



Loneliness among elderly widows and it's effect on their mental well being

Literature review



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The loss of a spouse in elderly women is the most disorganizing life event they can ever with stand. The purpose of this study was to describe loneliness among elderly widows and its effect on mental well being of the elderly widows during the first year of bereavement, and to describe interventions to alleviate negative feelings of loneliness.

A literature review was done conducted on the basis of 47 research articles. The systematic search was conducted only from the reliable internet data base such as CINALHL, Medline, Biomed, Elsevier science direct, Pub med, sage journals & OVID in the field of health care, for recently published research studies in nursing and scientific journals. The data processing was done by content analysis.

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, everywoman 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 well-being. However with structured interventions widows may be able to eventually recover from the loss and stand on there feet again.

This study was conducted under Loneliness project which aims at alleviating loneliness associated with elderly people in Espoo region. The project emphasizes the importance of combined effort of the community and society to alleviate loneliness.

Keywords: Loneliness, elderly widows, mental well-being, bereavement.

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1 Introduction

The loss of the spouse is the challenging and life changing event, this is even worse in elderly people, whether the spouse dies expectedly or unexpectedly, loneliness among the elderly widows whose social network has already been reduced, affects the elderly widows quality of life and they become more vulnerable to loneliness. Although social support buffers the effects of loneliness such as mental problems, depression, insomnia and hallucinations of the dead, widows have lower levels of social support than married individuals.

In this study, loneliness is defined as an individual's subjective experience of a lack of satisfying human relationships, and thus loneliness is a negative feeling causing distress to an individual. The expressions "loneliness" and "suffering from loneliness" are used interchangeably because both meet the definition. It is related to several characteristics that impair the quality of life of elderly widows, like depressive symptoms and decreased subjective health. Loneliness may lead to cognitive decline, increased need of help and use of health services, as well as early institutionalization of the elderly women after the loss of the spouse (Geller et al. 1999, Tilvis et al. Victor et al. 2000, Alpass & Neville 2003, Cohen-Mansfield & Parpura-Gill 2007).

Loneliness in widows is very devastating, it is more than the feeling of wanting company or wanting to do something with another person, Often widows are overwhelmed by feelings of being cut off, disconnected and alienated from other people. Because of such feelings lonely widows may find it difficult or even impossible to have any form of meaningful human contact. Generally Lonely people often experience a subjective sense of inner emptiness or hollowness, with feelings of separation or isolation from the world, and an elderly woman grieving for the loss of her husband is not an exemption. (Alpass & Neville 2003, Victor et al. 2000)In this study, the elderly widows refer to the individuals or women who are 65 years old or older, who live in their own homes and have lost their husbands

This study was done under Loneliness project which aims at alleviating loneliness associated with elderly people, particularly in Espoo region. The project realizes the importance of involving the effort of the community and society to alleviate loneliness, a problem in the elderly people in Espoo. The project aims at developing methods that would help prevent loneliness of the elderly by using combined efforts such as utilizing research work from Laurea students, union of elderly work and the local community.

2 Theoretical frame work

2.1 Mental well- being

With increased life expectancy, older adults could look forward to many years of active ageing. Besides managing the loss of their husbands, elderly widows face changes such as decreased performance in physical, cognitive functioning, retirement and departure of grown up children. all the mentioned above causing poor mental well In elderly women. Good mental well-being would help elderly widows to adjust to changes. Just as elderly need to eat the right things and exercise regularly to feel well physically, elderly widows also need to look after their mental well-being. which may help them feel good about themselves, mental well being should not be taken for granted especially for the elderly women who have lost their husband because they are at high risk of suffering of it than married counterparts (Alpass & Neville 2003)

The World Health Organization defines mental well-being as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". (WHO 2003) The writer defines mental well-being as a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.. Mental well-being can be seen as a continuum, where an individual's mental health may have many different possible values. Mental wellness is generally viewed as a positive attribute, such that a person can reach enhanced levels of mental health, even if they do not have any diagnosable mental health condition. This definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. (Victor et al. 2000.)

Mental illness in elderly widows covers a wide and diverse range of conditions, from common problems like depression, stress and anxiety to more serious illnesses such as schizophrenia or personality disorders. Each widows 's experience of mental illness can be different. depending

on other factors such as support being received that can positive coping .Mentalwell-being includes emotional stability, the joy to live and good interpersonal relationships. Apart from the Loss of the husband to death there other Common causes of mental problems of elderly women which include (Victor et al. 2000.)

- Distress and sense of helplessness due to physical deterioration in function, for example, blurred vision and hearing difficulty
- Adjustment difficulty after retirement, for example, loss of financial independence, feeling of emptiness for lack of life goal, etc.
- Social isolation, and feelings of out of touch with the world owing to the rapid changing environment
- Loss of confidence and self worth, misconception that family members and society no longer respect them
- Sense of loneliness as adult children leave the family

However ,, With the knowledge of how to enhance their mental health to be confident of themselves, cope with the new challenges in life, and participate actively in the community can help them improve and maintain their mental well -being. The widows need to have knowledge on how to retain social ties and participate actively in community- they can;

- Cultivate appropriate hobby and redevelop favorite pursuits to maintain joy in living without their husband.
- Keep an eye on current issues and avoid losing contact with society
- Know community resources to reduce social isolation
- Care for the family members and contribute, for example, by helping in childcare which can add to the sense of self worth and living enjoyment
- Share experiences and wisdom with the younger generation, for example, by acting as advisor and volunteer
- Have advanced planning in finance to safeguard standard of living. Seek help from government in case of need(Roksch & Brock2007

2.2 Perspectives on loneliness

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.) In last decade it was noted that the nursing profession has largely ignored theoretical perspectives on loneliness. (Donaldson & Watson 1996)

2.2.1 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.)

2.2.2 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.)

2.2.3 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

2.2.4 Interactionist 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 in this study 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.) Any of the perspectives could be used to investigate the extent of loneliness, its correlation with other characteristics, and for testing the effectiveness of therapeutic approaches. The existential and psychodynamic theories of loneliness may have less to offer to nursing practice than cognitive and interactionist theories.

In this study, several elements of these perspectives are used. No single broadly accepted perspective on loneliness is used in previous studies (Donaldson & Watson 1996). In addition, no single perspective covers the definition of loneliness adopted in this study. In this study, loneliness is considered a subjective feeling that may be affected by the social relationships experienced by the individual. However, a lack of social relationships does not necessarily cause loneliness, although they are often associated (Victor et al. 2000). An individual's personality type is not considered as determining the characteristic for a feeling of loneliness. It is considered in this study that loneliness may be alleviated with interventions that aim to empower lonely elderly widows to support their self-esteem and feeling of mastery over their own life.

Loneliness is a complex set of feelings encompassing reactions to the absence of intimate and social needs, as an emotional state in which a person experiences a strong feeling of emptiness and isolation. (Victor et al. 2000. Roksch & Brock 2007). In this study loneliness is defined as an individual's subjective experience of a lack of satisfying human relationships, and thus causing negative feelings and distress to an individual. In the nursing literature, the author realized that the terms loneliness, feeling lonely and alone have often been used interchangeably. (Karnick 2005.), (Roksch & Brock 2007) Loneliness is often discussed in conjunction with other phenomena like depression (Karnick 2005) or social isolation, living alone, none of the above does not necessarily mean that the individual is lonely, people feel lonely in the midst of people. Some may choose to live alone if it suits their personality.

2.3 Emotional and social Loneliness

Emotional loneliness experienced by the widows represents the subjective response to the absence of a close and intimate attachment figure, e.g. the lack of a loved one or a spouse. Emotional loneliness is a subjective feeling and it can only be quantified by the individual experiencing it, This is very crucial for widows who are lacking husbands who were their intimate attachment figure, because the loss of the figure is associated with identity impairment an attachment figure is uniquely able to foster general feelings of security which others cannot simply take over this function not even social support from friends can reduce this type of loneliness , it is a sense of utter aloneness and isolation, whether or not others are accessible(van Baarsen 2002).

Where as social isolation can be defined as a situation where a person does not have a social network or is dissatisfied with the present social network. It is caused by a lack of social integration where one feels that they really do not have anyone or set of friends. Other researchers refer to social isolation by the number of contacts and integration of an individual into the surrounding social environment (Cattan & White 2005). If a person is socially isolated his or her possibilities for social comparison and personal control are diminished. Because widows who socialize have a chance to compare their situation with others, which is helpful to the evaluation of their situation, for example a widow may get encouraged if they see another in the same situation or if they realize they situation is not as bad as others. Through socialization, people seek social acceptance, rewards, self-esteem and respect and they do get it. A socially isolated person may feel socially frustrated.(Cohen GD 2000, Clinton and Anderson1999) Feeling that there is nobody to count on for support, absence of an engaging social network, lack of a sense of social embeddedness.

Thus, emotional loneliness definition implies that it can be described only by the person him/herself, whereas the social loneliness definition means that social isolation can be objectively measured by an outside observer as well. A few studies have tried to distinguish emotional loneliness from social isolation by measuring them at the same time. In these studies it has been shown that factors determining emotional and social loneliness are partly different and partly the same. They are often related to the changes and losses that elderly people face in their lives. (van Baarsen 2002,).

