



CAUSES AND INTERVENTIONS OF LONELINESS AND ISOLATION ON WELLBEING OF ELDERLY IN FINLAND

A literature review.

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DEGREE THESIS	
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<p>Abstract:</p> <p>This thesis aims to identify and deepen the knowledge and understanding of the phenomena loneliness and isolation, and its impact on the quality of life on the elderly. It also identifies the intervention methods that are scientifically proven to alleviate this phenomenon.</p> <p>This thesis will try to answer these questions:</p> <ol style="list-style-type: none"> 1. What are the causes of loneliness isolation among the elderly? 2. How loneliness can be reduced among the elderly. <p>Literature review is the method used in analyzing this thesis. Already existed scientific data was analyzed using qualitative content analysis.</p> <p>Results shows that loneliness and isolation has negative impact on the well-being on the elderly. Findings on this work have been categorized into four main headings, demographic, social, health and self-reported causes of loneliness. Intervention for alleviating loneliness was grouped under individual and group interventions</p> <p>Findings suggest that, there are different characteristics related to older peoples loneliness. These may include, widowhood, living alone at home or residential homes, poor income, poor subjective health and depression. These factors when seriously considered by elderly care management and nurses may go a long way to identify those at risk and the root cause of their loneliness. This could help identify specific interventions that suits specific individuals suffering loneliness</p>	
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<p>Tiivistelmä: Tämän opinnäytteen tarkoitus on tunnistaa, lisätä tietoa ja syventää ymmärtämystä yksinäisyydestä ja eristäytyneisyydestä sekä selvittää, miten nämä ilmiöt vaikuttavat vanhusten elämänlaatuun. Samalla tunnistetaan tieteellisesti vahvistettuja keinoja, joiden avulla voidaan lievittää ja helpottaa yksinäisyyttä ja eristäytyneisyyttä.</p> <p>Opinnäyte pyrkii vastaamaan seuraaviin kysymyksiin:</p> <ol style="list-style-type: none"> 1. Mitkä syyt aiheuttavat vanhusten yksinäisyyttä ja eristäytyneisyyttä? 2. Miten vanhusten kokemaa yksinäisyyttä voidaan lievittää? <p>Kirjallisuuskatselmusta käytettiin tämän opinnäytteen analysointimetodina. Olemassaolevien tieteellisten tutkimusten tarkastelussa käytettiin metodina sisällön laadullista analysointia.</p> <p>Tulokset osoittavat, että yksinäisyydellä ja eristäytyneisyydellä on kielteisiä vaikutuksia vanhusten hyvinvointiin. Tämän työn tutkimustulokset on luokiteltu neljän pääotsikon alle: Väestötieteellinen, sosiaalinen, terveydellinen ja itse ilmoitettu syy yksinäisyyteen. Yksinäisyyttä helpottavat keinot on ryhmitelty yksilöllisten ja ryhmäkohtaisten väliintulomahdollisuuksien alle.</p> <p>Tutkimustulokset osoittavat, että vanhusten yksinäisyyteen on olemassa erilaisia syitä. Niihin voi sisältyä leskeys, yksinasuminen kotona tai palvelutalossa, vähäiset tulot, heikko terveys ja masentuneisuus. Kun näihin syihin perehdytään vakavasti, vanhustenhoitolaitokset ja -hoitajat voivat tunnistaa yksinäisyyden riskejä ja perussyitä riittävän ajoissa. Ongelman tunnistaminen voi auttaa täsmäavun järjestämisessä yksinäisyydestä kärsivälle henkilölle.</p>	
Avainsanat:	Yksinäisyys, eristäytyneisyys, hyvinvointi, vanhus, vanhukset
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1 INTRODUCTION

Population of the elderly is the fastest growing in the world (WHO, 2002). Increase in the elderly population puts pressure on government expenditure in the provision of social and health services (Eliopoulos 2007).

In trying to maintain or improve the quality of life of the Elderly, a lot of research has been undertaken by government and institutions to achieve this goal. Although loneliness is one out of numerous problems facing the Elderly, there have been established facts and relationship between loneliness and the Elderly (Donald & Watson 1996, 952).

With regards to Finland, part of the population which is over 65 years is estimated to increase from its present 17% to 29% by the year 2060 (Official statistics of Finland 2009). Loneliness among the Elderly in Finland is high. About half of the Elderly in Finland experience some sort of loneliness (Savikko 2008, 40-43).

Loneliness has been studied from different angles, due to this; there has not been a unified definition. Loneliness is thought as being estranged from others (Killeen 1998). Solitude according to Karnick (2005) is perceived as a positive experience needed to achieve personal growth and freedom.

Another concept of loneliness by Killeen (1998) is a state when a person is alone but does not feel lonely. Both mental and physical capacity is viewed to be affected by loneliness. Loneliness has been linked to various conditions like depression (Tikkainen & Heikkinen 2005)

1.1 Background and motivation

There are many researches done in the quest to understand the phenomenon of loneliness. The most notable among is Wiess (1974), who created a concept of loneliness. This concept was grouped under emotional and social isolation. Loneliness is a huge phenomenon that affects all ages. Due to its widespread affection, there are

many researches done to understand the cause and interventions of loneliness. Loneliness has been identified as the main factor prohibiting independent living among elderly. (Eloranta et al 2008). This thesis will focus on only the elderly. Motivation for choosing this topic dates back to work practice period. The author identified this phenomenon as a major concern among elderly in institutions. This prompted the authors' quest into researching the root cause and possible interventions of loneliness among the elderly living in institutions in Finland.

2 THE PURPOSE OF THIS STUDY AND RESEARCH QUESTION

The purpose of this study is to analyze the concept and theory of loneliness and well-being and explore how elderly living in institutions experience loneliness affect their well-being.

This study aims to seek better insight into loneliness affect the well-being among elderly living in institutions.

This study is scheduled to answer two compelling questions:

1. What are the causes of loneliness among the elderly?
2. How loneliness can be reduced among the elderly.

3 DEFINITION OF LONELINESS

Loneliness is a very dicey concept that is difficult to define. There is no specific definition for loneliness, but most researchers base their definitions on common factors such as: loneliness is subjective, unpleasant, distressing experience that comes from deficiencies in social relationships.

