

# Loneliness and Coping Strategies among Elderly

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**Abstract:** Present study aim to assess the loneliness (emotional and social loneliness) and coping strategies and their relationship among elderly living in institutions and non-institutions. The study compares the loneliness including factors such as emotional loneliness, social loneliness, emotional isolation and social isolation of old age people in institutions and non-institutions and says about the relationship between loneliness and coping strategies among elderly. The sample size is 60 includes 30 institutionalized elderly people and 30-non institutionalized elderly above age 65. To compare the factors the tool used is Emotional/Social Loneliness Inventory (ESLI) by Harry Vincenzi and Fran Grabosky which is a 15 items scale presented in a paired format. To understand the coping strategies, the statistical tool Ways of Coping Questionnaire (WCQ) by Folkman and Lazarus which is self-report inventory composed of 8 subscales is used. The study shows a significant difference in social loneliness and emotional loneliness between old age people in institutions and non-institutions. It shows that institutionalized elderly people have higher social and emotional loneliness compared to other group, also there is a significant difference in emotional isolation, but no significant difference in social isolation between old age people in institutions and non-institutions. Then the study says about the relationship between loneliness and coping strategies among institutionalized people and non-institutionalized people and a positive correlation is found through the study.

## I. INTRODUCTION

Loneliness Relating to life events the feeling of loneliness can be transient but it also can persist when declining physical and cognitive capacities particularly in senior citizens. It also prevents elderly from seizing opportunities to socialize and interact with other people (Segrin 2000). It has been found that loneliness causes reduced mobility and it affects the health in a negative way. The mental health complications due to loneliness are low self-worth and negative thinking. (Brummett et al. 2001; Seeman 2000; Uchino, Cacioppo, and Kiecolt-Glaser 1996). Loneliness is a common condition that affects around one in three adults. Loneliness is defined as the unpleasant experience that occurs when one person lacks social relationships in quantity and quality than their expectations.

Social loneliness refers to a lack of feelings of social integration like a wider circle of friends, acceptable social network that can provide a sense of belonging, companionship and being a member of a social group. It has been reported that social loneliness is more dangerous than smoking and if the level increases it will lead to suicide ideation and Para- suicide. The feeling of not having a significant emotional connection with at least one other person is called emotional loneliness. It is not associated with how many emotional connections we have, but whether or not the given emotional connection brings about a better understanding of ourselves and the core aspects of our identity. The problem statement in this study is to compare the emotional, social loneliness among institutionalized and non-institutionalized old age people and to explore the coping strategies used to deal with it. The objective of the study is to compare the emotional, social loneliness in old age people based on the stay (institutionalized and non-institutionalized) and to find out the correlation between loneliness and coping strategies among institutionalized and non - institutionalized elderly. Loneliness and isolation have a major influence in the quality of life of older people and have been conceptualized as two dimensions, social and emotional. Older people are particularly vulnerable to isolation and loneliness.

## REVIEW OF LITERATURE

Research study entitled “Interventions targeting loneliness and social isolation among the older people: An update systematic review” by Andrea, Jovana et al., in 2018 aims to summarize and update the current knowledge on the effectiveness of the existing interventions for alleviating loneliness and social isolation among older persons.

Another study “Social isolation and loneliness: Prospective associations with functional status in older adults” by Shankar, Aparna, McMunn et al., in 2017 examines the associations of isolation and loneliness, individually as well as simultaneously, with 2 measures of functional status which is the gait speed and difficulties in activities of daily living in older adults over a 6-year period using data from the English Longitudinal Study of Ageing, and to assess if these associations differ by SES.

The study entitled “Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review” by Lunstad, J.L., Timothy, B. et al., in 2015 established the overall and relative magnitude of social isolation and loneliness and to examine possible moderators. It included studies provided quantitative data on mortality as affected by loneliness, social isolation, or living alone. Results remain consistent across gender, length of follow-up, and world region, but initial health status has an influence on the findings.

Study called “Who are Lonely? Loneliness in Different Age Groups (18–81 Years Old), Using Two Measures of Loneliness by Nicolaisen, M., Thorsen, K. in 2014 asks if the prevalence of loneliness in the population varies depending on the measures used, with special focus on loneliness among the elderly.

The study entitled “Emotional and social loneliness in later life: Associations with positive versus negative social exchanges” by Liu, S.B., Rook, S.K. in 2013 describes the adverse effects of loneliness on health and well-being accelerate with age, making it important to understand the relationship experiences that underlie loneliness in later life. The study distinguished between emotional and social loneliness and compared their associations with parallel categories of positive and negative social exchanges in a representative sample of older adults.