2.4 Elderly widows

Elderly consists of ages nearing or surpassing the average life span of human being, and thus the end of the human life cycle and terms for old people include seniors, elderly and later life. Elderly or aging can be defined as a process of becoming older, it is the process of system's deterioration with time, successful ageing strive at maintaining a balance on the social, cognitive, cultural and economic effects of ageing. In human society, ageing is perceived to begin at the age of 65 years which often reflects the biological changes that occur in human beings as well as cultural and societal conventions. The process of becoming old represents complex interaction among health behaviors, hereditary and psychosocial and environmental factors. It is associated with all the regular changes that occur in biologically mature individuals as they advance in chronological age (Diana K Harris 2007)

Widowhood among elderly women in late life is a high probability event and this is particularly the case for women aged 65 years or over, for example, 65% of women in this age group are widowed, this reflects both women's greater life expectancy and their tendency to marry men older than themselves. (Diana k Harris 2007) Same applies to this study elderly widow refers to a woman aged 65 years and older whose husband has died and who has not remarried. Widowhood is not something one can prepare, whether death was expected in case of long term sickness or sudden death, usually elderly women who are grieving experience feelings of intense guilt, obsessively reviewing mistakes in the past relationship, or torturing themselves about what they might have done to prevent the death of their husbands. Kocken P 2001. Rook KS 2003. Rokach A 200)

However, the disturbing emotions are natural; the process of mourning is a long and often tortuous one, where grief returns again and again in cycles. Their shock and numbness and disbelief will fade, and will be replaced by a deep and at times desperate awareness of the immensity of their loss, which itself will settle eventually into a state of recovery and balance. This happens with time, in some case of complicated grief structured intervention may help the widow to go through the process (Costello et al.2000. Diana K Harris 2007)

2.5 Bereavement in elderly widow

Bereavement in late life amongst women is a high-probability life event because women as already mentioned many times die at an older age than men. Widows outnumber widowers and the average woman can expect to survive her husband by five to six years or more. In fact, widows make up a substantial proportion of the elderly population. (McAuley et al, 2000. Stevens et al. 2000. Sintonen H 2001. Grief or bereavement is regarded as a wound that needs attention in order to heal. To work through and complete grief means to face the feelings openly and honestly, to express and release the feelings fully and to tolerate and accept the feelings for however long it takes for the wound to heal. Newly widowed women are often scared that they will never be able to overcome the bereavement, the truth is that bereavement does dissolve with time. It is the process in which bereavement fades away with time with structured intervention implemented. (Wikström BM 2002. white et al 2002. McAuley 2000, Diana K Harris)

However grief unexpressed is grief that lasts indefinitely, Mourning is pattern that will repeat itself over and over again, month after month, and that all their unbearable feelings and fears, of being unable to function as a human being any more, are normal. Although it may take one year or two, their grief will definitely reach an end and be transformed into acceptance. Throughout the "healing process" widows experience greater levels of ,fatigue, anxiety, lack of interest and reduced functioning. (Fry2001, Findley2003, Van groenous 2001)

Bereavement of the husband loss causes loneliness which has been identified as one of the most stressful life events elderly People can ever face, yet less attention has been paid to bereavement when it occurs at times consistent with lifespan development. This is unfortunate for two reasons. First, for many elderly women widowhood is a high-probability life event. Second, simply because an event is more probable, it does not mean it is without implications for mental, physical health and lifestyle. Therefore it is important to examine the effects of widowhood on people in late life. Though widowhood is not an uncommon event for elderly women i.e. those over 65 years of age it definitely needs attention because the consequences do not only afflict the elderly widows but the authority as well, because of increase need for service use, early institutionalization and sickness which cost the authorities by providing health care. In Britain over 36 per cent of all people aged 65 years or over are widowed so more than a third of elderly people will have to face the impact of bereavement and widowhood. (Jakobsson et al 2005. paul et al 2006)

3 Purpose of the study

Spouse loss has been identified as one of the most stressful and life changing event one can experience in later life. The main purposes of this study was;

1. To describe loneliness among the elderly widows during the first one year and it's effects on their mental well being,
2. To described interventions to alleviate negative feelings of loneliness. The study was done through literature review.

4 Research question

How does loneliness affect the mental well- being of the elderly widows?

5 Methodology

This paper was based on qualitative literature review, this means that qualitative literature describes and interprets some human phenomenon; It is used to gain insight into people's attitudes, behaviors, value systems, concerns, motivations, aspirations, culture or lifestyle

Qualitative literature review method was chosen because it shows relevant research that has been already done in the same field, where by a researcher trawls the relevant and related literature and summerises the main idea from already done studies or some of the problems and contractions found and shows how they relate to the present study(Iobiondo-wood &haber2002)

5.1 Data collection

Data management was categorized in three stages as follows; Firstly literature search was done, followed by data selection and lastly data analysis as explained as follows;

5.1.1 Literature searches

At this stage an electronic search was performed using the range of data base, in order to obtain information for the progress of the study. Restricting the search to the English publications only, publication within ten years with a few exemptions because the contents met were relevant to the study, in addition an internet search was carried out in order to identify reports and other recently published articles. The author took time to find related articles for the study.

Literature search was done in Nelli information portal in laurea e library, which has a wide range of search engines such as Elsevier, Ovid Medline, Ovid laurea journals, pub med, Ebsco, Cinahl,

sage journals online. Ordinary search of books from the library shelves was done as well, the main broad searched area covered were Loneliness, widowhood, loneliness+ elderly widows, elderly widows+ mental well-being, loneliness + mental well-being, elderly +mental wellbeing. The details of the search are shown in the table below

Entered word search	Elsevier	Ovid Medline	Ebasco	Cinahl	Sage online journals	Pub med	Ovid laura
Loneliness	238	2523	23654	126	200	213	0
Widowhood	111	231	132	124	100	90	0
Loneliness + elderly widows	79	56	43	61	44	33	0
Elderly widows+ mental wellbeing	80	321	40	89	70	30	0
Loneliness+ mental well-being	123	23	10	12	34	29	0

Table 1: Results of literature search.

5.1.2 Data selection

First the titles of the articles were reviewed and abstracts of the relevant articles were read. After that the whole article was read and the relevance was assessed. All the articles discussing the concept of loneliness or concerning mental well-being of the elderly and widowhood were included. In addition, the reference lists of articles were reviewed to find relevant publications.

At this point it was important for the writer to select data from the searched literature according to the significance to the purpose of the study and answers the research question. Data was selected based on the following measurements applied, the articles should be full text, published in recognized journals i.e. scientific journals, The articles should meet the purpose of the present study, articles should be not be over years (with a few exemptions, due to the distinctiveness of the data in the contents) Only English publication were selected.

However during the searching process, the contents of the articles found a lot and covers a wide range of themes, but the purpose of providing a structured view were made to the limits of the study relevance, the writer concentrated to cover only the relevant area of the study connected to the purpose and findings of the study, this way irrelevant information was eliminated, as shown in figure 1 .

Therefore literature searched strategies through electronic and manual searches of journals and articles which included medical and nursing journals geriatrics journals from which the total of 47 items used. More details of the articles reviewed are arranged in alphabetical order in the appendix, which includes the author, purpose of the study, year of publication, findings and relevance to the present study. Data selection process steps were followed as shown in figure 1 below

