

# **Loneliness Among Elderly Living at Home**

## Literature Review

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<p><b>Abstract:</b>  Previous researches have proven that, 39% of elderly who live in the community in Finland experience loneliness at least sometimes. But these researches have focused more on the community as a whole but not specifically at home. Today's policy for care of the elderly is aimed at making them to live in their own homes for as long as possible. But loneliness has been identified as one of the barriers that affect their independent living.. The main aim of this study is to identify and describe the factors associated with the experience of loneliness among 75+ elderly who live at home in Finland while the second aim is to identify some interventions that could alleviate this feeling.</p> <p><b>Method</b> Literature review is the method that has been used to carry out this study. The data collected was analyzed using qualitative content analysis</p> <p><b>Results</b> The results show that there are many factors that are associated with the experience of loneliness among this age group. The main findings were grouped under four main categories namely demographic factors, social factors, Health factors and self-reported causes or factors. The intervention measure used for the alleviation of loneliness among this group of individuals was also categorized into two main headings namely, group and individual interventions.</p> <p><b>Conclusion</b> Loneliness exists and it is a problem among elderly who live at home and there are many causes that make elderly prone to this experience some of which cannot be avoided by the elderly themselves but there are also many available interventions that can alleviate this problem. And if this problem is kept under control, the elderly can live in their homes for as long as possible.</p>	
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<p><b>Tiivistelmä:</b></p> <p>Aiempien tutkimusten mukaan 39 % laitoshoidossa olevista vanhuksista kokevat ainakin toisinaan yksinäisyyttä. Tutkimusten kohteena on aikaisemmin ollut myös laitosten olosuhteet ja kokonaisuus, eikä niissä ole erikseen otettu huomioon kotona asuvien vanhusten kokemuksia. Nykyhoidossa tavoitteena on saada vanhus asumaan mahdollisimman kauan omassa kodissaan. Yksinäisyys on itsenäisen elämisen ja asumisen haaste. Tämän tutkimuksen tarkoituksena on tunnistaa ja kuvata Suomessa yksin asuvien 75+vanhusten yksinäisyyden kokemuksiin liittyvät tekijät. Toisena tarkoituksena on tunnistaa toiminnat, jotka voivat lieventää yksinäisyyden tunteita.</p> <p><b>Menetelmä</b> Tutkimuksen menetelmänä on ollut kirjallisuuskatsaus. Koottu aineisto on käsitelty kvalitatiivista sisällönanalyysia käyttäen.</p> <p><b>Tulokset:</b> Kyseisen ikäryhmän yksinäisyyden kokemuksiin on monta eri syytä. Opinnäytteessä ne on luokiteltu neljään eri kategoriaan: demografiset tekijät, sosiaaliset tekijät, terveystekijät sekä itse raportoidut syyt tai tekijät. Toiminnat jotka voivat lieventää kyseisen ikäryhmän yksinäisyyden tunteet on luokiteltu kahteen eri kategoriaan: ryhmätoiminnat sekä yksilöön kohdistuvat toiminnat.</p> <p><b>Johtopäätökset:</b> Yksinäisyyden tunne esiintyy yksinasuvilla vanhuksilla ja tunne koetaan myös ongelmana. Yksinäisyyden kokemuksiin on monta eri syytä, kaikkiin vanhus ei pysty itse vaikuttamaan, mutta on olemassa eri toimintamuotoja jotka lieventävät ongelmaa. Jos ongelma pystytään kontrolloimaan, vanhus voi asua omassa kodissaan niin kauan kun on mahdollista.</p>	
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# TABLE OF CONTENTS