The under listed are definitions by researchers stated in (Cattan 2010:32):

- When a person's network of social relationship is smaller or less satisfying than desired. (Jones 1985)
- An unpleasant or unacceptable lack of certain social relationship. (de Jong Giervald 1989)
- The subjective response to the absence of an attachment figure. (Weiss 1980).
- Unpleasant and distressing subjective experience that result from deficiencies in a person's social relationships.(Peplau & Perlman, 1982)

3.1 MEASUREMENT OF LONELINESS

There are different methods used by researchers to measure loneliness. Notable among them are direct self-rating questions and indirect scales. The most common one is the single question with a rating response scale. There are strong limitations regarding this scale argued by researchers. These limitations prompted the research and introduction of a multiple rating accepted worldwide. This measurement scale is reported to be straight forward, reliable and easy to use. (Victor et al 2009)

Examples of multiple rating scales are: University of California Los Angeles Loneliness Scale and The de Jong- Giervald Loneliness Scale. (Victor et al 2009)

3.1.1 University of California Los Angeles Loneliness Scale.

The UCLA Loneliness scale was developed predominantly with young people and college students but could be used in different populations and setting.

The scale makes a differentiation between social and emotional loneliness. The original loneliness scale consists of 20 items with the revised scale consisting of 10 items. The scale reports general acceptable measures. The scale is reported as being responsive to change and is widely used. The scale is widely used, also has its limitations.

Respondent are required to respond with one of four items on an interval scale ranging from Never, sometimes, often or always. The use of the intermediate categories such as "sometimes" is problematic in that respondent's interpretation of the term "sometimes" varied with many people understanding it to be 20% of the time while others may understand it to mean about half of the time. Also the used of "always" is assumed to be four times worse than "never" (Victor et al 2009:60)

A short version of the UCLA scale has been developed of recent in order that it can respond to the need to be able to embody the scale into wide-ranging social surveys. This scale consists of three items and uses a simplified set of response categories. Which are?

1. How often do you feel you lack companionship?
2. How often do you feel left out?
3. How often do you feel isolated from others?

Respondent are expected to respond on a three –point scale –hardly ever, some of the time and often.

3.1.2 De-Jong Gierveld Loneliness Scale

The DE JONG-GIERVELD LONELINESS SCALE adopts a multidimensional approach to loneliness and sees loneliness as a complex phenomenon which cannot be captured by a single –dimensional global scale. This scale distinguishes between the diverse causes of loneliness experiences among different groups of people, with the goal of distinguishing the different types of loneliness. According to this loneliness scale, loneliness is conceptualized as a multidimensional concept. The de Jong-Gierveld Scale of loneliness is an example of the post-positivist perspective and grounded in the established psychological theories of loneliness Critics of this scale say the scale appears to merge different emotional experiences that might in themselves be due to factors other than the absence of an intimate attachment including factors influencing anxiety, depression, personal and psychological well-being. That notwithstanding, mental health and well-being are strongly associated with loneliness Bowling et al., 1989 cited in (Victor et al 2009).

There are other loneliness measurement scales such as social and Economic loneliness Scale for Adults (SELSA) and the Wenger Loneliness scale,

4 THEORIES OF LONELINESS

In Peplau and Perlman's book published "Loneliness A Sourcebook Of current Theory, Research and Therapy" published in 1982, presented and categorized eight different theoretical approaches to loneliness that emerged since the 1940's. (Peplau & Perlman, 1982 p.130)

To narrow the scope of this thesis, four of these categorized theories will be applied.

Table 1. Peplau & Perlman's summary of theoretical approaches towards loneliness

Theoretical Approaches:	Main writer:
Cognitive	Peplau & Perlman, 1982
Existential	Moustakas, 1961
Interactionistic	Weiss, 1973
Phenomenological	Rogers, 1961
Privacy	Derlega & Margulis, 1982
Psychodynamic	Fromm-Reichmann, 1959
Sociological	Riesman, 1961
Systems	Flanders, 1982

To narrow the scope of this thesis, four of these categorized theories will be applied. The different approaches adopted in understanding of loneliness can be seen in how the

various theories are explained. The cognitive approach is based on a discrepancy model between desired- and actual social relations:

...loneliness is a response to a discrepancy between desired and achieved levels of social contact: and... that cognitive process, especially attributions, has a moderating influence on loneliness experiences (Peplau & Perlman, 1982, p. 8)

An Interactionistic approach is based on loneliness being multidimensional, meaning that there are different kinds of loneliness, including emotional- and social loneliness:

Loneliness is caused not by being alone but by being without some definite needed relationship or set of relations... In many instances it is a response to the absence of provision of a close, indeed intimate, attachment. It also may be a response to the absence of the provision of a meaningful friendship, collegial relationship, or other linkage to a coherent community (Weiss, 1973, p. 17).

A psychodynamic understanding of loneliness is based on the infant's attachment to the mother. Through this attachment the child experiences emotional bonds and how to connect with others, but also the feeling of loneliness when significant others are out of sight:

Loneliness, which is the exceedingly unpleasant experience connected with inadequate discharge of the need for human intimacy, for interpersonal intimacy ... It begins in infancy with an integrating tendency that we only know by inference from pathology material later... a need for contact with the living (Sullivan, 1955, p. 290).

An existentialistic understanding of loneliness also differentiates between different kinds of loneliness, the main one being existential, meaning there is loneliness that is part of the human condition, but also another one based on anxiety:

Existential loneliness is an intrinsic and organic reality of human life in which there is both pain and triumphant creation emerging out of long periods of desolation. In existential loneliness man is fully aware of himself as an isolated and solitary individual while in loneliness anxiety man is separated from himself as a feeling and knowing person (Moustakas, 1961,p. 24).

These theories show how different researchers understand the phenomenon of loneliness differently. Some of these explanations are theory based and others depend on empirical

hypothesis. According to the bookfocus has now moved from collecting and differentiating between theories towards empirical supported theories. Recent researchers are now focusing empirical data collection to support their theories of loneliness. This meant that the main theoretical approaches were being narrowed down to theories that could be supported by data (Weiss, 1989)

This exercise has left the research field of loneliness with two main constructs; *an affective component*, encompassing the negative emotional experience of loneliness, and *a cognitive component*, encompassing the discrepancy between achieved and desired social relations (Heinrich & Cullone, 2006).

5 LONELINESS AND AGEING

The feelings of being lonely prevail among all ages, but the most vulnerable seems to be adolescence and the elderly (Donaldson & Watson1996). According to Donaldson and Watson (1996), loneliness among teenagers is transient and more attention should be directed to the elderly due to the fact that they are at risk of social isolation because of reduced contact with other people. Determination of loneliness among the elderly has been examined according to demographic factors, education socio-economic status or health.

A third of all elderly suffer loneliness at least sometimes. (Victor et al 2005;Savikko 2008). Death of a partner or spouse and lack of friends were the most likely cause of loneliness (Savikko 2008). Most researchers find out that loneliness is much common among women (Victor et al 2005; Savikko 2008). On the other hand some authors are of the view that there are gender differences among the quality of loneliness and women are able to profit from the positive perspective of loneliness more than men.