The study entitled “Factors Associated With Loneliness of Non-institutionalized and Institutionalized Older Adults” by Prieto-Flores, M.E., et al., in 2011 seek if sociodemographic and health factors contribute differentially to the explanation of loneliness in institutionalized and non-institutionalized older adults, to analyze the influence of institutionalization on loneliness. This work was based on two surveys of older adults aged 60 years or more in Spain. A group of 234 community-dwelling people and 234 nursing homes residents were selected. The results showed that depression was associated with loneliness in both populations. Also sex and marital status contributed to explain loneliness among those living at home, whereas gathering with family, friends, and neighbors showed a significant effect in the institutionalized group.

Another study “Social Isolation and Loneliness in Old Age: Review and Model Refinement” by Clare, G., Richard, D.S., et al., in 1996 reviews the experimental literature on social isolation and loneliness and identifies a broad range of published correlates. Using data

from a study conducted in North Wales, which incorporated many of the same correlated variables, a statistical modeling technique is used to refine models of isolation and loneliness by controlling for co-variance. The resulting models point out that the critical factors for isolation are: marital status, network type and social class; and, for loneliness: network type, household composition and health. Findings indicated that support from spouse/partner and friends alleviated loneliness, while strain from all the four sources intensified loneliness; higher support and lower strain from various sources directly and indirectly improved well-being, with indirect effects mediated through reduced loneliness. It was concluded that, in later life, various sources of support and strain engender distinct effects on loneliness and well-being, and loneliness serves as one of the psychological pathways linking support and strain to well-being.

## RESEARCH METHODOLOGY

### Variables

1) Emotional and social loneliness: Emotional loneliness- It is referred as a feeling of absence of significant emotional connection with at least one other person. Social loneliness: It refers to a lack of feelings of social integration like a wider circle of friends, acceptable social network that can provide a sense of belonging, companionship and being a member of a social group.

2) Coping strategies to loneliness: It refers to the conscious specific efforts by people, which is both behavioural and psychological to tolerate, reduce, and deal with stressful events caused by loneliness

### Hypothesis

H1: There will be no significant difference between institutionalized and non-institutionalized old age people's loneliness

H2: There will be no correlation in emotional loneliness with respect to coping strategies.

### Research Design

Cross-sectional Research Design with a quantitative approach.

Sample size – 60

- 30-institutionalized elderly people (65-above)
- 30-non institutionalized elderly people (65-above)

### Inclusion Criteria

- Old age people in institutions and non-institutions.
- People above age 65

### Sampling Technique

Purposive sampling

### Statistical Tool

EMOTIONAL/SOCIAL LONELINESS INVENTORY (ESLI): - Authors: Harry Vincenzi and Fran Grabosky .The 15 items are presented in a paired format. The ESLI has four factors that differentiate social loneliness (items 1-8, first set of questions), emotional loneliness (items 1-8, second set), social isolation (items 9-15, first set), and emotional isolation (items 9-15, second set). Reliability: The ESLI has good internal consistency, with alphas for the subscales that range from .80 to .86. The ESLI has very good stability, with a two-week test-retest reliability of .80 for the total score. Validity: The ESLI has good known-groups validity, significantly distinguishing between the clinical and nonclinical groups on all four subscales.

WAYS OF COPING -Ways of coping was designed by Lazarus and Folkman (University of California, San Francisco) as a measure of coping processes used in a particular stressful encounter (and not of coping style or traits). Ways of Coping Questionnaire (WCQ) Folkman and Lazarus (1985, 1988); Folkman Lazarus, Dunkel-Schetter, DeLongis, and Gruen (1986) A 66-item (50 rated items and 16 "fill in" items) self-report inventory composed of 8 subscales. The inventory uses a 4-point frequency-of-use rating format. Respondents are asked to direct their ratings of real-life stresses experienced during the past 7 days. Cronbach's alpha reliabilities, for the 8 subscales, ranged from .56 to .85. Interscale correlations ranged from -.04 to +.39. Several factor-analytic studies failed to replicate the proposed 8-factor structure.

### Statistical Technique

Descriptive statistics - Independent t Test- to compare two sample means of institutionalized and non-institutionalized elderly to test whether both are equal or not.

Correlation- to examine the relationship between coping strategies and loneliness.