<b>1</b>	<b>INTRODUCTION .....</b>	<b>8</b>
1.1	Motivation of research topic .....	9
1.2	Objective and research question.....	10
<b>2</b>	<b>BACKGROUND .....</b>	<b>11</b>
2.1	Concept of loneliness .....	11
2.2	Definitions of loneliness.....	13
2.3	Types of loneliness.....	15
2.4	Prevalence of loneliness .....	16
2.5	Measurement of Loneliness .....	17
2.5.1	<i>The University of California Los Angeles loneliness scale.....</i>	<i>18</i>
2.5.2	<i>The de Jong-Gierveld loneliness scale .....</i>	<i>18</i>
2.6	Experience of loneliness .....	19
2.7	The Concept of living at home.....	21
<b>3</b>	<b>Theoretical Perspectives of loneliness .....</b>	<b>23</b>
3.1	Psychodynamic Perspective .....	23
3.2	Personality Perspective .....	24
3.3	Existentialist Perspective.....	24
3.4	Psychological perspective .....	25
<b>4</b>	<b>RESEARCH METHODOLOGY .....</b>	<b>26</b>
4.1	Literature Review.....	27
4.2	Data Collection .....	28
4.3	Data Base Search .....	29
4.4	Exclusion and Inclusion criteria .....	31
4.5	Data analysis .....	32
4.6	Validity and Reliability .....	33
4.7	Ethical consideration .....	34
<b>5</b>	<b>FINDINGS .....</b>	<b>35</b>
5.1	What are the factors associated with loneliness among the elderly .....	35
5.1.1	<i>Demographic Factors .....</i>	<i>39</i>
5.1.2	<i>Socio-economic factors .....</i>	<i>41</i>
5.1.3	<i>Health factors .....</i>	<i>42</i>
5.1.4	<i>5.1.4 Self- reported causes of loneliness .....</i>	<i>43</i>
5.2	What are some possible interventions for the alleviation of loneliness among elderly who live at home? .....	43

5.2.1	<i>Group Intervention</i> .....	47
5.2.2	<i>Individual intervention</i> .....	49
<b>6</b>	<b>DISCUSION</b> .....	<b>53</b>
<b>7</b>	<b>CRITICAL ANALYSIS</b> .....	<b>55</b>
<b>8</b>	<b>CONCLUSION</b> .....	<b>56</b>
<b>9</b>	<b>RECOMMENDATIONS FOR FURTHER STUDIES</b> .....	<b>56</b>
	<b>REFERENCES</b> .....	<b>57</b>
	President Halonen (2011) "Loneliness a Real Problem in Finland" .....	58

## **Figures**

Figure 1 A model of the experience of loneliness (Perlman & Peplau 1998).....	20
Figure 2 categories and sub-categories of factors associated with loneliness.....	38
Figure 3 types of loneliness interventions.....	46

## **Tables**

Table 1 search process.....	30
Table 2 Inclusion and exclusion criteria.....	31
Table 3 Articles of factors associated with loneliness.....	35
Table 4 Analyzed articles for loneliness interventions.....	44

## FOREWORD

This thesis is dedicated firstly to the Almighty God, Who gave me the strength and wisdom to go through the entire process. I am who I am today by his grace. Jesus to you be all the praise! Secondly, I dedicate this work to my one and only daughter so far, my beloved and best friend Sandra-Beulah Agehnui. You are the reason for which I am working hard and my prayer for you is that you will be better than my best.

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Odette Ngum

# 1 INTRODUCTION

The world is rapidly ageing. According to The World Health Organization (WHO 2011), the world's elderly population age 60 and older as of 2011 was 650 million people, and this figure is estimated to reach 2 billion by 2050. By reason of this increase, efforts to maintain elderly people active have been done by investigating all possible factors that may affect their lives. Loneliness which is the topic of this study has been identified as one of the risks for community-dwelling elderly people's health and independent living, and also as one of the risk factors for disability and dependence. (The Finnish Ministry of Social Affairs and Health, 2003. cited in (Savikko 2008). The incidence of loneliness in Finnish elderly population is rather high. According to Savikko (2008), 39% of Finnish elderly population experience loneliness at least sometimes. The participants in a study by Kulla et al (2006) also felt lonely.