The phenomenon of loneliness has also been linked with age increase. This is the fact that shrinking of social network, loss of family and friends or partner are causative factors. (Victor et al 2005; Savikko 2008).

According to Tikkainen and Heikinnen (2005), after the age of eighty five, loneliness does not play any significant role in elderly peoples' lives. At this age no amount of social contact will reduce loneliness among the aged, but the Quality of the relationship is more of importance. (Holmen & Furukaw, 2002).

Most literature on loneliness focuses on the elderly, their perception and coping strategies. Loneliness according to Pettigrew and Roberts (2008), Australian elderly see loneliness as a natural part of aging, due to decreased social participation, resulting from decreased health status, death of spouse or friends and busy lifestyle of their children. In this research, participants felt that loneliness can be reduced or alleviated by utilizing free time constructively.

6 LONELINESS AND ISOLATION

According to Vangelisti & Perlman (2006), social isolation is a subject concerned with the objective characteristics of a situation and refers to the absence of relationships with other people, that is to say, they believe that persons with a very small number of meaningful ties are socially isolated Nicholson (2008) also did research on the definition of social isolation and he claimed the definitions of social isolation could be presented chronologically in order to show the human cognitive development of the phenomenon.

The influence of social isolation on elderly well-being is a phenomenon which cannot be ignored (Vangelisti & Perlman 2006). According to Cacioppo, et al. (2010) state that it is necessary to consider social connection issues when mentioning the elderly. Berkman (2000) and Cohen (2004) claim that social isolation is a phenomenon with serious health consequences. Tamra (2008) points out that the elderly are affected by social isolation in a qualitatively similar way to younger adults, with typical isolation effects.

Nicholson (2008) mentioned five attributes to social isolation which includes: number of contacts, feeling of belonging, fulfilling relationships, engagement and quality of network members. Cacioppo, et al. (2002) found that the temporary connection between loneliness and depressive symptoms is not an attribute to social support and objective social isolation. Cacioppo, et al. (2002) showed that social network size was found to be associated with loneliness and depressive symptoms. At the same time, objective social isolation and low social support are associated with loneliness and depressive symptoms (Cacioppo, et al., 2010).

Consequently, even loneliness, depression symptoms and their temporal connection are not attributes of social isolation, but those concepts can be causes of being socially isolated (Cacioppo, et al., 2010). Therefore, lack of a sense of social belonging, lack of social contacts, lack of fulfilling and quality relationships, psychological barriers, physical barriers, low financial/resource exchange and a prohibitive environment can be possible reasons leading to social isolation (Nicholson 2008).

The influence of social isolation on elderly well-being is a phenomenon which cannot be ignored (Vangelisti and Perlman 2006). In his study, Cacioppo, et al. (2010) state that it is necessary to consider social connection issues when mentioning the elderly.

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7 WELL-BEING

It is known that health status and personality are the most important predictors of well-being. (Pelletier 2004). In consideration of the relationship between health status and age, studies show that overall dysfunction comes along with the ageing process. Well-being is multidimensional phenomenon which consists of various interrelated factors. Well-being has always been referred to happiness, but worth mentioning is that subjective well-being is not the same as happiness although the terms are often used interchangeably.

Well-being in actual fact is "a broad category of that includes people's emotional responses and global judgments of life satisfaction" (Diener, et al., 1999). Psychological well-being is considered as a vital dimension of the elderly quality of life (Felce & Perry, 1995).

Psychological well-being is generated by two dimensions which are absence of depression and emotional loneliness; and presence of happiness, life satisfaction, feeling of security, and plans for the future (Savikko, 2008). An individual will be high in psychological well-being to the degree in which positive affects predominate over negative. On the other hand, when negative effects are in a dominant position, the

individual will be low in well-being. That is to say, to gain subjective well-being, pleasure usually predominates over pain in one's life experiences (Seitsamo2007, pp 24-52). It is indicated in the literature that physical activities can reflect on well-being (Boxtel, et al., 1996; Gauvin and Spence, 1996).

The study demonstrated that it is not only physical activity which contributes to well-being, but that activities of a social, productive or intellectual nature also have significant effect. Recent research also showed that listening to music is a common leisure activity encountered in many everyday situations, and that listening to music through a variety of strategies is a frequent source of positive emotions for the elderly ever since ancient times.

Music is also considered an effective means for decreasing stress-related arousal reactions and maintaining well-being (Pelletier, 2004). The importance of well-being among the elderly will be presented in the thesis through analysis of the phenomena social isolation and loneliness, as well as of the interaction among the three phenomena, social isolation, loneliness and well-being.

8 METHODOLOGY

The method used in conducting this study will be explained in this chapter. The main study is a qualitative research where existing scientific literature is reviewed and its content analyzed. Basically, the selected literatures are meaningful and subjective to the main topic, subtopic and the research question. Relevant theories and background of previous study done on this topic helped in reviewing the literature. Data was analyzed using deductive content analysis, so as to arrive at the answers regarding this study.

8.1 LITERATURE REVIEW

Systematic literature review will be used for this project. This approach used in academic literature review gives clear procedures and steps. Systematic literature review as defined Tansfield et al (2003) “a replicable, scientific and transparent process

that aims to minimize bias through exhaustive literature search of published and unpublished studies and by providing an audit trail of the reviewer's decision, procedure and conclusions".

Systematic literature review follows a procedure order that, at the end goals of the approach should be met. The first thing the author has to do, is to define the

Purpose of this review, will ensure that inclusion and exclusion criteria can be precise.

The author has to establish criteria that guide the project in order to meet the key words and terms of the project. Key features of already existing literature have to be identified and the synthesis of the results produced.

Synthesis is often done in the form of summary of tables which provide an overview of the key characteristics of the studies reviewed. (Bryman 2008: 86)

Reviewing the literature helps the author to be conversant with the available of knowledge in the area of interest. It also helps to establish the theoretical framework of the study clarifies the authors' insight and develops the research methodology.

Literature review serves to enhance and consolidate the writer's own knowledge base and helps to integrate the writer's findings with the existing body of knowledge which is the most important role in research.(Kumar 2011:32)

Literature review is adopted in this project to broaden up the authors' knowledge in the research topic and questions.