Regression- to determine the strength of relationship between the dependent variable and independent variable

### Procedure

PHASE 1: Quantitative research-The EMOTIONAL/SOCIAL LONELINESS INVENTORY (ESLI) will be given to the 30 people living in old age home and other 30 people living in their own residence compare LONELINESS AND COPING STRATEGIES AMONG ELDERLY 31 the emotional, social loneliness in old age people based on the stay (institutionalized and non-institutionalized)

PHASE 2: Quantitative research- ways of coping questionnaire is given to all the 60 samples to understand the coping strategies used to deal with loneliness

### Analysis

Table 1 shows the mean, SD, t value of Social loneliness and emotional loneliness among elderly in institutions and non-institutions.

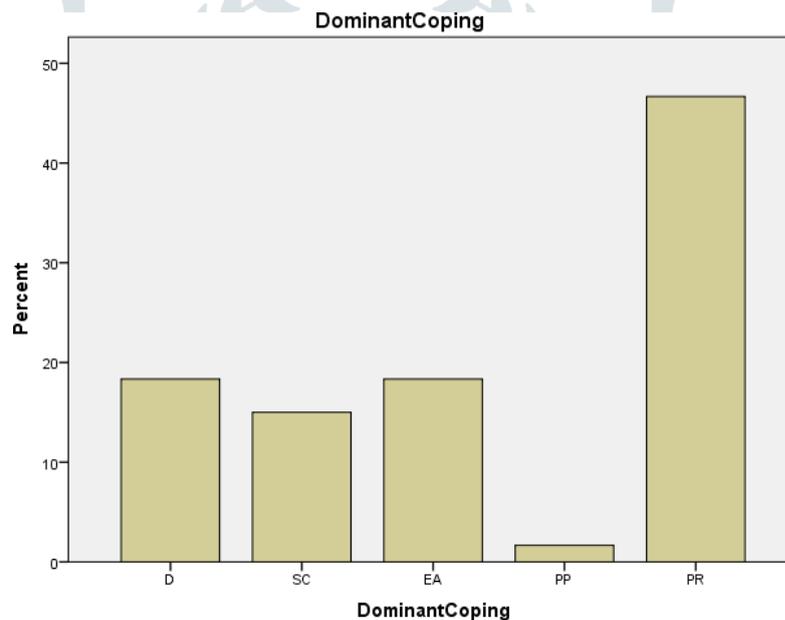
	<i>Social loneliness</i>				<i>Emotional loneliness</i>		
	N	Mean	SD	t value	Mean	SD	t value
<b>Institutionalized</b>	<b>30</b>	16.03	2.3705		15.800	2.9641	
<b>Non institutionalized</b>	<b>30</b>	12.86	3.2241		12.166	4.5340	
<b>d</b>		33	6	4.334	0	5	3.674
		67	9	(df=58)	7	3	(df=58)

Obtained mean value for social loneliness is 16.0333 for institutionalized elderly and 12.8667 for non-institutionalized elderly which is higher than the given norm value (7.0) for non-clinical population. Hence present sample has high social loneliness than the standard population. The t value of 4.334(df=58) indicates a significant difference in social loneliness between old age people in institutions and non-institutions. Therefore, the null hypothesis 1 which states that there is no significant difference between institutionalized and non-institutionalized old age people's social loneliness is rejected. When comparing the means, it has been found that institutionalized elderly has higher social loneliness than non-institutionalized elderly.

Table 2 shows the Frequency , Percent, Valid Percent, Cumulative Percent of predominant methods you used for coping  
Dominant Coping

	Frequency	Percent	Valid Percent	Cumulative Percent
D	11	18.3	18.3	18.3
SC	9	15.0	15.0	33.3
EA	11	18.3	18.3	51.7
PP	1	1.7	1.7	53.3
PR	28	46.7	46.7	100.0
Total	60	100.0	100.0	

Graph 1: Shows the percentage of dominant coping strategies



Graph 1 shows the dominant coping strategies and it has been found that out of the eight coping strategies the predominant methods used for coping by elderly are distancing, self-controlling, escape avoidance, planful problem solving, positive reappraisal. Through the frequency taken it has been found that positive reappraisal is the dominant coping strategy commonly used by elderly. The graph 1 shows the percentage of dominant coping strategies among elderly.

Table 3 shows the correlation between loneliness and coping strategies

<i>Correlations</i>			
		loneliness	Coping strategies
Loneliness	Pearson Correlation	1	.587**
	Sig. (2-tailed)		.000
	N	60	60
Coping strategies	Pearson Correlation	.587**	1
	Sig. (2-tailed)	.000	
	N	60	60

\*\* . Correlation is significant at the 0.01 level (2-tailed).