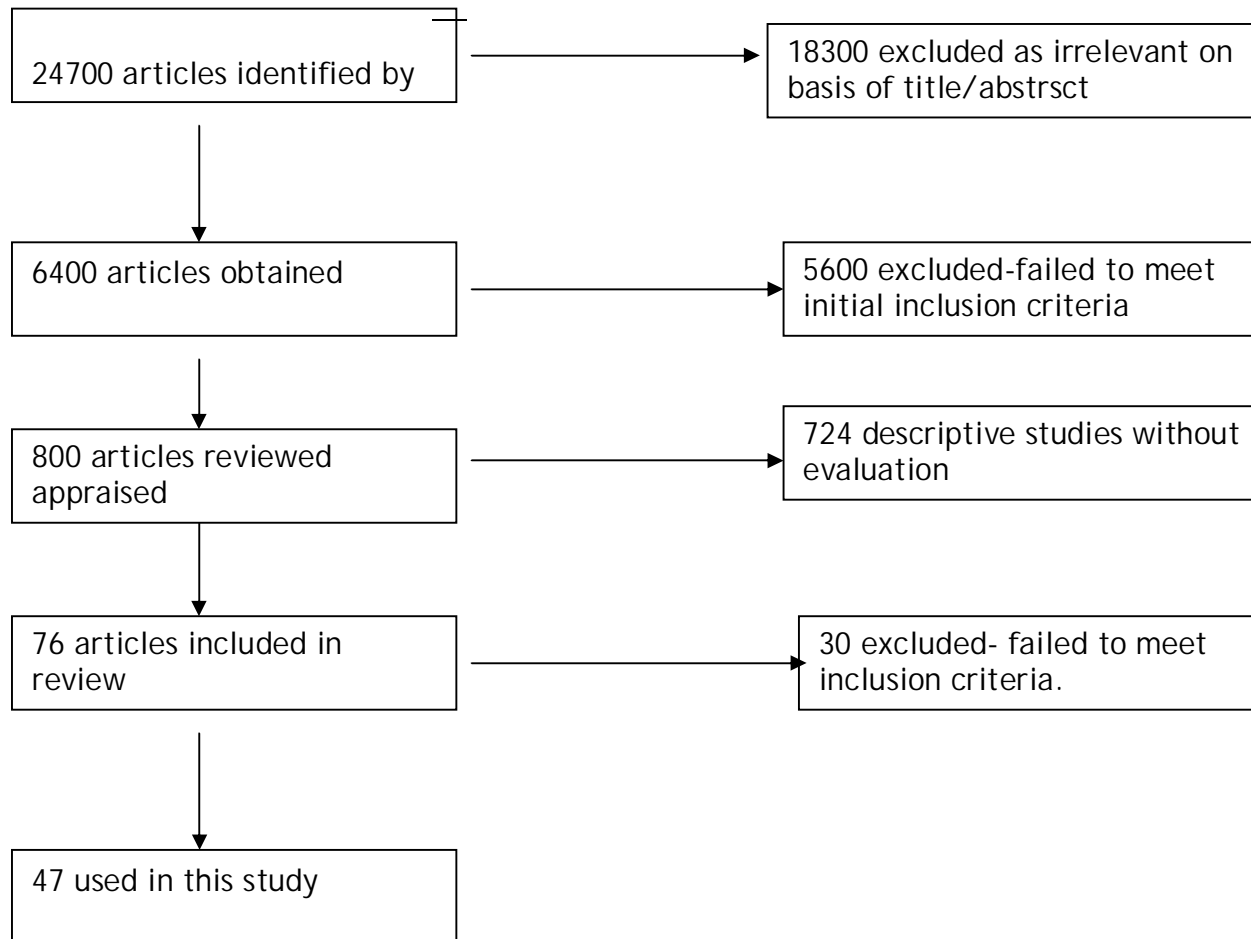


Figure1: Results of literature search

5.1.3 Data analysis

The analysis of data in this study was done only when the data selection process was accomplished, data analysis was done through qualitative content analysis applying inductive technique and content of the study to provide entities for the research, this process helped the writer to come up with the paper that describes the loneliness among the elderly widows and its effect on their mental well-being. (Stemler2001) illustrates five steps of content analysis, The author emphasized the steps in this study too and data analysis was carried out as follows. Firstly, analysis units were chosen followed by getting to know the data by re-reading through and understand the contents, then deducting and abstracting the data, categorizing the data, grouping and interpretation of findings and the evaluation of the trustworthiness in the content analysis.

During the process of data analysis, from the vast literature provided by the search engine the author noticed that there has been great increase in researches done concerning loneliness. It has gained increasing attention in research during recent decades. It was conceptualized and further divided it into the experiences of emotional isolation and of social isolation. Loneliness was given fairly little attention in research, but the number of publications has increased when approaching the millennium. In the PubMed, the number of publications with the word loneliness in the title during the 1990's was 184, while the respective number for 2000-2008 was 201, which reflects a growing interest in this issue. Also the number of citations in the title or abstract has increased as shown in table 2. In the CINAHL database that is a database for nursing and allied health literature, only citations in the title could be reviewed. Loneliness appeared in the title for the first time in 1981. More on loneliness was cited in the CINAHL in the 1990's had 111 citations, while the number of articles concerning loneliness from 2000 to 2008 was 157 as shown on table 3.

Decade	Loneliness in Title	Loneliness in Title or Abstract
1960's	31	31
1970's	69	105
1980's	141	304
1990's	184	573
2000-2008	201	782

Table 2: Concept of loneliness mentioned in "Title" and in "Title or Abstract" in the PubMed.

Decade	Loneliness in Title
1960's	0
1970's	0
1980's	44
1990's	111
2000-2008	157

Table 3: Concept of loneliness mentioned in "Title" in the CINAHL .

6 Findings

6.1 Prevalence of loneliness in elderly widows

Loneliness is a very complex, multidimensional phenomenon, it may be regarded as a 'geriatric giant', leading to impaired quality of life, greater need for institutional care and increased mortality. The reviewed literature presents that nearly 70 Percent of Elderly Widows Live Alone, Almost half the women over 65 years of age in the United States in 1997 were widows. About 7 in 10 of these women lived alone, due to husband loss through death. And number of suicide and suicide attempts in women increased due to loneliness associated with loss of their husbands. (Lebret S, et al 2006, (<http://www.census.gov/population/www/socdemo/ms-la.html>.) Accessed 13 April, 2009)

Elderly has been associated with loneliness, although the observations have been inconsistent. According to several studies, loneliness is more common among the elderly than among younger people and widowhood increases the risk of loneliness when compared with those who are married. Elderly widows lose the will to live, happiness, as the results loneliness tops up and decreases their mental well being (Fees et al. 1999, , Fees et al. 1999, Tijhuis et al, 1999, van Baarsen et al. 1999). When women lose their husbands, they lose someone who made them feel loved, appreciated, worth of value, in this respect the widow does not only feel emotional loneliness but also physical loneliness. Physical loneliness refers to the fact that every human being needs to touch and to be touched to feel wanted and accepted. (Kangasniemi 2005) with the loss of a spouse, many widows find themselves surrounded by friends and family, offering well-intentioned social support, love, and offers of much-needed practical help or advice. Ultimately, though, even in the midst of caring friends and family, the widow still, may feel just that: lonely. Left by husband to cope alone, to grieve alone, to make important decisions alone. Even with those she loves and trusts surrounding her and sharing in her grief, the widow, may still feel alone. For many widows the loss of their husband means losing a long-time soul mate and best friend, the other part that along with her own once made complete. (Costello & Kendrick 2000, Havens & Hall 2001, van Baarsen 2002, , Victor et al. 2005, Tiikkainen 2006)

Suffering the loss of a loved one is a tragedy which is not only characterized by extended periods of loneliness, anguish and pain, but it also increases risk of depression, physical illness and mortality. When a loved person such as a husband is lost through death, the survivor's libidinal energy remains attached to the thoughts and memories of the deceased, causing restlessness, insomnia, somatic complaints, and even hallucinations of the deceased. Since the widow has only

a limited pool of energy at her disposal. In general, before traumatic event, individuals have personal theories about the world (mental models) that contain information about themselves and their world. These "assumptive worlds" which enable individuals to set goals, plan activities and order their behavior, include beliefs concerning the predictability and controllability of the world, that the world is meaningful, that it operates according to principles of fairness, and that one is safe and secure. In case of a widow, traumatic experiences such as death of the husband can cause bereavements resulting in loneliness that can shatter these assumptions. Because "For most widows if not all in the early stages of bereavement the world is in chaos...they feel as if the most central, important aspect of themselves is gone and all that is left is meaningless and irrelevant—hence the world itself has become meaningless and irrelevant" Grieving women experience feelings of intense guilt, obsessively reviewing mistakes in the past relationship, or torturing themselves about what they might have done to prevent the death of their husbands. (Kocken P 2001. Rook KS 2003. Rokach A 200)

6.1.1 Role changing

Through literature review it was found that roles have a profound effect on an individual's self concept and sense of worth. Old age is the stage of life in which people are not properly socialised they just concentrate on taking care of their roles as wives or husbands. Therefore the loss of a husband presents a major loss of roles as well. Because many widows think of themselves as house wives, With the death of their husbands these women's role suddenly declines in importance and involve them in fewer community related activities. They are left with no role expectations to perform and are no longer expected to participate in any of the activities typically related to the roles of a wife. Many elderly women consider the role of a wife to be very important one and the difficulties surrounding the loss of this identity are compounded by the fact that elderly women have no other alternative major role to focus on, other than a wife. At this age they are already retired, their children live far away so if they can not be wives then they are doomed to loneliness associated with loss of roles following death of the spouse. Disengagement and loss of life satisfaction often results from the loss of the role that provided them with identity as wife of somebody, purpose and meaning in their lives. (Victor et al 2002)

However widows who have several but not overwhelming numbers of roles are more likely to successfully adapt to after the death of their husbands and overcome terrible feelings of loneliness, they are likely to succumb to depression and illness than those whose sense of themselves are limited. The importance of having a role more than a wife or widow is very critical to health and

mental well-being of the widow. A widow who has not developed alternative is at a disadvantage because developing roles rooted in the present is essential to the recovery of the widow from loneliness and bereavement associated with loss of the husband. (Paul et al. Victor et al, Rockach A 2000. Steven et al 2000)

6.2 Mental well being

Each human being is a combination of body, mind, and spirit, it is important to be aware of how these parts interact. For example, people may have powerful emotional responses while facing many challenges which life presents. Elderly widows usually continue their basic moods, but the ways they express their feelings often become more obvious. (Victor et al. 2005,)

Mental well-being is considered an important dimension of elderly people's quality of life, it is generated by several dimensions including absence of depression and emotional, social and physical loneliness and the presence happiness, life satisfaction, feeling of security, and plans for the future (Sintonen 2001, WHO 2003). Depression and its relation to loneliness are significantly associated with each other, which puts elderly widows at high risk to suffer from mental problems if depression is not identified and treated on time (, Holmén et al. 1999, Cohen 2000, Tilvis et al. 2000, Alpass & Neville 2003, Adams et al. 2004, Victor et al. 2005, Barg et al. 2006)

Traumatic life events and losses may have long-term effects on a person's mental well-being; spouse loss in elderly is a traumatic life event and is known to produce lifelong risks for depression, physical illnesses and suicides. Loneliness in bereavement of a spouse and its association with depression, and mental well-being have been matters of concern in medical, psychological and social science studies lately (Leaverton et al. 2000, Fristad et al. 1993, Furukawa et al. 2001,

Loneliness has been identified as a risk for elderly widows's mental health and independent living, and as risk factors for depression, disability and dependence. Mental well-being was conceptualized as the adaptive capacity of the individual to function effectively under changing environment circumstances. (Finnish Ministry of Social Affairs and Health 2003)

All the measured dimensions of mental well-being were significantly associated with loneliness.