8.2 DATA COLLECTION

Literature review is the method that is used in this project. This suggests that the means for collecting the data is by using secondary sources which are already existing literature. Information gathered for the purpose of this project was extracted from the data primarily collected by previous researcher that have been referenced in this project. According to Kumar (2011: 163), he warned that when using data from secondary sources one needs to be careful as there might be certain problems with the availability, format and quality of data. Articles for this study were systematically chosen to ensure

that the information required for the purpose of this study is attained. Books used were collected from Arcada and Helsinki university library.

8.3 DATABASE SEARCH

The articles used for the study were systematically chosen and care was taken to make sure only the best available material that is relevant to the purpose of the study and answers the research questions were used. The following data bases were used to carry out the literature search. They are: Ebsco, Sage, and Google scholar. The key words used are: loneliness AND elderly, loneliness AND isolation, Wellbeing, the aged. Loneliness AND elderly.

Table 1: Database search

DATABASE SEARCHED	KEYWORDS	HITS	ARTICLES RETRIEVED	ARTICLES USED
CINAHL, EBSCO <i>host</i>	Loneliness AND The aged.	416	10	4
CINAHL, EBSCO <i>host</i>	Loneliness AND later life	19	12	2
SAGE	Loneliness older people AND later life.	322	7	2
GOOGLE SCHOLAR	Loneliness among elderly in Finland.	2322	5	2
CINAHL, EBSCO <i>host</i>	Loneliness AND elderly	12	5	3

8.4 EXCLUSION AND INCLUSION CRITERIA

The criterion below was used in selecting materials for the study. The criteria used in selecting the literature included full text PDF, articles that were free of charge and published from 2000 till date. These articles were critically scrutinized to determine its relevance to the research topic. Articles that were published in developed countries that were written in English. It also included articles with an abstracts. These were free articles to access. Articles that were not scientifically written were excluded from materials used in this study. Also A articles that were not full text, Articles published before 1998, Articles not written in English.

8.5 DATA ANALYSIS

The author will use content analysis, to analyze data guided by the definitions of the authors below. In Kumar's book (Kumar 2011:275) content analysis is processes used to analyze the content of the data collected in order to identify the main themes that have emerged in the course of reviewing the literature. Content analysis according to (Bryman 2008:275), it is the approach to quantify content in terms of predetermined categories and in a systematic replicable manner. The author will be guided by these definitions and approaches to identify themes, group, categories and sub-categories them to answer the research questions.

8.6 VALIDITY AND RELIABILITY

In this project validity refers to the extent to which the research method used has been able to measure the objective that was set out to measure at the beginning of the study (Kumar 2011:178). This study is purportedly aimed to describe loneliness among elderly and its associated interventions. Literature review is the method used in this project, it therefore means that all the information used are from reliable published scientific articles. The articles used in the study has links to the topic and answers the research question, it implies that it supports the validity of the study. Data used for this study was carefully chosen, with regards to the research question. All articles also used in the study were directly related to loneliness.

A research tool is said to be reliable when it is consistent, stable predictable and accurate. It is the greater the degree of consistency and stability in an instrument, the greater it's reliability. Hence a scale or a test is reliable when repeated measurements give the same result under constant conditions. (Kumar 2011:181)

8.7 ETHICAL CONSIDERATION

According to Collins Dictionary (1997:502) cited in (Kumar 2011:242), ethical means "in accordance with principles of conduct that are considered correct, especially those of given profession or groups". The author observed Arcada's commitment to good scientific practice, the Guidelines for good Scientific Practice issued by National Advisory Board on Research Ethics in Finland. The author tried to observe the Universities guideline on what good scientific writing. Observing research ethics helps to avoid certain behaviors such as improper use of information, causing harm, breaching confidentiality and bias. (Kumar 2011)

Ethical issues concerning participants of the various studies have already been dealt with by the primary researcher. Articles were well referenced and direct quotations written in italics.

9 FINDINGS

This chapter tries to explain the findings of this thesis by grouping them into causes of loneliness and interventions. These will first be in a form of a table, categories and subcategories for clarification and understanding.

Table 2: Causes of loneliness

<i>Articles</i>	<i>Factors causing loneliness</i>
Savikko Niina 2008	<p>Loneliness more common among the oldest age group, Women, widows and residents who live alone. Associated with low level of education, poor income, and former physical heavy work. Those living in large cities were less lonely than those who live in small cities or rural areas.</p> <p>Poor subjective health and poor functional status were associated with loneliness.</p> <p>Few outdoor activities, need of daily help and handling day-day-matters less than once. Poor vision and impaired hearing was also identified. Lack of contact with children friends and. Under self-reported causes of loneliness, illness, lack of friends, death of a spouse, were reported as the most common causes. Meaningless life, absence of relatives, living conditions and family matters were also common causes as well as illness of a spouse, aging, children's stressful life, death of a</p>

	<p>family member were also highlighted as causes of loneliness.</p>
<p>Tiikkainen & Heikkinen2005</p>	<p>Results of this research show that depressive symptoms predict more loneliness.</p>

Golden et al 2009	Loneliness was higher in women, the widowed, older people with physical disabilities, loneliness explain the excess risk of depression in the widowed.
Eloranta et al 2008	Experience of loneliness was related to the death of a close relative spouse or child and also not having anyone to talk to.

Tilvis et al 2011	Loneliness more common in women than men, old age, widowhood, poor health, lower education, poor vision & hearing, need for daily help, inability to go outdoors.
Aartsen & Jylhä 2011	Results shows, age, gender, losing a partner, reduced social activities, increase feelings of low mood uselessness and nervousness were found to cause lo

<p>Graneheim& Lundman 2009</p>	<p>Experience of loneliness among the very old is complex and has to do with their relations in the past, the present and the future. Living with losses and feelings of abandoned were reported as limitations imposed by loneliness and living in confident and feeling free were reported as opportunities of loneliness.</p>
<p>Victor et al 2005</p>	<p>Six independent vulnerability factors for loneliness were identified: marital status, increases in loneliness over the previous decade, increases in time alone over the previous decade; elevated mental morbidity; Poor current health; and poorer health in old age than expected.</p>

Tikkainen & Heikkinen2005	Results shows that depressive symptoms predict more experience of loneliness
Savikko et al 2005	Loneliness was linked with advancing age, Living alone or in a residential home, widowhood, low level of education and poor income, poor health status, poor functional status, poor vision and loss of hearing increased illnesses, death of a spouse and lack of friends

The results for the causes of loneliness in the above table will be grouped into categories and subcategories.