In Finland, the number of elderly people over 65 years of age is estimated to rise from 17% (941 000 people) as of 2010 to 28.8%, which would represent 1 770 000 people, by the year 2060 (Official Statistics of Finland 2011). Conventionally, "elderly" has been defined as a chronological age of 65 years old or older and this study will focus on the elderly that are aged 75+ who live at home in Finland.

Loneliness is a serious problem facing all age groups in Finland. This was made public by the former president of Finland Tarja Halonen and this statement can be confirmed by researches that have been carried out in Finland. Her comment came in a television address opening the annual Collective Responsibility fundraising campaign. She reminded the entire public of their responsibility to relatives and others and called for a collective effort to combat it. (YLE news 6.02.2011)

Even though as mentioned above loneliness is a phenomenon that is experienced by all age groups paying particular attention to the elderly is of great importance considering the fact that the elderly in the world and Finland inclusive are fast increasing and the rising life expectancy is bringing along new challenges in the case of the oldest-old (Tiikainen & Heikkinen 2005, Pettigrew & Roberts 2008) The losses that come with age tend to reduce the social network of the elderly and the reduction prunes them to the



experience of loneliness which in itself has a devastating experience on the health of the elderly and can go a long way to temper with their independent living (Rokach et al 2007: 244)

During the life course of today's older people, Finnish society has changed considerably from the period of four wars (see Salokangas 1997) and the great depression to the urbanization that has led to the disintegration of small rural communities. Urbanization has influenced, for example, the living conditions of older people since living alone has become more common among the older population (see Sundell 1988). These changes may also have influenced the older people's feeling of loneliness.

## **1.1 Motivation of research topic**

The focus of care for the elderly in many countries like in Finland has increasingly shifted towards home care. The home care services are designed above all to support independent living so that the elderly can live in their own homes or familiar environment for as long as possible. In order to support the resources of elderly so that they can live in their homes for as long as possible, professionals and those involve with the care of the elderly, need to understand the factors that enhance and threaten these resources. Loneliness which is the topic of this work has been identified as one of the barriers to independent living (Eloranta et al 2008)

The intent for setting out to research on this topic loneliness was as a result of the fact that, in the course of the author's study during practical training that was done in the home care, the author realized during one of these visits to an elderly client's home that she had not had any visitor for two weeks and she complained of being lonely. Instead of cleaning the house and doing the shopping for her which was the reason for the visit, she wanted to use the time to talk. Another reason for setting out to research on this topic was that the author did a course that was known as Living condition and quality of life and in this course Loneliness was identifies as one of the barriers to independent living and the author choose the topic loneliness. After the presentation the teacher felt that the author did an excellent job as of that time and encourage the author to con-

tinue with the topic for the thesis. So with this motivation and the author's own experience of the topic the author decided to carry on with the topic with this idea in mind that the aim for care of the elderly in today's socioeconomic state is to remove all barriers that can hinder their independent living so as to permit them live in their homes for as long as possible.

## **1.2 Objective and research question**

The aim of the study is to describe the factors that are associated with loneliness. After the description, the author will go ahead to identify some interventions that can alleviate this experience among the elderly who live at home

By this study the author aims at enhancing the knowledge of caregivers-- both family and professionals to be able to quickly identify this problem among the elderly and a timely intervention can go a long way to reduce some critical health problems that may occur as a result of their feeling of loneliness and the elderly can be able to manage their loneliness and live in their homes for as long as possible. In order to arrive at the objective of this work, the author will be guarded by two research questions:

1. What are the factors associated with loneliness among elderly who live at home?
2. What are some possible interventions for the alleviation of loneliness among elderly who live at home?

This thesis has been commissioned by the Association of Care Giving Relatives and Friends in Finland. (Omaishoitajat ja Läheiset –Liitto ry) Since the topic was not part of a project, the author had a challenge on locating an organization that works closely with home care for the elderly. After a long search, The Association of Care Giving Relatives and Friends was chosen. The association aims at improving the situation and status of family caregivers and care recipients as well as promoting the development of numerous support measures for them. One of their activities is to train caregivers, students, volunteers and professionals that take care of elderly people. According to Savikko (2008) these people are in a better position to identify elderly who are suffering from loneliness because they work with them.