Depression is more common among the widows who suffer from loneliness than among those who are rarely lonely. Widows who feel life satisfaction, a zest for life, or being needed by some one suffer more rarely from loneliness than those with a more negative view on these matters. Elderly widows who easily accept the death of their husbands and have plans for the future or felt themselves happy are less likely to suffer from loneliness than those with no plans for the future or who feel unhappy all the time. Depression and its relation to loneliness have been widely studied; it was found that they are significantly associated with each other (Rokach A 2000, Havens B, Hall M 2001)

However, elderly women are not only likely to lose their husbands but also other losses associated with elderly people such as loss of function due to chronic sickness, loss of friends due to retirement or immobility, "loss of children" at this age their children have grown up living far away from their parents with less contacts because of the busy society, different kinds of losses experienced in elderly widowhood may be reflected in negative feelings and experiences of loneliness and depression. Depression is the common mental problem in elderly widows and it is viewed as a serious outcome of the feelings of loneliness. In the oldest age group 65+ years, depression may be associated with mortality, hopelessness and dissatisfaction with one's life shows to be associated with loneliness (Holmén et al. 1999, Cohen 2000, Tilvis et al. 2000, Alpass & Neville 2003, Adams et al. 2004, Victor et al. 2005, Barg et al. 2006,

The majority of episodes of severe loneliness leading to depression have their onset during the first year of bereavement with most apparent as early as six weeks following the loss of the spouse. Major depression, followed by dysthymia and generalized anxiety, are the predominant among women suffering from loneliness following the loss of their husbands. Some women experience the onset of depressive symptoms during a spouse's terminal illness phase with symptoms persisting through the first year following the spouse's death. (Tilvis et al. 2000, Stek et al. 2005, Barg et al. 2006)

It was found that the prevalence of depression experienced in the first year of bereavement, is as follows 35% of the widows are likely to have depressive syndrome at 1 month, 25% at 4 months and 17% at one year further more 44% are depressed at some point during the first year and 11% are depressed through out the year. Another study reviewed that 24% of the widowed women are depressed at 2 months, 23% at 7 months 16% at 13 months 14% at 25 months and 7% are chronically depressed. (Stek M et al. 2005) From the above and other reviewed literature this study agrees with the previous studies that loneliness is the first stage of depression in widows, During one

year of the loss of the husband are the widowed women lose interest in their lives and activities especially activities they use to participated with their husbands, resulting in loneliness which causes severe mental problems (Beeson et al 2000, Steven et al 2000, Herold A. Sackeim, 2003)

6.3 Coping with bereavement

Women out live their husbands, because they marry men older than themselves, that is why widows outnumber widowers and the average woman can expect to survive her husband by five to six years (Diana K. Harris 2007). In fact, widows make up a substantial proportion of the elderly population. Grief is a wound that needs attention in order to heal. To work through and complete grief means widows have to be helped to face their feelings openly and honestly, to express and release their painful feelings fully and to tolerate and accept their feelings for however long it takes for the wound to heal. Widows fear that once acknowledged grief will bowl them over. The truth is that grief experienced does dissolve with time. Grief unexpressed is grief that lasts indefinitely. (McAuley et al 2000, Kocken P 2001)

The pattern of grieving will repeat itself over and over again, month after month, and that all the unbearable feelings and fears, of being unable to function as a human being any more, are normal. Although it may take one year or two, their grief will definitely reach an end and be transformed into acceptance. During bereavement, fatigue, anxiety, lack of interest and reduced functioning are common. Bereavement is one of the most radical life events one can experience and it can have far reaching consequences for the mental well being. In order to promote mental and general well being and to alleviate loneliness among elderly widows, intervention programs must be developed to improve existing or develop new relationships such as friendships. (Jakobsson U, Hallberg IR. 2005, Findley RA. 2003. Cattan et al 2005)

Literature reviewed that coping is the toughest battle. In the hearts of many widows, the quietness in a home of two people is much, much different than the quietness found when an elderly woman is alone, very often for the first time in their entire elderly lives. Being at home, enjoying a peaceful afternoon alone with no interruptions, is a welcomed respite, being at home with the knowledge that the front door will not be opened at five o'clock can be totally overwhelming for the lonely woman. Even the sound of the newspaper being flipped through can be a comforting sound, or, small as it seems, such are wishes of the widow having imaginations of her husband flipping through the news papers as he used to do. These are things people take for

granted through the years of marriage and togetherness with their husbands. (otto 2003)

6.3.1 Social support

The importance of social support for the lonely widow cannot be overlooked, because it has been found that low levels of social support are associated with increased loneliness, complicated grief, poorer coping levels, lower levels of quality of life, increased levels of depression, poorer mental health and decreased psychological well-being (fry 2001, otto 2003, Lee et al 2001.) The social network support can come from various sources. Rebuilding of relationships such as partners is very helpful for widows to combat loneliness after the loss of their husband, it is not easy for widows to replace their husband quickly as men do as per common stereotype that women grieve men replace. The loss of the husband is devastating for women who are not only losing along time partner but also their role as wives in addition to previous loss of their role as employees through retirement. In this sense widows have been found to be more likely to have a new partner or a special friend of the opposite sex, these are partner like relationships in which individuals share their lives but are not romantically or sexually involved. While these new relationships are a evidence of rebuilding social network they also provide a bit of insight into the many motivations that might be surrounding the addition of a new partner like relationship. (Rook KS & Sorkin DH, 2003) Apart from partner like relationship, familial relationships, friendship, neighbours and organisations provide therapeutic social support. such help provided by others are a very important in a widow's life after the loss of their husband

6.3.2 Familial support

The relationship and support exchanged with children is the very beneficial to widows, at this point children view their mothers as single parents even though they are adult children as such the social support relationship is also likely to change in response to changed roles. The range of support exchanged between elderly widows and their children include generic instrumental support, shopping, cooking, financial assistance, emotional support and help with transportation. it was also found that the family support received from grandchildren is even more important predictor for widows life satisfaction than the family network from adult children. Regardless of the source the extent to which the support widows receive is appropriate, desired and is seen as an important moderator. As widows grow older, they become more fond of their family members, especially the grandchildren, they spend a lot of time playing and cuddling them in case of little grandchildren. (Lee et al 2001, Krause & Rook, 2003)

6.3.3 Support from others

Support received from others such as friends as well as informal sources such as neighbors and organisational membership are very beneficial in support of a lonely widow. Elderly widows are likely to have more friends and they like joining organisations, easily make friends, and they are likely to depend upon family and friends support, especially with high frequency of church attendance common in elderly widows, a potential major contributor of social support and very beneficial to widows support to buffer loneliness. Widows with low frequency of social contacts with children or neighbors or lack of friends are more vulnerable to severe loneliness (Krause & Rook, 2003; White et al. 2002; Martina CM & Stevens NL 2006). However the negative impact of loneliness, such as depressive symptomatology and negative mood states experienced by the majority of widows reflect normal grieving rather than psychiatric morbidity. For those women who do experience psychiatric morbidity, risk factors appear to be occurrence of other undesirable life events and unsupportive social ties, which, in turn, enhance passive coping thus, interventions directed toward assisting such high risk widows to learn more active ways of coping with bereavement to combat loneliness, including how to deal with unsupportive social ties, may help to reduce the severity of their loneliness. (Wikström 2000). Giving support to others does appear to have a buffering effect: giving help is associated with an accelerated decline in depressive symptoms from 6 to 18 months after the loss of the partner (Brown, House & Smith, 2008)

6.3.4 Social activities

The use of social activity in alleviation of loneliness is another intervention proves to be successful. It is the use of art experiences and related discussions. Social activities such as social network building, individuals learn how to make new friendship or strengthen the old friendship and family relationships, Volunteering, taking up hobbies. In addition, pet therapy may be a good way to alleviate the loneliness of elderly widows; this is effective for widows living in their homes. (Banks & Banks 2002; Wikström 2000). Preventive home visits by a public health nurse aimed to increase the mental well-being and decrease the use of services of elder widows too proves to be effective. Besides home visits also phone calls and the internet (White et al. 2002) are a easiest way to communicate with the lonely widows and make them feel cared for in an effort to alleviating loneliness. It seems that alleviation of loneliness is difficult if the intervention is not implemented by professionals, widows during their first year of bereavement are very sensitive hence they need a more professional approach to help them alleviate loneliness. As earlier mentioned the loss of the husband means the loss of meaning of life and everything around the widows becomes meaningless, that is why it is important to be careful

when working towards the alleviation of loneliness of the widow, because they may feel mocked or teased by the kind of action being applied, for example the care giver may suggest an activity that the widow used to participate with husband, that can bring fresh memories and cause more loneliness (White et al. 2002, Rook & Sorkin 2000 McAuley et al 2000)