Table 3. Categories and sub-categories the cause of loneliness

<i>SOCIO-ECONOMIC FACTORS</i>	<i>HEALTH CAUSES</i>	<i>DEMOGRAPHIC CAUSES</i>	<i>SELF-REPORTED CAUSES</i>
<ul style="list-style-type: none"> • Low level of education • Reduced social activity • Low level of income 	<ul style="list-style-type: none"> • Poor vision • Depression • Poor Health • Poor hearing • Less outdoor activities 	<ul style="list-style-type: none"> • Living alone • Gender • Age • Bereavement • widowhood 	<ul style="list-style-type: none"> • Lack of friends • Absence of relative • Illness of spouse • Living condition

9.1 SOCIO-ECONOMIC FACTORS

9.1.1 Low level of education and income

Low level of education was also reported as one of the factors that make elderly vulnerable to loneliness (Tilvis et al 2011, Savikko 2008). Low levels of education will automatically lead to a low level of income. These being the fact that with a low

education even during the working life of the elderly the pay they received was not that much as compared to those who had a higher level of education and this has a bearing on their retirement benefits. Higher level of education will also lead to the opportunity to make more social contact which can increase the social network of the elderly and even in retirement a person with a higher level of education will still have a greater number of social contacts than a person who had just a basic or no educational level. These findings of low level of education and low income can be related to a comment made by one participant in a study carried out by Victor et al (2009:153.) According to the participant, the basic state pension is very low meaning the income they receive is low and a low income has a bearing on what the elderly can do. The participant went ahead to comment that with a low income contact with other people is not very good and this can reduce social contact that may lead to social loneliness and reduce participation in activities that they would have love to partake in if they had the means.

9.1.2 Reduced social activities

Factors such as poor health, injury and problem with transportation can affect elderly people's participation in social activity and a reduction or lack of social activities can create room for social isolation which can lead to loneliness. This type of loneliness according to Weiss distinction is known as social loneliness. (Lampinen et al., 2005, Eloranta et al 2008, Aartsen & Jylhä 2011). Activity theory supports the assumption that, the more active people are in their later years the greater their subjective well-being. According to this theory a reduction of social activity, be it physical or leisure will automatically affect the subjective well-being of the elderly and loneliness is a dimension of subjective well-being.

9.2 HEALTH CAUSES

Poor mental health especially depression has been identified as a risk factor for loneliness among the elderly. (Tiikkainen & Heikkinen 2005, Tilvis et al 2011 Depression is said to be a problem that is associated with loneliness and most often people are treated for depression without considering the option that loneliness may be the root of the problem.(Victor et al 2009. p 156). Even though loneliness is associated with depression, it is also worth noting that not all lonely people are depressed nor all

depressed people are lonely Cattan 2010, p. 46) According to a survey carried out by Aartsen and Jylhä (2011), Increase feelings of low mood nervousness and uselessness were found to increase the risk of the feeling of loneliness. Feelings of being poorly understood by close persons, unfulfilled expectations from contacts or friends can negatively affect the psychological well-being of the elderly which is an important dimension of elderly people

9.2.1 Physical health

Loneliness was also found to be associated with physical health which has to do with poor functional status as a result of deteriorating health. Impair vision and hearing, lack of outdoor activities, Inability to handle day to day matters such as such as shopping, going to the bank or post office,(Savikko 2005), need of help with daily activity and diverse illness all increase elderly feelings of loneliness. (Savikko 2008, Tilvis et al 2011) These findings are also confirmed in the studies of (Golden et al 2009 & Korporaal et al.2008) ´s quality of life. (Savikko 2008, Tilvis et al 2011)

9.2.2 Mental health

Depression has been identified as a cause for loneliness among the elderly (Tiikainen& Heikkinen 2005, Tilvis et al 2011). Depression is reported to be a problem that is linked with loneliness, and mostly elderly suffering from depression are treated without considering loneliness as the main cause. (Victor et al 2009,p 156). Loneliness is said to be linked with depression, but not all depressed people are lonely and not all lonely people are depressed. (Cattan 2010, p.46).According to Jylhä (2011), decrease in mood, increase the risk of feeling lonely. Unfulfilled expectations from contacts can affect the psychological well-being of the elderly. (Savikko 2008).

9.3 DEMOGRAPHIC CAUSES

9.3.1 Living alone

Living alone has been identified in many studies as one of the most consistent risk factors for loneliness among elderly adult. (Savikko 2008, Tilvis et al 2011, Aartsen & Jylhä 2011). According to statistic Finland (2010) more than 50% of 75years old women live alone and one third of men aged 80 live alone. Even though many studies have identify living alone as a major risk factor for loneliness among elderly who live at home there is need to be cautious in highlighting this relationship because elderly people may live alone but have a web of relationships. An observation has been made between being alone, the amount of time that people reported spending time alone and reported loneliness has also been observed. (Victor et al 2009)

9.3.2 Gender

An association between gender and loneliness has been found and loneliness is more common among women than men. Savikko (2008) made mention of the fact that there are several reasons that may be attached to this. Women live longer than men which expose them to widowhood. Women may express their feelings of loneliness more than men and may value their human relationship more than men. According to Tilvis et al (2011) even though men express less feelings of loneliness than women, they express more harmful associates of loneliness.

9.3.3 Age

Some studies have associate age with loneliness. Loneliness is said to be more common among the older than younger older people. (Jylhä & Jokela 1990, Jylhä 2004, cited in Savikko 2008) According to a research by Tilvis et al 2011 47%of the elderly participant age 85 and above reported suffering from loneliness. While some other studies found no relationship between age and loneliness, it has been argued that loneliness does not increase with age per se but as a result of increased disability like decrease in functional status and a decrease in social integration.(Savikko 2008) Also

age may no longer be significant when other variables such as widowhood is being control.

Even though Tilvis et al 2011 reported higher level of loneliness among the oldest old , a study by Victor et al(2005) carried out in Britain reported that elderly age 85 + were at lowest risk of reporting loneliness reasons being that this age group is less likely to participate in research than the younger age group. Among their participants only 77 of the 999 participant were in the age group. In relation to Victor et al (2005) age can be said to be both vulnerability and protective factor for loneliness among the very old.

They made mention of the fact that age relationship may arise through two factors: a survival effect, whereby the lonely elderly portrays higher mortality /morbidity and have lower survival in the community or applying an adaptive response whereby those who do survive tend to adapt to the changes in life event that come with age such as bereavement or declining health. They conclude by saying that there is need for further research on this point.