## 2 BACKGROUND

There are a lot of researches that has been carried out on the topic loneliness. Many of these researches draw their inspiration from one of the earliest researches on this topic that was carried out by Weiss, Who conceptualized loneliness and went ahead to divide it into the experience of emotional isolation or of social isolation in 1973. By reason of the fact that loneliness is a phenomenon that is being experienced by all age group, the term has pull more attention and many researchers have researched on the topic and some of these researchers are Victor Christina and colleagues who have been researching on the topic since the year 2000. They have been able to make a clear distinction between the two concepts, loneliness and social isolation. (Victor et al 2009) Peplau's and Perlma's (1982) is another frequently referred publication that worked concerning the theory, research and therapy of loneliness.

### 2.1 Concept of loneliness

Loneliness is a complex concept that involves psychological as well as social aspects. The term loneliness, feeling lonely, being alone and living alone have often been used interchangeably; however, although they are distinct concepts, they are related and constitute dimensions of loneliness. Feeling lonely is often understood to mean a subjective feeling of being alone, separate, or apart from others and being alone means spending time alone, and living alone means having a single-person household.(Routasalo & Pitkala, 2003, Tomaka, Thompson, & Palacios, 2006 cited in (Graneheim & Lundman 2009). These concepts may or may not have anything to do with experiences of loneliness. Likewise, a person who experiences loneliness may be alone, live alone, or live with others Andersson, 1998 cited in (Graneheim & Lundman 2009)

In a phenomenological study by Dahlberg 2007 cited in (Graneheim & Lundman 2009) loneliness has been described from a life-world perspective among the female and male informants aged between 12 and 82 years. She describes four constituents of the meaning of loneliness: loneliness without others; loneliness with others; loneliness as a

strange, wrong, ugly, or even shameful thing; and loneliness as a restful and creative thing.

The term loneliness is often discussed in conjunction with other phenomena like depression or social isolation (Karmick 2005 cited in Savikko 2008 p. 14) the concept of loneliness has also been equated with social isolation and living alone. However, a person may be suffering from loneliness even when he or she is in the mist of people. (See Victor et al 2000)

Loneliness is mostly considered a negative feeling. However it can also be voluntary and experienced as a positive or and creative solitude. There is only one word for negative and positive loneliness in Finnish that is “yksinäisyys” (Savikko 2008)

Loneliness is seen as a stigmatizing and compromising social phenomenon and it has been argued by researchers that, participants do not give a true account of their feelings of loneliness. It is said that they either deny to report the fact that they are experiencing loneliness or they downgrade the intensity of the experience.(Victor et al 2009 and Cattani 2010) loneliness is said to be subjective feeling, this means that the amount of it can only be described by the individual experiencing it (Savikko et al 2005)

Loneliness is said to be dynamic in nature. According to a survey by Victor et al. (2009) they highlighted the importance of the temporal dimension of loneliness. Among the participants who reported their experience of loneliness, be it sometimes often or always, 54% reported experiencing loneliness at specific times. The times relate to specific times of the year, seasons or day of the week, evenings and weekends. Holidays period where the most problematic and Sundays were particularly difficult among those who were not active members of churches.

The experience of loneliness also changes with time. In a five- year follow-up study carried out by Tikkinen & Heikkinen (2005) some participants reported an increase in their level of loneliness, while other individuals reported a decrease in their level of loneliness. Those who reported a decrease felt lonely at 80 but not at 85.