Both individual and group interventions have been used in alleviating loneliness. The group interventions seem to be the most promising. In group intervention there is Peer support, professional leaders, participants' opportunity to influence the content of the groups, This seem to be features of successful interventions. In addition, two-way communication seems to be important for the participants' satisfaction with the intervention. The most promising contents of interventions are exercise, group discussions, game playing and pet therapy as earlier mentioned. (McAuley et al. 2000, Kocken 2001 Hopman-Rock & Westhoff 2002 Cattan et al. 2005

6.3.5 Leisure activities

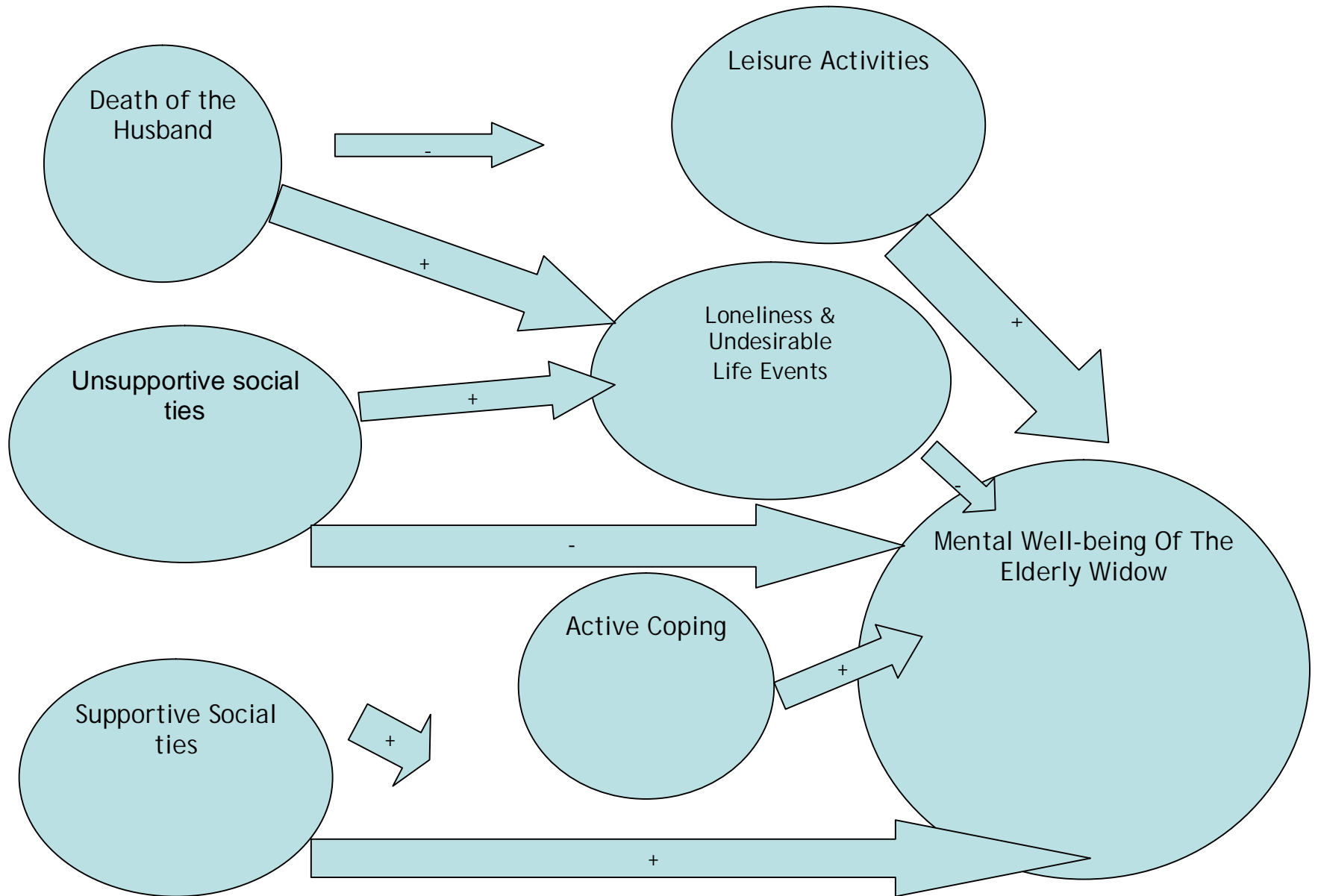
Leisure activities are activities done at free time, a period of time spent out of work and essential domestic activities. It is also the period of recreational and discretionary time. Leisure activities can provide a positive context for adjustment after negative events such as the loss of the husband in elderly widows by restoring a sense of well-being and social connectedness, hence, leisure activities play an important factor in helping widows adjust to the loss of a spouse and reduce the negative effect of loneliness. In accordance with these, Activities and factors that are existential such as those that provide optimism, meaning, and purpose for life, as well as spiritual and religious activities may be extremely important in determining the mental well-being of widows. Literature reviews that widows who are more actively involved in leisure pursuits experienced less loneliness, guilt and sadness and greater levels of happiness. (Fry, 2001 Hopman-Rock M & Westhoff MH 2002 Hasida .B &, Keren M 2008, Megan et al 2008).

However, losing a spouse in later life may constrain leisure participation because of the loss of a leisure partner, a decline in expendable income, or the loss of transportation to and from activities. These barriers to leisure participation may be particularly detrimental to widows because research shows that leisure activity may serve as an important mechanism for coping with the loss and to reduce loneliness. Maintaining or increasing leisure involvement. During transition to widowhood may have important social and health benefits for elderly widows. for example widows who decrease the frequency of their involvement in all of these activities are more likely to develop depressive symptoms due to increased loneliness than widows who maintain or increase their levels of participation. (Victor et al. 2005)

Widows who talk with friends, family and take part physical leisure activities appear to have better recovery than individuals who cease or stay out of the activities. So leisure activities cannot be neglected in the battle against loneliness with aim to improve the mental well-being of the elderly women who are widowed. (Megan.c.etal 2008, Hasida .B & Keren M. 2008)

The figure below is the summary of the findings. The plus and minus sign in side of the the arrow indicates the effect of the different subjects on the mental well-being of the elderly widows. They are all connected to the mental well being but what they do to it is what mattera . it is either they promote or contribute to the poor mental well being as briefly explained below

- Death of the husband causes loneliness and undesirable life events. In some cases the death of the husband makes the widows avoid such activities due to lack of the partner in the activity
- Unsupportive social ties contribute to loneliness and undesirable life events and leads to poor mental well being
- Supportive social ties are a positive contribution to the mental well being and active coping which further promotes mental well-being
- Leisure activities promote mental wellbeing of the widow.



7 Ethical considerations

Ethics refer research customs the rights and wrongs in the theory and practice, thus science and study morals, an activity in the academic context. Ethical issues in this study lies on three related processes, firstly the description of the phenomena , followed by classifying it and seeing how the concepts interconnect. The first step in was to come up with thorough and comprehensive description of the phenomenon under study. This study includes information about the context of an act, the intentions and meanings that organize action, and its subsequent evolution. Classification is the second process in Without which the writer wouldn't have no way of knowing what it is that he/she is analyzing and the author could not make meaningful comparisons between different bits of data. So, classifying the data was an integral part of the analysis. Moreover, the conceptual foundations upon which interpretation and explanation of this study are based lay on it. (Miles M, Huberman A 2001)

Just like any other study, nursing search or studies requires honesty and integrity, Ethical issued must remembered through out the whole process. It starts when deciding the topic thought out the publication () burns-grove 2005

While doing this paper the writer was obligated recognize and protect human rights, it was constant temptation to write about close people who have suffered from spouse loss, but ethics had to be observed. And that it was literature review there was minimum contact with people. Through out the process the writer realized the benefits of the topic not only to the Loneliness project but also to the country at large.

Since the paper was done through literature review, the writer did not need to ask for permission from anyone or anywhere except from the supervisor. To ensure correctness the writer chooses articles scientific and approved, since this was literature review,

The write was also obligated to quote the source and respect the publication rights of the owner.

7.1 Trustworthiness

Trust worthiness in this study was first priority, the writer used the most valued data, the primary data, meaning that the data used in this study was only from the original written by person who conducted the study, reviewed studies by the second person where not included.

The writer is confident that trustworthiness was attained because all the articles used were research based, so the information is trust worth.

All the unworthy data was removed contributing to the trustworthiness of the study which helped to ensure that irrelevant material do not influence the data collection and it's analysis this way the writer was able to avoid bias results and provided reliable description of the

phenomenon.

The writer directed her focus on the specification of research purpose and question aligning the whole process to the research purpose and question.