The significant value .000 shows that there is a correlation between loneliness and coping strategies among institutionalized people and non-institutionalized people. Hence the null hypothesis which states that there is no correlation between loneliness and coping strategies among institutionalized people and non-institutionalized people is rejected.

## Discussion

Present study aimed to compare the loneliness between elderly live in institutions and non-institutions and to examine the relationship between loneliness and coping strategies. Sample consists of 30 elderly from institutions and 30 elderly from non- institutions. The study includes the comparison of social loneliness between elderly people among institutions and non-institutions. The first null hypothesis states that there will be no significant difference between institutionalized and non-institutionalized old age people's social loneliness. From the result it is found that there is a significant difference, thus null hypothesis 1 get rejected. The mean value 16.0333 shows that elderly people in institutions have high social loneliness compared to elderly live in non-institutions. Thus it shows that social disconnectedness in which a person wishes that he or she had better social relationships is different in both the groups.

The people among institutions suffer more with social loneliness. It can be either because, they are disconnected with their family and constantly ruminating about the past memories. The next aspect of loneliness is emotional loneliness. The feeling of not having a significant emotional connection with at least one other person is called emotional loneliness. The study includes the comparison of emotional loneliness between elderly people among institutions and non-institutions.

The t value 3.674 shows a significant difference in emotional loneliness between old age people in institutions and non-institutions. Therefore, the null hypothesis 2 is rejected. The Mean value 15.8000 shows that institutionalized elderly people have higher emotional loneliness compared to other group. It can be either because they are not connected to their family members and stays with the another set of people. Also they don't have enough source to express their own. Isolation is another major reason. It can result when the person is being physically removed from others or from the perception of being removed from others or the community. But the result also shows the mean, SD and t value of social isolation and emotional isolation of elderly in both institutionalized and non-institutionalized groups. The table shows a t value of -1.181 indicates that there is no significant difference in social isolation between old age people in institutions and non-institutions. The t value 3.649 shows indicate that there is no significant difference in emotional isolation between old age people in institutions and non-institutions. So the study shows that even though the institutionalized elderly are surrounded by people they feel emotionally disconnected from others.

The different coping strategies used by the elderly are Confrontive coping, Distancing, Self-controlling, seeking social support, Accepting responsibility, Escape-Avoidance, Planful problem-solving and Positive reappraisal. In Confrontive coping they might be taking action, facing responsibilities and dealing with difficulties and problems calmly and effectively. Distancing is a coping strategy that pertains to cognitive efforts of detaching oneself and minimizing the importance of situations. This way of coping includes denial.

It is found that there is a correlation between, Confrontive coping and social loneliness, Confrontive coping and emotional isolation. There is a correlation between distancing and social loneliness, distancing and social isolation, and high correlation between distancing and emotional isolation. There is a correlation between self-controlling and social loneliness. There is a correlation between self-controlling and emotional loneliness. There is a correlation between seeking social support and emotional loneliness, seeking social support and emotional isolation. There is a high correlation between escape avoidance and social loneliness, average between escape avoidance and emotional loneliness, escape avoidance and emotional isolation. There is an average correlation between positive reappraisal and social isolation. Also the correlation between self-controlling and distancing shows that people who use the coping strategy self-controlling use distancing as well. At last multiple regressions shows 43 % predictability of coping strategies in social loneliness, 12% predictability of coping strategies in social isolation, 35 % predictability of coping strategies in emotional loneliness and 39 % predictability of coping strategies in emotional isolation.

## FINDINGS

The present study found that there is difference in the loneliness aspects such as emotional loneliness, social loneliness, and emotional isolation. Also a positive correlation is found between the coping strategies and each loneliness aspects.

## CONCLUSION

The study assesses and compares the loneliness among elderly living in institutions and non-institutions. The old age people are found to be lonelier than the standard population and difference between loneliness aspects are found between institutionalized and non-institutionalized elderly. The study also found the predominant coping strategies such as distancing, self-controlling, escape avoidance, Planful problem-solving and positive reappraisal used by the elderly and positive reappraisal is found to be the most dominant strategy.

## IMPLICATIONS

This study will help to give an awareness for caregivers to provide satisfying environment to elders. This study will help to understand the emotional experiences elder people undergoes. The study will help the institutions to modify their functioning by increasing the social interactions for the well- being of old age people.

## DELIMITATIONS

Gender differences are not mentioned. The sampling technique is based on researcher that might cause bias in the data. The data will be collected from a small geographical area so it cannot be generalized. There are chances of constant error when the interview of previous candidate influences the interviewer.

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