. Older women report more loneliness than male. Gender, social and cultural factors influence the experience of loneliness in older women [3]. Loneliness may lead to serious health-related consequences. It is one of the 3 main factors leading to depression [11]. And an important cause of suicide and suicide attempts. A study carried out by [12], revealed that loneliness was related to poor psychological adjustment, dissatisfaction with family and social relationships. Loneliness can have physiological consequences. Loneliness is a stress factor, which in turn has links with many aspects of our bodily health. Blood pressure, sleep problems, adrenal cortical activity, diminished immunity, white blood cell count, cardiovascular disease, obesity, and cholesterol are examples of the physiological problems associated with loneliness. Loneliness is shown to increase the concentration of cortisol levels in the body Prolonged; high cortisol levels can cause anxiety, depression, digestive problems, heart disease, sleep problems and weight gain [6].

4. Coping with Loneliness

For many people, overcoming loneliness is about increasing the level of social contact that they have with other people and there are different ways to do this. However, due to the experience of loneliness that is unrelated to social contact, one need to develop different strategies to help overcome this. Few strategies to cope with loneliness during ageing years.

4.1 Connecting with the World Around You

For some people, feeling lonely is not about how many friends they have, but about feeling disconnected from the rest of the world. In this case, it can help to take small steps to feel more connected with the world around you. Making contact with people you know can be a useful first step in helping you feel less alone. If you have friends or family, phoning someone, sending a text or email, can help make you feel more grounded and remind you that there are people in your life.

4.2 Meeting People and Making Friends

For many people, meeting new people and making friends can help them overcome their feelings of loneliness. One way is through making links with people with shared experiences, values or interests. If you join a social group to do with something that genuinely interests you, you should find that you meet people who share your interests and get to

do something you enjoy. You can find information about local groups, clubs or classes at your local library, in local newspapers or magazines, or online.

4.3 Making the Most of Social Contact

If you are lonely, it can help to make the most of opportunities for social contact, however small. If you work, pick your grand children up from school, or have a friendly neighbor or shopkeeper, starting a conversation – or even just saying hello – can make you feel less alone.

4.4 Peer Support

If you feel lonely because of a mental health problem, you may find that going to a peer support group could help. In a peer support group, people with mental health problems can share their feelings and experiences with people who have gone through similar things.

4.5 Spend Time Alone

Periods of time spent alone can be rewarding. Being on your own gives you a chance to do something that you enjoy or really interests you. This could be anything, from visiting a tourist attraction to cooking something from a more complicated recipe than you would usually use. Focus on the pleasure it gives you and the fact that being alone can be a positive thing. If you spend a lot of time alone, you may also find that having a pet, gardening yoga, meditation and reading books etc [1],[15].

5. Conclusion

Loneliness is a subjective, negative feeling related to the person's own experience of deficient social relations. The determinants of loneliness are most often defined on the basis of two causal models. The first model examines the *external factors*, which are absent in the social network, as the root of the loneliness, while the second explanatory model refers to the *internal factors*, such as personality and psychological factors. Loneliness has many different causes that affect ageing differently such as living alone, advancing age, widowhood, low levels of education or income, poor health, and infrequent contact with family. There are many strategies to help overcoming loneliness such as connecting with the people, peer support, spend some time alone ,making friends and social contact. When we do things for ageing people, ageing people are never lonely.

References

- [1] Anupriyo Mallick, "Dealing with Loneliness in Elderly", Indian Journal of Gerontology, Vol. 20, No. 4. pp 431-438, 2006.
- [2] BBC News. Loneliness is 'hidden killer' of elderly, 2011.
- [3] Bhawana Singh., & U. V. Kiran, International Journal of Humanities and Social Science Invention ISSN (Online): 2319 -7722, ISSN (Print)2319-7714 PP. 10-14,2013.

- [4] Boden-Albala, B., Litwak, E., Elkind, M., Rundek, T., & Sacco, R., "Social isolation and outcomes post stroke". *Neurology*, vol. 64, 11: 1888-1892, 2005.
- [5] Booker, K., Study: Effects of loneliness mimic aging process, boost heart disease risk, 2012.
- [6] Cacioppo, J., and Hawkley, L. Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms. *Annals of Behavioral Medicine*. 40:2, 218-227, 2010.
- [7] Cattan, M., Newell, C., Bond, J., & White, M. ,"Alleviating social isolation and loneliness among older people", *International Journal of Mental Health Promotion* , Vol. 5, No. 3, pp. 20–30,2003.
- [8] Drennan, J., Treacy, M., Butler, M., Byrne, A., Fealy, G., Frazer, K., "The experience of social and emotional loneliness among older people in Ireland", *Ageing and Society*, 28, 1113-1132, 2008.
- [9] Engage with Age, Gazing at the four walls: voices of older people experiencing social isolation in Belfast. Belfast: Engage with Age In South and East Belfast and Castlereagh, 2010.
- [10] Golden, J., Conroy, R., Bruce, I., Denihan, A., Greene, E., Kirby, M., et al,"Loneliness, social support networks, mood and wellbeing in community-dwelling elderly", *International Journal of Geriatric Psychiatry*, 694-700, 2009.
- [11] Green B. H, Copeland J. R, Dewey M. E, Shamra V, Saunders P. A, Davidson I. A, Sullivan C, McWilliams C, "Risk factors for depression in elderly people" A prospective study,*Acta Psychiatr Scand*,86(3):213–7,1992.
- [12] Hansson R. O, Jones W. H, Carpenter B. N, Remondet J. H. *International Journal of Human Development*; 27(1):41–53, 1987.
- [13] Hole, K., "Loneliness compendium: Examples from research and practice"[. York: Joseph Rowntree Foundation, 2011.
- [14] K., & Furukawa, H., "Loneliness, health and social network among elderly people—a follow-up study", *Gerontology and Geriatrics*, Volume 35.Issue 3,261–274, 2002.
- [15] Madelyn Hall, Betty Havens. "Social Isolation and Loneliness." *NACA Writings in Gerontology on Mental Health and Aging*. Spring/Summer, 2002.
- [16] Magalhaes, J.P., What is ageing? from www.senescence.info/definitions.html,2010.
- [17] Molloy, G., McGee, H., O'Neill, D., & Conroy, M., "Loneliness and Emergency and Planned Hospitalizations in a Community Sample of Older Adults", *Journal of the American Geriatrics Society*, 2010.
- [18] Mullins, L., & Elston, C., "Social determinants of loneliness among older Americans", *Genetic, Social & General Psychology Monographs*, 122, 455-473, 1996.
- [19] Savikko, N., Routasalo, P., Tilvis, R., Strandberg, T., & Pitkala, K., "Predictors and subjective causes of loneliness in an aged population", *Gerontology and Geriatrics*, 41, 3, 223–233, 2005.
- [20] Singh, Archana And Misra Nishi ,"Loneliness, Depression And Sociability In Old Age", *Industrial Psychiatry Journal*, Vol 18, Issue 1, 2009.