The writer was the vital tool in the whole process so that trustworthiness is ensured.

Trustworthiness for the writer was very important and meant methodological soundness and adequacy by scrutinizing the transferability, dependability, credibility and conformability.

Transferability for the writer helped to find data that provide knowledge that relevant in another study or context, the findings of this work can be applied in another study and help produce further helpful information about the topic in question. Dependability was connected with the possibility to confirm the findings of the study with another, with literature review which uses previous studies dependability is important

Credibility refers to how the writer focused on the study and show how data analysis process was carried out, credibility in this study of qualitative literature review depended on techniques and methods for gathering high-quality data that are carefully analyzed, with attention to issues of validity, reliability, The paper relied on the previous studies; therefore, the ethical considerations included careful inspection of the reliability and validity of the process and chosen literature. The reaches were conducted only from the reliable internet data base such as CINALHL, Medline, Biomed, Elsevier science direct, Pub med, sage journals OVID in the field of healthcare, which ensures degree of surveillance. The correctness of the search was insured with expertise assistance. Only original researches, with apparent and trustworthy research methods were included in the review. Chosen literature was read and attentively analyzed as shown in the appendix. the credibility of the author, which was dependent on training provided by the school, track record, and presentation of self. However findings review that Loneliness among widows can be alleviated with application of structured intervention which are described in this paper.

7.2 Discussion of the study

The aim of the literature review was to describe loneliness among elderly widows and the effect of loneliness on their mental well-being. And to describe intervention to alleviate negative feelings of loneliness.

The findings generally were as anticipated, Loneliness in elderly women is highly experienced following the death of their husbands. Before going any further it is important to mention that literature reviewed that loneliness is a multi-faceted concept. In the nursing literature, the terms loneliness, feeling lonely or alone have often been used interchangeably, which is quite confusing for the reader when different concepts are presented as the same. In many studies the concepts of social isolation and living alone have been equated with loneliness, this study is not in support of that because living alone does not necessarily mean that one is likely to be lonely, an individual can still feel lonely in the midst of people, what really matters is the kind of social ties present, a widow can be with a large social group but if they are not actually supportive she may still suffer from loneliness or if she is not satisfied with the relationships available loneliness can still prevail. As loneliness has been defined in this study, as an individual's subjective experience of a lack of satisfying human relationships, and thus loneliness is a negative feeling causing distress to an individual. (Karnick 2005, Victor et al. 2000). Besides negative feelings and distress, loneliness causes declines in health, morale, anxiety and depression causing severe effects on mental well-being. However, the longer-term effects of bereavement illustrate a pattern more complex than simple decline. Indicating that; there is a significant long-term effect on personal disturbance following bereavement in widows. The widows are most depressed shortly after their bereavement, however as time passes widows begin to adjust and eventually get on their feet, as less depression prevails. (McCamish-Svensson et al. 2001)

Emotional and social loneliness are the most talked about types of loneliness widows' experience, where by emotional loneliness is the absence of a close emotional relationship, which is obvious for the widows. Social loneliness is brought on by a lack of social network, or unsupportive social network. This is because as human we are interactive and we need someone to talk to be with or share things with a widow needs a social network that is supportive to help her close the gap left by the husband widows with an active social life rarely suffer social loneliness. However, there is another challenge faced by widows called Physical loneliness where by widows want to be touched in ways that would tell them that they are still desirable, needed, lovable. They wish for someone to be present in their lives, they long for intimate touch that was once provided by their late husbands. (McCamish-Svensson et al. 2001, Steven et al 2006). During their first year of losing their husband, widows' world is turned upside down, they do not want to be in the world where life went on as usual as though their husband did not die, they always fight the urge to tell anyone they meet or whoever they have a chance to tell about the death of their husbands, this could be in shopping places they keep wondering if people knew that their husband died.

In one of the studies reviewed in which one widow confirmed that, she was angry that people went on to leave normally as if her husband did not die and as if her life was not ruined, she said In the coffee shop, dental hygienist, grocery store or anywhere provided there was someone to listen , she would strike up a conversation with an unsuspecting stranger. (Lucas and colleagues 2003)

Loneliness has been identified as a significant risk for health, however with timely and effective intervention elderly widows' mental well-being and functional ability can be supported. First thing is to help the elderly widows come to terms with what happened to them, by exposing them to their peer groups. Group and individual interventions aiming at alleviation of loneliness seem to be promising though group intervention proves to be more effective than individual (Findley 2003, Cattan et al. 2005. It was found that the loss of a husband may affect mental well-being. It is important to find suitable intervention for the widow suffering from loneliness, Intervention such as leisure participation after the loss of a spouse is associated with enhanced mental well-being of widowed and help the widow build up their personal network, since widowhood induces changes in the personal networks of elderly people and results in high risk of loneliness.

The characterization of widowhood as both a stressful life event and a continuing stressful situation exerts heavy changes on the life of the elderly because the loss of the spouse is often accompanied by other concurrent undesirable life events. By undesirable life event in the elderly refers to obvious chronic sickness, disablement to do things on their on, lack of financial support. Undesirable life events evidenced a direct effect on widows' mental being as well as an indirect effect through increases unsupportiveness of social ties and difficulties in coping with loneliness and depressive symptoms. (Fields & Casper, 2000). Being married during later life has also been related to improve odds of engaging in positive health behaviors such as physical activity (Janke, Davey, and Kleiber, 2006.) which could subsequently influence elderly's physical and mental well being.

7.2.1 Social functioning

This is the ability of the individual to interact in the normal or usual way in society, it can be used as a measure of quality of care, it was confirmed in findings that higher rates of poorer social functioning, depressed mood and lower mental well-being and lower physical functioning in elderly widows during their first year of bereavement have been proved to be caused by loneliness. Becoming a widow is an acute negative experience and does lower a person's social functioning. (Wilcox et al 2003)

The death of a spouse is one of the most common and stressful negative life events that can occur in elderly people. Approximately 13 million people in the United States are widowed and more than 10 million of these are elderly people. Bereavement has been associated with affecting widows' physical health, mental health, and social functioning. Widowed older adults are likely to have lower levels of psychological well-being than married individuals and often report more depressive symptoms lower levels of life satisfaction lower morale and well-being and higher levels of grief and distress, (Wilcox et al., 2003, Fields & Casper, 2000, Hagedoom et al., 2006) Loneliness has also been associated with more difficulties in physical abilities and socialization. Widows have greater declines in social functioning and more deterioration in physical health. When compared with non widowed elderly adults. Studies of widows have shown that it may take a long time for adults to adapt to the death of a spouse, and the process of bereavement may extend throughout one year or several years, in some cases widowed women come closest to complete adaptation to their loss and returned to preloss levels of social functioning and happiness after few years of widowhood, the number of years varies depending on an individual could be with two, eight or more (Wilcox et al., 2003, van Baarsen & van Groenou, 2001)

7.2.2 Widowhood

Though becoming a widow for the elderly women is expected, because of the earlier mention reason that women tend to marry men who are much older than them, thus men die earlier and leave them behind, one cannot prepare for the unremitting, all encompassing, physical, emotional and social loneliness, after the death of the husband one feeling intense guilt, obsessively reviewing mistakes in the past relationship, or torturing themselves about what they might have done to prevent the death. Implementations of intervention have to address the feelings of guilt, as irrational and crazy they may seem, Slowly these feelings will diminish, and they will come to forgive themselves and go on with their lives., they need to know that the disturbing emotions they are feeling are natural. The process of mourning is a long and often tortuous one, where grief returns again and again in cycles leaves them feeling terrible loneliness. Their shock and numbness and disbelief will fade, and will be replaced by a deep and at times desperate awareness of the immensity of their loss, which itself will settle eventually into a state of recovery and balance. It is important for the widow to know that the above can only happen if they get socially active, join peer groups, go out and meet people and they should be willing to be helped.

Elderly widowhood could precipitate severe depression. When this is added to the other losses which frequently occur in late life, it contributes to a significant proportion of psychiatric problems in this age group. Becoming a widow contributed significantly to poorer mental wellbeing, this is evidenced by the number of depressed women whose husbands have died. It is interesting to note that in the light of the findings it is common for widowed women aged 65 to 74 to suffer from loneliness and severe depression than much older widows who are aged from 75 and older. However it is important also to note that regardless of young-old or old-old status depression in relation to loneliness is not an uncommon response to bereavement and that its occurrence is more common amongst widows especially within 1 year post-bereavement. (van Groenou, 2001) Majority elderly women experience severe loneliness, depressive symptomatology and negative mood states reflecting normal grieving rather than psychiatric morbidity. However they are few exemptions where such negative feelings finally lead to psychiatric diagnosis. Nevertheless interventions directed toward assisting high risk widows to learn more active ways of coping with loneliness are suggested in this study to help reduce severity of their grieving.