9.3.4 Bereavement

Elderly people tend to experience many losses during their life course. Apart from the loss of a partner mentioned above that leads to a change in their marital status, they also experience other losses as. The loss of a best friend, a confidante or child, all these losses may result in a direct reduction of social interaction and social support network as a result of a lack of contact with that individual. (Tiikainen & Heikkinen 2005, savikko 2008, Eloranta et al 2009 Artsen & Jylhä 2011)

9.3.5 Widowhood

Several studies have reported widowhood as a risk factor for loneliness. (Tilvis et al 2011, Aartsen & Jylhä 2011 Savikko 2008) The loss of a partner tends to create an atmosphere for the experience of emotional loneliness. According to a survey by Cattan (2010:42) widows reported experiencing more emotional loneliness six months after bereavement than before the loss. Lopata 1980 mentioned in (Cattan 2010) suggested that widows can be divided into three categories based on their feelings of loneliness.

Their expressions of loneliness vary from; missing the partner, life style, or a deficiency in relationship with other people.

9.3.6 Former job

According to Savikko et al., (2005) it was discovered that some of the participant did heavy physical work during their working like such as: farming, stock raising, forestry, housekeeping, factory-, mine- or construction worker) suffered more often from loneliness than those with other work background.

9.4 SELF-REPORTED CAUSES

Researchers unanimously agree that loneliness is a subjective feelings and it takes only the individual that is suffering from loneliness to be able to really say what he or she thinks is the cause of their feelings of loneliness. The elderly who reported feeling lonely gave several reasons that cause their loneliness and some of which has already been mentioned. Among the most common cause were: illness both own and spousal illness, death of a spouse and lack of friends. Meaningless life, absence of friends, living conditions (living apart from other settlements and poor transportation and children's stressful life, new living environment were all mentioned as common causes for the feeling of loneliness. (Savikko 2008, Eloranta et al 2008)

10 INTERVENTIONS FOR ALLEVIATING LONELINESS

There are various studies that show that loneliness can be alleviated but cannot be prevented in this section the author will answer the second research question that was posed at the beginning of this work. There is a variety of literature that has to do with various ways by which elderly people's loneliness could be alleviated (Savikko 2008). It has been argued that loneliness can only be alleviated but it cannot be prevented. A review on intervention measures to alleviate loneliness shows that there are two categories of intervention. These include both group and individual intervention.

Table 3: Intervention methods

<i>Articles</i>	<i>Interventions</i>
Cattan M., White M., Bond J., Larmoth A., 2005	Education and social and activity group interventions that target specific groups can alleviate social isolation and loneliness among older people. The effectiveness of home visiting schemes remains unclear.

<p>Rautasalo P E, Reijo S.Tilvis,Hannu Kautianen and Kaisu H. Pitkala 2008</p>	<p>With a well-planned and psychosocial group intervention, it is possible to empower and to socially activate lonely social older people and to strengthen their well-being.</p>
<p>Tilvis et al 2011</p>	<p>This study was a nationwide randomized controlled intervention trial aimed at empowering elderly people, promoting their peer support, and social integration. The intervention group showed a significant improvement in subjective health.</p>

Savikko 2008

Psychological group rehabilitation to alleviate the loneliness of elderly people. Three dimensions of the PGR included: art and inspiring activities, group exercise and discussions or therapeutic writing and group psychotherapy. Activities include sharing loneliness peer support feeling togetherness overcoming own limits, courage to trust , doing together and sharing experiences, group dynamics and development, support of adherence and objective oriented group meetings. The results showed that 95% of the participants felt that their loneliness experience was alleviated. The program gave them an opportunity to make new friends and meet other people. Through the program the participants improved their self-esteem; felt empowered by other group members and gave them a mastery over their own life.

<p>Forkkema & Knipscheer</p> <p>2007</p>	<p>Both participants and control group experienced a reduction in loneliness. A significant reduction was evident in among the participant who suffered from emotional loneliness and among the highest educated. E-mail facilitates social contact, and the internet was used to pass time while taking people's mind off their loneliness.</p>
<p>Lampinen et al 2006</p>	<p>Their findings showed that physical and leisure activity improve well-being .The physical activities include Performing of chores, walking, exercising to point of perspiration and participation in competitive sports. Leisure activities included involvement in associations and religious activities, handicrafts, reading and studying.</p>

Pettigrew & Roberts 2008	Behaviors such as utilizing friends and family as an emotional resource, engaging to eating and drinking rituals as means of social contact and spending time constructively by reading gardening can ameliorate the experience of loneliness.
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This table gives the summary of various intervention methods that were attained in the process of getting answers to reduce the problem of isolation and loneliness. These intervention methods according to Savikko 2008 can be grouped under Group and Individual categories.

Table 5. Categories and subcategories of interventions

GROUP INTERVENTIONS	INDIVIDUAL INTERVENTIONS

<ul style="list-style-type: none"> • Group activities • Volunteering • Friendship improvement • Internet training 	<ul style="list-style-type: none"> • Gardening • Pet therapy • Service provision • Reading and watching television • One to one intervention
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10.1 GROUP INTERVENTION METHODS

Group interventions are the widely most used intervention strategy to alleviate loneliness among elderly. (Cattan et al 2005). Analyzing from the table above, the goal of group interventions is to provide for the elderly an opportunity for social support and social network. As agreed by various researchers, loneliness is a subjective feeling that comes as a result of deficiency in a person's social relationship.

- **Group activities**

The activity theory of ageing concludes that involvement in activity on the part of the elderly reinforces their sense of subjective well-being. Loneliness according to research identifies the reduction in social activities as one of the reasons for the experience of loneliness. Most group interventions contain diverse activities that range from social, physical, to recreational or leisure activities. (Savikko 2008 Aartsen & Jylhä 2011, Lampinen et al 2006).

10.1.1 Volunteering

Volunteering has the potency to be effective remedy for loneliness alleviation (Cattan 2005). Information about volunteering when communicated properly to elderly can help the elderly become more socially, mentally and physically active and improve their health and well-being. Elderly peoples need to be encouraged participate in volunteer work reasons being that , volunteering has both individual and social benefits that is derived from the social interaction involve and the physical and cognitive requirements of the work. (Pettigrew and Roberts 2008) Social interaction is a strategy that can alleviate social loneliness according to Weiss (1973).

10.1.2 Friendship improvement

A survey carried out by Martina & Stevens (2005) aimed at improving friendship, self – esteem and subjective well-being among elderly women, attracted lonely elderly women who were willing to work on their friendship. This resulted in an increase in the quality and number of their friendship.