Loneliness influences virtually every aspect of life in our social species, when associated with physical and mental health. For example, loneliness does not only have to do with painful feeling of isolation (social loneliness) disconnectedness from others and not belonging, it is also a risk factor for myriad health conditions that include elevated systolic blood pressure in older adults. (Masi et al., 2010) Loneliness is a phenomenon that compromises the quality of life of the elderly. (Victor et al., 2005)

Loneliness is related to several characteristics that impair the quality of life of the elderly, like depressive symptoms and decrease subjective health. (Tilvis et al. 2000, Victor et al. 2000, cited in (Savikko 2008) Loneliness may lead to cognitive decline, increased need of help and use of health services, as well as early institutionalization (Geller et al. 1999, Tilvis et al. 2000, Jylhä 2004 cited in Savikko 2008)

Loneliness makes life to be entirely worthless and affects the mood and well-being of the elderly. The impact of loneliness on such diverse aspects of physical and mental health provides justification for interventions to alleviate this experience. (Masi et al 2010)

A study by Mandy et al (2010), identified five different interrelated dimensions of loneliness, being private, relational, re-adjustment, temporal and connectedness. This study is said to have gained the perspectives of both older people and service providers' understandings of what loneliness is.

## **2.2 Definitions of loneliness**

A review of the literature on loneliness indicates that, there are numerous definitions for loneliness. Each of these definitions is based on the theoretical approach that is used. Although there is no specific definition for loneliness, there are some common factors relating to loneliness that researchers agreed on. They all agree on the fact that, loneliness is a subjective unpleasant distressing experience that comes from deficiencies in

social relationship. Below is a list of various definitions of loneliness by different research mentioned in (Cattan 2010: 32) Loneliness has been described as,

- To have an unwelcomed feeling of lack or loss of companionship (Townsend 1957)
- A painful frightening experience that people will do almost everything to avoid (Fromm- Reichmann 1979)
- The subjective respond to the absence of an attachment figure (Weiss 1980)
- An enduring condition of emotional distress arising when a person feels estranged from misunderstood, or rejected by others, and /or lacks appropriate social partners for desired activities (Rook 1984a)
- An aversive emotional experience when there is a deficit between existing social relationships and their desired social relationships (Rook 1984b)
- 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 relationships (de Jong Gierveld 1989).
  
- Loneliness is defined as an unpleasant and distressing subjective experience that results from deficiencies in a person's social relationships (Peplau & Perlman, 1982)

In this work, the author refrains from choosing any particular definition for loneliness, but is guided by the fact agreed upon by all the researchers in the field of loneliness that states that, loneliness is a subjective unpleasant distressing experience that comes from deficiencies in social relationship.

## 2.3 Types of loneliness

Researchers in the field of loneliness have also tried to identify different types of loneliness. Weiss 1973, mentioned in (Perlman & Peplau 1998) distinguished between emotional loneliness and social loneliness. Emotional loneliness comes as a result of the absence of emotional attachment provided by intimate relationship. Symptoms of this type of loneliness include anxiety, a sense of utter aloneness, vigilance to threat, and tendency to misinterpret the hostile or affectionate intention of others. Social loneliness he says is as a result of the absence of an adequate social network. Symptoms of social loneliness are feelings of boredom, restlessness and marginality.

Rook 1988 mentioned in (Cattan 2010: 37) has distinguished loneliness on the basis of its duration-- transient, situational and chronic loneliness. According to Rook, transient loneliness is a brief everyday occurrence of mood. Situational loneliness he says occur when there is a change in a person's experience from perceived satisfying relationship to an undesirable position like in the case moving home, bereavement or divorce. This type of loneliness even though it is not something that is pleasant and welcome may be relieved by creating new social bond and as a result of this may not last for a long time. He goes further to define chronic loneliness as an enduring trait of loneliness.

Perlman & Peplau (1998) also commented on the duration of people's experience of loneliness and distinguishes between short-lived or state loneliness as compared to long-lived and trait loneliness. Trait loneliness he says has cross-situational generality, while state loneliness is more situation-specific. Victor et al (2009) puts trait loneliness in a different way. They categorized some group of participants as suffering from existential loneliness. Existential loneliness they say is loneliness that is consistent, constant and enduring across the life course. One participant in their study was identified under this group and the individual experiencing this type of loneliness is lonely and the fear of being lonely completely takes over the individual's life.