In addition, harmful consequences of loneliness, such as depression (Holmén et al. 1999) and an increased need for help (Geller et al. 1999), have been identified. Loneliness is a common problem among elderly widowed women and that several characteristics are associated with it. However, the recognition of loneliness in elderly widows is still a challenge for nurses. Awareness of associated characteristics may help the nurses to recognize those who may suffer from loneliness. Nurses should be aware that a feeling of loneliness in elderly widows is often experienced as shameful, because they may also fear becoming a burden if they complain about their situation (, McInnis & White 2001). Thus, they are not so willing to speak about their loneliness, which makes it even more challenging for the nurses to recognize it. Loneliness is a subjective feeling so only the elderly widows themselves can say for sure if they are suffering from loneliness. Nurses can encourage elderly widows to talk about their loneliness but they should be considerate when asking them about their loneliness let they get offended. (Finnish Ministry of Social Affairs and Health 2003).

7.3 In conclusion

Nurses are in strategic position to provide comfort to the elderly women suffering from loneliness as a result of spouse loss. However, Proper care and support delivered to the lonely widows is dependant on the use of proper terminology in nursing. the writer suggests that there is a need for further studies in the terminology concerning the concept of loneliness which is a challenge for nurses. Although much have been written on the concept of loneliness for example Donaldson & Watson 1996, Victor et al. 2000, Karnick 2005), there is still a need for concept clarification. There are many concepts like social isolation, feeling lonely, alone and living alone that are used interchangeably for the concept of loneliness (Karnick 2005). In this study the concepts of loneliness and social isolation are different. When discussing an individual's subjective experience one should not refer to it with concepts that mean social isolation. The content of the concepts should be agreed in work places so that nurses and other health care professionals understand the concept in the same way. Nurses with enriching knowledge about loneliness in elderly widows will be able to help the elderly widows easily for this will help them identify loneliness in them which is not easy because elderly people do not disclose that they are lonely in fear of being a burden. Nurses are in key position to identify and apply alleviation measures to enhance the mental well-being of the elderly widows. Who above all need love, understanding of their behavior and being treated as equally with other women.

The articles about Finnish context of the elderly widows were not included, and therefore the application of the findings to Finland was hard to asses. However, the findings fit to the Finnish community of elderly widows relatively well. There is a need for further search to clarify the concept that are easily interchangeably used in the nursing literature concerning loneliness

The process of writing this paper has been a great source of professional growth for the author. The author has learnt a lot about what widows go through including her mother who almost died in the transition to widowhood due to lack of interventions and unsupportive social ties.

List of references

Adams KB, Sanders S, Auth EA. Loneliness and depression in independent living retirement communities: risk and resilience factors. *Aging Ment Health* 2004; 8: 475-85

Alpass FM, Neville S. Loneliness, health and depression in older males. *Aging Ment Health* 2003; 7: 212-6.

Banks MR & Banks WA. The effects of animal-assisted therapy on loneliness in an elderly population in long-term care facilities. *J Gerontol Biol Sci Med Sci* 2002; 57A: M428-32.
Journal of Black Psychology.1999; 25: 61-77

Beeson R, Horton-Deutsch S, Farran C, Neundorfer M. Loneliness and depression in caregivers of persons with Alzheimer's disease or related disorders. *Issues Ment Health Nurs* 2000; 21: 779-806

Burns N, Grove S. *The practice of nursing research. Conduct, critique & utilization.* 4th Ed. WB Saunders Company, Philadelphia 2001.

Cattan M, White M, Bond J, Learmouth A. Preventing social isolation and loneliness among older people: a systematic review of health promotion activities. *Aging Society* 2005; 25

Clinton and Anderson .Social and Emotional Loneliness: Gender Differences and Relationships with Self-Monitoring...1999; 13:109-123

Cohen GD. Loneliness in later life. *Am J Geriatr Psychiatry* 2000; 8: 273-5.

Cohen-Mansfield J, Parpura-Gill A. Loneliness in older persons: a theoretical model and empirical findings. *Int Psychogeriatr* 2007; 19: 279-94.

Cohen-Mansfield J, Parpura-Gill A. Loneliness in older persons: a theoretical model and empirical findings. *Int Psychogeriatr* 2007; 21: 410-29

Costello J, Kendrick K. Grief and older people: the making or breaking of emotional bonds following partner loss in later life. *J Adv Nurs* 2000; 32

Costello J, Kendrick K. Grief and older people: the making or breaking of emotional bonds following partner loss in later life. *J Adv Nurs* 2000;

Donaldson JM, Watson R. Loneliness in elderly people: an important area for nursing research. *J Adv Nurs* 1996

Diana K. Harris. *sociology of aging* 2007 ; 23: 97:104

Findley RA. Interventions to reduce social isolation amongst older people: where is the evidence? *Aging Society* 2003; 23: 647-58.

Francis Joseph Turner . *Social work diagnosis in contemporary practice*.2005

Finnish Ministry of Social Affairs and Health, Reports 1999:3. Helsinki 1999

Furukawa T, Harai H, Hirai T, Fujihara S, Kitamura T, Takahashi K. Childhood parental loss and alcohol dependence among Japanese men: a case-control study. Group for Longitudinal Affective Disorders Study (GLADS). *Acta Psychiatr Scand* 1998; 97: 403-7.

Geller J, Janson P, McGovern E, Valdini A. Loneliness as a predictor of hospital emergency department use. *J Fam Pract* 1999; 48: 801-4.

Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today* 2004; 24: 105-12.

Holmén K, Ericsson K, Winblad B. Social and emotional loneliness among non-demented and demented elderly people. *Arch Gerontol Geriatr* 2000; 31: 177-92

Hopman-Rock M, Westhoff MH. Health education and exercise stimulation for older people: development and evaluation of the program "Healthy and vital". *Tijdschr Gerontol Geriatr* 2002; 33: 56-63.

Havens B, Hall M. Social isolation, loneliness and the health of older adults in Manitoba, Canada. *Indian J Gerontology* 2001; 15: 126-144

Jakobsson U, Hallberg IR. Loneliness, fear, and quality of life among elderly in Sweden: a gender perspective. *Aging Clin Exp Res* 2005; 17: 494-501

Kangasniemi J. What is loneliness? In: Jokinen K (ed.) *Words of the lonely: Writings on own situation, separateness, and being alone*. Publication of the Research Centre for Contemporary

Culture, University of Jyväskylä 2005, p. 227-312.

Karnick PM. Feeling lonely: theoretical perspectives. *Nurs Sci Q* 2005; 18: 7-12

Kocken P. Intermediates' satisfaction with a loneliness intervention program aimed at older adults. Linkage of program plans and user' needs. *Patient Educ Couns* 2001; 43: 189-97.

Lebret S, Perret-Vaille E, Mulliez A, Gerbaud L, Jalenques I. Elderly suicide attempters: characteristics and outcome. *Int J Geriatr Psychiatry* 2006; 21: 1052-9.

Lobiondo-wood, G & Haber, J. 2006 nursing research. Method and critical Apprsal for evidence-based practice. *Misouri inc.* 168, 192-186

Martina CM, Stevens NL. Breaking the cycle of loneliness? Psychological effects of a friendship enrichment program for older women. *Aging Ment Health* 2006; 10: 467-75

Mays N, Pope C. Qualitative research in health care. Assessing quality in qualitative research. *BMJ* 2000; 320: 50-2.

McAuley E, Blissmer B, Marquez DX, Jerome GJ, Kramer AF, Katula J. Social relations, physical activity, and well-being in older adults. *Prev Med* 2000; 31: 608-17.

McCamish-Svensson C, Samuelsson G, Hagberg B. Correlates and prevalence of loneliness from young old to oldest old: results from a Swedish cohort. *Hallym Int J Aging* 2001; 3: 1-24.

McInnis GJ, White JH. A phenomenological exploration of loneliness in the older adult. *Arch Psychiatr Nurs* 2001; 15: 128-39.

Megan C. Janke, Galit Nimrod, Douglas A. Kleiber. Leisure Patterns and Health Among Recently Widowed Adults 2008 ; 12:123.40

Miles M, Huberman A. *Qualitative data analysis*. 2nd ed. PA: Sage Publication, Thousand Oaks 2001.

Paul C, Ayis S, Ebrahim S. Psychological distress, loneliness and disability in old age. *Psychol Health Med* 2006; 11: 221-32.

Rokach A. Loneliness and the life cycle. *Psychol Reports* 2000; 86: 629-42

Rook KS, Sorkin DH. Fostering social ties through a volunteer role: implication for older-adults' psychological health. *Int J Aging Hum Dev* 2003

Ryan MC. The relationship between loneliness, social support, and decline in cognitive function in the hospitalized elderly. *J Gerontol Nurs* 1998; 24: 19-27

Sintonen H. The 15D instrument of health-related quality of life: properties and applications. *Ann Med* 2001; 33: 328-36

Stemler, S., 2001. an overview of content analysis. *practical assessment, research & evaluation* 7(17).

Stek ML, Vinkers DJ, Gussekloo J, Beekman AT, van der Mast RC, Westendorp RG. Is depression in old age fatal only when people feel lonely? *Am J Psychiatry* 2005; 162: 178-80.

Stevens N, van Tilburg T. Stimulating friendships in later life: a strategy for reducing loneliness among older women. *Educ Gerontol* 2000; 26: 15-35

Victor CR, Scambler SJ, Shah S, Cook DG, Harris T, Rink E, De Wilde S. Has loneliness amongst older people increased? An investigation into variations between cohorts. *Ageing Society* 2002; 22: 585-97.