10.1.3 Internet training

Empirical work to date suggests that loneliness could be reduced with ICT interventions (Blaz̃un et al 2012) computer intervention activities included, learning how to write documents with the computer, browse the Internet and search for various information important to older people, such as reading local newspapers, searching for medical information, looking for social events, as well to learn how to use various e-services and to communicate via electronic mail. After the training, a statistically significant reduction of loneliness between the baseline and follow-up studies According to internet. World Stats publication mention in (Blaz̃un et al 2012) Finland is listed on the 9th place of 58 countries with the highest internet penetration rate. Older people increase their possibilities of social inclusion, through ICT training skills and this positively affects the reduction of loneliness. For elderly who live alone in towns, computer engagement is an important element for them in that, it increases their independence and

decreases their level of loneliness. A survey carried out Forkkema & Knipscheer (2007) indicated a significant reduction among the participant who suffered from emotional loneliness and among the highest educated. E-mail facilitates social contact, and the internet was used to pass time while taking people's mind off their loneliness. The participants used the internet to get in contact and stay in touch with others despite poor health. Most of the contacts were with family and acquaintances.

10.2 INDIVIDUAL INTERVENTION METHODS

10.2.1 Gardening

Gardening is a very popular physical activity of the elderly. It can range from working in the garden or just taking care of flowers on the balcony. According to Pettigrew and Roberts (2008), gardening was one of the activities that were mentioned by participants.

Gardening offers both physical and cognitive benefits to the elderly. It provides a sense of functionality and purpose hence generating feelings of accomplishment that can go a long way to increase an individual's self-perceived value. Gardening is also time consuming and can be used as a means to pass time. As days go by, the health of the elderly tend to deteriorate and for those who use garden as a means to alleviate their loneliness, and who can no longer engage in the activity due to their deteriorating health, just looking out onto the garden that they established can bring long-lasting sense of satisfaction.

10.2.2 Pet therapy

The use of pet has also been approved as an intervention for alleviating loneliness. (Krause-Parello 2008, Pettigrew & Roberts 2008) Loneliness is said to be stressful and it prompts individuals to integrate new relationships or regain loss one, in order that social support can be regained. (See Weiss 1973) According to the findings of the risk factors for loneliness, elderly people are particularly vulnerable to losses especially of love ones. Because of the attachment they had with these love ones, they tend to seek for supportive relationships to replace those that were lost. By so doing, a pet can be

used as an attachment support and this is in line with attachment theory. (Krause-Parello 2008) For elderly who are able to manage the care of a pet, in the course of walking the pet, an opportunity for social interaction can be created with other pet owners.

10.2.3 Service provision

Providing various services such as meal, home help, transportation, information on happening can make the lonely elderly to be more active (Cattan et al 2005) information is very important in that many people might not participate in activities not because they do not want to but because they are not informed.

10.2.4 Reading and watching television

Reading and watching television are also activities used by elderly to pass time. Reading books and newspapers, watching the television create a link between the elderly and the external world (Lampinen et al 2006, Pettigrew and Roberts 2008).

In this description watching of television and reading of books or newspapers does not directly alleviate the experience of loneliness per se but helps the elderly to pass time and by so doing take their minds off their loneliness. Watching of television at times such as the evening can also help to replace the human company that the elderly would previously have had from partners or other family members in the evening. Evenings has been reported as one of the moments that people feel lonely. (Pettigrew & Roberts 2008). Referring to the reported causes of loneliness, impaired hearing and deteriorating eye sight can hinder this intervention.

10.2.5 One to one intervention

This type of interventions include: home visits, caregivers support, and telephone calls. Home visits have been identified as an intervention measure for reducing loneliness among elderly who live alone (Cattan 2005, Pettigrew and Robert 2008). Visits from

family members, friends, social and health care professionals' increases the elderly level of social interaction.

11 DISCUSSIONS

The research topic and its compelling questions was the result of the authors' experience of the feeling of loneliness during work practice and a student worker. The author decided to find the cause and remedy for this phenomenon, by way of reviewing already existing scientific literature.

In the scientific literature used for this work, loneliness has been defined in several ways. Loneliness is most often defined as a deficiency in a person's social relation as well as a subjective feeling. It has also been described by Peplau & Perlman (1992) as an unpleasant and distressing condition.

Statistics indicate that 34% of the older Finnish population suffers from loneliness and sometimes 5% suffer loneliness often or always. The phenomenon of loneliness thus affects a large proportion of the older Finnish population.

From the scientific literature used, loneliness was known to be related to depression, living alone, widowhood and subjective health. Decreased psychological well-being was also linked to loneliness.

Various researchers agree that the phenomenon or problem of loneliness as experienced by the elderly cannot be eradicated but reduced or prevented.

One compelling question was to first identify the causes of loneliness among the elderly. Results show that, there were various causes associated with loneliness, but are inevitable. Situations such as bereavement and chronic or age related illnesses cannot be avoided. For instance, when a spouse dies, the vacuum that it brings about for the other spouse cannot be replaced. Various researchers are of the opinion that, such a cause of loneliness cannot be cured, but reduced with individual and group interventions.

Interactions for the alleviation of the phenomenon of loneliness as stated by Fokkema & Knipscheer (2007), did stress that, interventions should target the real cause of the

problem. It was also highlighted the literature that interventions aimed at alleviating elderly loneliness can only be successful if:

- The person suffering from this phenomenon of loneliness is aware of the problem and the possible outcome of the interventions.
- The elderly person or group in question must make efforts themselves to alleviate their suffering.
- Be determined to take part in almost all the intervention process.

Literature established the fact that group interventions proves to more effective than one-on-one interventions. This however should not be the basis for eliminating one-on-one intervention, since interventions are mostly tailored to suit the suffering elderly.

In Fokkema & Knipscheer (2007), indicated three ways to cope with loneliness, the first coping strategy was that loneliness resulted from a discrepancy between actual and desired relationship and could be intervened by increasing the relationship of the elderly involved to the desired level. Secondly, loneliness can be reduced by lowering unrealistic desires and high expectations regarding relationships. The third coping strategy was to learn how to cope with the feeling of loneliness. With regards to this, there was deficiency between actual and desired relationship and a reduction of the feeling of loneliness.

12 CRITICAL ANALYSIS, CONCLUSION AND RECOMMENDATIONS

There has been a lot of information captured reviewing literature for this thesis. Challenges encountered doing this work can never be overruled. Some of these challenges were that, the author was not able to get first hand information regarding this topic. This came about due to the method used to get to the final result. This first hand information would shed more light on the current situation regarding loneliness among

older adults in Finland. Meaning there is lack of direct connection between the result and current situation. Another limitation was that, abundant rich scientifically researched literature written in Finnish were excluded in this work. Recent articles written in English were excluded due to lack of funds to purchase them. Nonetheless, the result proved conclusive.

The author in the process of finding answers to these research questions broadened his knowledge on this phenomenon affecting older adults. In conclusion it is of the authors opinion, that management of elderly care institutions consider this phenomenon serious in order to find measures to intervene.