Walker D, Beauchene RE. *The relationship of loneliness, social isolation, and physical health to critical introduction*. Sage Publications. London 2003

Wikström BM. Social interaction associated with visual art discussions: a controlled intervention study. *Aging Mental Health* 2002; 6: 82-7.

<http://www.census.gov/population/www/socdemo/ms-la.html>.) Accessed 13 april, 2009

Appendices

Appendix 1: Details of article used books excluded

Author, year	Publication of article	purpose of the study	data collection & analysis	Findings
Adams KB, Sanders S, Auth EA 2004	Case Western Reserve University	To examine data on loneliness and depressive symptoms from older adults aged 60-98, residing in two age-segregated independent living facilities.	hierarchical multiple regression analyses	Depression was predicted by being older, number of chronic health conditions, grieving a recent loss, fewer neighbor visitors, less participation in organized social activities and less church attendance. it also predicted loneliness.
Alpass FM, Neville S 2003	National Institutes of health.	To investigate relationships between loneliness, health, and depression in elderly people	Regression analysis	The most significant relationship to depression was that of loneliness, with lonelier elderly reporting higher scores on the Geriatric Depression.
Banks MR & Banks WA 2002	Journal of Gerontological society of America	Determined whether Animal therapy can objectively improve loneliness.	Demographic and Pet History Questionnaire of 45 participants	Animal therapy reduces loneliness in residents of long-term care facilities.
Beeson R, Horton-Deutsch S, Farran C, Neundorfer M 2000	Archives of Psychiatric Nursing journals	to examine the relationships among loneliness and	Secondary analysis of data from a sample of 242	Loneliness was significantly related to depression

		depression and the following variables: quality of the past relationship, relational deprivation, quality of the current relationship,	husbands, wives, and daughters	relational deprivation and quality of the current relationship
Burns N, Crove S 2001	Advanced nursing journal	Introduction to the research process	Qualitative descriptive preprojectprocess-postproject	The use of frameworks and theories as a necessary component of conducting research.
Cattan M, White M, Bond J, Learmouth A 2005	Ageing and Society journal	To assess the effectiveness of health promotion interventions that target social isolation and loneliness among older people	Narrative synthesis	Group activities, educational input and structured approach to physical activity significant reduction in loneliness..
Clinton and Anderson 1999	Journal of black psychology	To Provides insight into these overlooked dimensions of loneliness among Afrian american	Regression analysis	Social lonelinessa lack of companionship— was inversely related to "number of close friends" and Ability to Modify Self-Presentation.
Cohen GD 2000	American journal of geriatric psychiatry	To describe loneliness in later life	Content analysis	Prevalence of loneliness in later life in high.
Cohen-Mansfield J, Parpura-Gill A 2007	Journal of International Psychogeriatrics	To examine predictors of loneliness among	161 residents of five independent-living buildings for low-	A large percentage of the variance of both loneliness and

		low-income older adults	income older adults in Maryland were interviewed individually	depressed affect
Costello J, Kendrick K	Advanced nursing journal	To determine causes of loneliness	An empirical study	Loneliness is caused by number of factors, social, emotional and physical.
Donaldson JM, Watson R, 1996	Research journal for nurses	To describe quality of research for nurses	Qualitative analysis	Quality research is foundation for trustworthiness in nurses research
Findley RA 2003	Ageing & Society Journal	Interventions to reduce social isolation amongst older people	An empirical study	Social isolation can be reduced with good interventions
Francis Joseph Turner 2005	Oxford University press	Ethical, and effective social work	content analysis	Ethics are vital to the effectiveness of social work
Graneheim UH, Lundman B. 2004	Journal of Nurse education Today	To find measures to achieve trustworthiness	content analysis	Measures to achieve trustworthiness lies in how to organize data
Holmén K, Ericsson K, Winblad B. 200	Arch Gerontology	Examines the role of friends in predicting loneliness among	53 women age 65 and older who live alone were studied	Friends would be more important in predicting loneliness for those participants
Hopman-Rock M, Westhoff MH.2002	journal of epidemiology and community healthy	To promote health education and exercises	Randomised controlled trial.	Health education helps to maintain a good health.
Havens B, Hall M.2001	Indian Journal Gerontology	To develop a profile of socially isolated older adults	Telephone interview data collected from a random sample of 1,064 older adults (65+)	The strongest predictors of social isolation are income, gender, marital status, self-rated health, length of residence,

				and home ownership.
Karnick PM. 2005	Nursing science journal	Discover the structure of the experience of feeling lonely, to contribute to nursing knowledge, and to expand the knowledge of feeling lonely.	Parse research method and research question	The lived experience of feeling lonely is distressing isolation amid contentedness arising with cherished engagements.
Kocken P. 2001	Patient Education and Counseling journal.	To provide prevention and diminishment of loneliness in older adults, aged 55 years and above	postal questionnaires	It is concluded that the use of democratic linkage strategies, like needs assessments, local action plans and two-way communication between program designers and users, is essential for successful dissemination of health promotion activities.
Lebret S, Perret-Vaille E, Mulliez A, Gerbaud L, Jalenques I. 2006	Journal of International Psychogeriatrics	To assess the outcome of elderly patients discharged from a hospital psychiatric service after a suicide attempt	Questioning their attending physicians over the telephone, then Statistical analysis	The elderly suicide attempter was most likely to be a widowed woman suffering from social isolation, loneliness and depression.
Lobiondo-wood, G & Haber, J. 2006	Misouri inc	To embed a culture of evidence-based practice through the teaching and delivery of module	Quantitative post-test only design	Key findings demonstrate a positive predisposition among students towards evidence-

		content.		based practice.
Martina CM, Stevens NL 2006	Aging Mental Health healthy	To stimulate improvement in friendship, self-esteem and subjective well-being, as well as reduction in loneliness among older women.	Information gathering form group participants	participants reported improvement in the quantity and quality of their friendships
Paul C, Ayis S, Ebrahim S 2006	Institute of Biomedical Sciences Abel Salazar	To measure the prevalence of psychological distress and loneliness in old men and women, living in the community, (b) to clarify the association between psychological distress, health and other explanatory variables and (c) to determine relationship between loneliness and psychological distress	Cross-sectional study of 999 people aged 65+.	Illness and disability are related to psychological distress in old age; the feeling of loneliness is the single most important predictor of psychological distress,
Rokach A. 2000	Institute for the Study and Treatment of Psychosocial Stress, Toronto	To describes the various facets of loneliness and looks at man's search for refuge from its devastating pain	Content analysis	Being so fundamental to human experience, loneliness merits a closer look and examination of its effects on daily living and its relation to time and space

Rook KS, Sorkin DH 2006	International journal of aging	Effects on older adults' psychological health of participation in a volunteer role that afforded opportunities to form friendships with age peers and to express nurturance toward another person.	hypotheses were tested by comparing older adults who served as foster grandparents to a developmentally disabled child (N = 52) with older adults in two comparison groups (Ns = 69, 59).	Foster Grandparent Program was not associated with the expected gains in emotional health.
Ryan MC. 1998	Indian J Gerontology	To acquire information on the concept of loneliness, its relationship with social isolation and a global feeling of insecurity	Data in phase I were gathered using a postal questionnaire sent to a random sample (N=6 786) of older people	Findings showed that there was a distinction between loneliness, social isolation and a global feeling of insecurity.
Stemler, S.,2001	ERIC Publications	To describe the use of content analysis	Using State Standards and Tests To Improve Instruction"	content analysis is not restricted to the domain of textual analysis, but may be applied to other areas such as coding student drawings
Stek ML, Vinkers DJ, Gusseklou J, Beekman AT, van der Mast RC, Westendorp RG 2005	American journal of psychiatry	The relationship between the presence of depressive symptoms and all- cause mortality in old age, especially the potential distorting effect of	The 15-item Geriatric Depression Scale and the Loneliness Scale were annually applied in all 476 participants	Depression was present in 23% and associated with marital state, institutionalization, and perceived loneliness.

		perceived loneliness.		
Stevens N, van Tilburg T 2005	Indian J Gerontology	To investigate the prevalence of loneliness among visually impaired elderly, and its relations with adaptation to vision loss, received social support and depression.	Observational study	Indicate a high prevalence of loneliness among visually impaired elderly. Compared to visually impaired elderly who are not lonely,
Victor CR, Scambler SJ, Shah S, Cook DG, Harris T, Rink E, De Wilde S. 2002	Cambridge journals	To paper examines the accuracy of this stereotype and considers if current cohorts of older people are more likely to report experiencing loneliness than previous generations of elders,	A comparative analysis of historical and contemporary data	Overall prevalence of reports of loneliness ranged from five to nine per cent and showed no increase
Walker D, Beauchene RE 2003	Journal of aging and healthy	To evaluate the dietary adequacy of elderly individuals to determine whether factors such as loneliness, social isolation, or physical health were related to nutrient intake	Loneliness index was computed using the revised UCLA Loneliness Scale. Energy	Loneliness was related to dietary inadequacies
Wikström BM 2002	Journal of aging and mental health	To assess the link between visual art discussions and social interaction	Controlled intervention study	Results show significant improvement in the visual art group

				compared to the matched control group.
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