Findings suggest that, there are different characteristics related to older peoples loneliness. These may include, widowhood, living alone at home or residential homes, poor income, poor subjective health and depression. These factors when seriously considered by elderly care management and nurses may go a long way to identify those at risk and the root cause of their loneliness. This could help identify specific interventions that suits specific individuals suffering loneliness. It has also been revealed that loneliness and isolation are separate phenomena and should be treated separate from each other. This in other words means that, older adults may even experience loneliness when there are people around them.

The most compelling question that emanated from this thesis was that:

Where does loneliness affect older adults the most? Is it in institutions or at home? This area the author recommends future researcher to look into.

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APPENDICES

Author	Topic	method	Results
Pettigrew & Roberts 2008	Addressing loneliness in later life	The study uses social and solitary pastimes to ameliorate the experience of loneliness among elderly	According to the findings behaviors such as utilizing friends and family , engaging to eating and

			<p>drinking</p> <p>rituals as means of social contact and spending time</p> <p>reading, gardening can reduce loneliness.</p>
<p>Savikko N 2008</p>	<p>Loneliness of older people and elements for an intervention for it</p> <p>alleviation</p>	<p>The Study was In two parts.</p> <p>The aim of phase one was to acquire information on the concept of loneliness, its relationship with social isolation and global feelings of insecurity and also information</p>	<p>According to the findings, 39% suffered from loneliness at least sometimes.</p> <p>Loneliness more common among the oldest age group, Women, widows and Residents who live alone.</p> <p>Loneliness, associated with low level of education, poor income, and former</p>

		<p>on the prevalence community dwelling older People's loneliness. Phase two; the aim was to identify the essential elements of the psychological group rehabilitation (PGR) and to describe the experience of the PGR</p>	<p>physical heavy work. living in large cities were less lonely than those living in small cities or rural areas. Few outdoor activities, need of daily help and handling day to day week increase Loneliness. Poor vision and impaired hearing also a factor less contact with children friends and grandchildren as often as wished also led to loneliness. illness, lack of friends, death of a spouse reported as the</p>
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			<p>most</p> <p>Common causes.</p> <p>Meaningless</p> <p>life, absence of relatives,</p> <p>living conditions and</p> <p>family matters</p> <p>illness of spouse, aging, retirement, children's stressful</p> <p>life, death of a family</p> <p>member, living environment,</p> <p>causes loneliness.</p> <p>In the case of the intervention,</p> <p>the PGR</p> <p>participants</p> <p>reported meaningful results with 95% feeling that their loneliness was alleviated.</p>
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<p>Golden et al 2009</p>	<p>Loneliness social support network, mood and wellbeing in community dwelling elderly</p>	<p>To examine the relationship between social network, loneliness, depression anxiety and quality of life in community dwelling older people living in Dublin</p>	<p>Loneliness was higher in women, the widowed, those with physical disabilities, increase with age loneliness explain the excess risk of depression in the widowed</p>
<p>Lampinen et al 2006</p>	<p>Activity as a predictor of mental wellbeing among older adults</p>	<p>To examine the role of physical and leisure activity as predictors of mental well-being among adults born in 1904- 1923.</p>	<p>20% of men and 30% of women experienced loneliness due to poor mental wellbeing predictors of mental wellbeing included physical and leisure activity.</p>

<p>Tiikkainen & Heikkinen 2005</p>	<p>Association between loneliness, depressive symptoms and perceive togetherness in older people</p>	<p>To study the occurrence of loneliness and the associations of loneliness and depressive symptoms in a five year follow-up and also to describe how the six dimension of perceive togetherness explain loneliness and depressive symptoms at baseline</p>	<p>Results shows that depressive symptoms predicts loneliness</p>
<p>Tilvis et al 2011</p>	<p>Suffering from loneliness indicates significant Mortality Risk of</p>	<p>Study aimed at examining the association of the feeling of loneliness with</p>	<p>Loneliness more common in women than men, old age , widowhood, poor health, lower education,</p>

	Older People	all- cause mortality in a general aged population	poor vision & hearing, need for daily help inability to go out door were associated with loneliness. Suffering from loneliness indicates significant mortality risk in old age. Psychosocial group intervention improved health; delayed cognitive decline reduced mortality and diminished use of health care services.
Eloranta et al 2008	Personal resources supporting living at home as	Personal resources supporting living at home as	Personal resources supporting living at home as

	described by older home care client	described by older home care client	described by older home care client
Aartsen & Jylhä 2011	Onset of loneliness in older adult: Result of a 28years prospective study	To test whether often observed correlates of loneliness in old age are related to onset of loneliness longitudinally	Age gender, loss of partner, reduced social activities, increase feelings of low mood uselessness and nervousness increase the risk of becoming Lonely.
Rokach et al 2007	The Effect of Gender and Marital Status on the loneliness of the aged	The study aims to understand explaining and highlighting the various aspects of loneliness as experienced by the elderly	Women experience loneliness significantly differently From men. marital status has an effect on the experience of loneliness married men were less lonely

			than unmarried men
Forkkema & Knipscheer 2007	Escaping loneliness by going digital: A quantitative and qualitative evaluation of a Dutch experiment in using ECT to overcome loneliness among older adults	The aim of the study is to evaluate the outcome of an internet-at home intervention experiment that aimed at decreasing loneliness among chronically ill and physically handicapped older people	Both participants and control group experienced a reduction in loneliness. significant reduction was seen among participants who suffered from emotional loneliness and among the highest educated. E-mail facilitates social contact, and the internet used to keep them busy.

<p>Cattan et al 2005</p>	<p>Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions</p>	<p>The aim of the study was to determine the effectiveness of health promotion interventions that target social isolation and loneliness among older people.</p>	<p>The aim was to determine the Effectiveness of health promotion interventions That target social isolation and loneliness Among older people</p>
<p>Graneheim & Lundman 2009</p>	<p>Experience of loneliness among the very old: The Umeå 85+ project</p>	<p>The study aims to clarify the experience of loneliness among the very old, who live alone.</p>	<p>Experience of loneliness among the very old is complex and has connection with the past, the present and the future. Living with losses and feelings of abandoned were reported as limitations imposed by</p>

			loneliness and living in confident and feeling free were reported as opportunities of Loneliness.
Routasalo P.E, Reijo S.Tilvis, Hannu Kautiainen & Kalsu H. Pitkala 2008	Effects of psychosocial group rehabilitation of social functioning, loneliness and well-being of lonely older people.	Data analysis	With a well-planned and professionally led psychosocial group intervention, it is possible to empower and to socially activate older people and strengthen their well-being.