## 2.4 Prevalence of loneliness

Main Surveys of loneliness worldwide have been conducted in the United States, the Nordic countries, the Netherlands and the United Kingdom. The National Council on Aging in the United States conducted a survey in 1974 and the survey showed an increase in the experience of loneliness with the older age group. 10% of people aged 65-69, and 17% of people aged 80 and above said they were lonely. A Swedish study recorded a prevalence of 12% among 60-69, and an increase to 25% in the age group 70-80 years old. But when comparing the European countries in relation to feelings of loneliness it was discovered that elderly people in Sweden felt the least lonely (4%) while loneliness was most common among the elderly in Greece (36%) Walker (1993) cited in (Savikko 2008). Loneliness is suggested to depend on cultural context and is more common in areas where living alone is unusual. Jylhä & Jokela (1990) cited in (Savikko 2008) According to a study in 1968 that compared elderly in Denmark, Britain, and the United States, it was discovered that between 17% and 30% of the elderly felt lonely sometimes or often. Mullins and McNicholas 1986, Tornstam 1995, Townsend 1968 all mentioned in (Victor et al 2009)

Studies by Jylhä and Jokela (1990), and Van Tilburg et al. (2004) all cited in (Victor et al 2009) have reported a “north-south” divide in experience of loneliness across Europe. According to findings in the above studies, loneliness is lowest in northern Europe and increases toward the south Mediterranean countries. Also a European Study of Adult Well-being which was a six-country study of adults aged 50 years and over recorded self-reported rates of loneliness of between 4% and 12% in Sweden, Austria, Luxembourg, Holland, the UK and Italy Burholt et al. (2003) cited in Victor et al 2009) As mentioned in Golden et al (2009) a review of the literature on loneliness records a prevalence of 25-45% loneliness in “western-type” cultures.

Within Finland a study carried out by Tiikkainen and Heikkinen (2005) with 207 residents of Jyväskylä reported a prevalence of loneliness of 11.3%, and 12% suffered from loneliness often or almost always. Tiikkainen (2006) Sample of population-based eld-



erly people age >60 have shown that above one third (36%) experience loneliness often or sometimes. Loneliness is a subjective feeling and the amount of it can only be described by the individual experiencing it

According to 13 years follow-up study in Sweden loneliness was relatively stable whereas two Finnish studies have shown that loneliness is not a stable state. Jylhä 2004 and Tiikkainen 2006 cited in (Savikko 2008)

From the above comparison there is a great difference in the prevalence of elderly people's in different studies and it may be as a result of the different measurement method used and the fact that loneliness is seen differently within different cultures (Savikko 2008)

## **2.5 Measurement of Loneliness**

Researchers in the field of loneliness have used at least two different methods in interviews to get elderly people's report of loneliness. These methods are direct "self-rating" question(s) and indirect scales. A single question with a rating response scale is a common method that is used in measuring loneliness. But some researchers have strongly argued the limitations of the single-question self-rating scale and the use of a number of scale items in the scale of loneliness has been preferred and accepted as the "gold standard" and this has given birth to the use of multiple-question scale. This scaling technique is said to make assessment of reliability straightforward and easy to report (Victor et al 2009)

In the year 1982, Russell reviewed measures of loneliness and at that time only two measures existed within the published literature which were: the UCLA Loneliness scale (example of single dimensional measure) This scale was developed at the University of California and is widely used in European settings and the de Jong-Gierveld loneliness scale (an example of a multidimensional measure) developed in the United State but modified and widely used in the Netherlands and other European settings. These scales have been used by researchers to assess loneliness in all age groups. (Victor et al 2009)

### **2.5.1 The 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 comprised 20 items with the revised scale consisting of 10 items. The scale reports general acceptable measures, has also been reported as being responsive to change and is widely use.

But on the other hand, even though it is widely used, it is not without 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’ 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.

### **2.5.2 The de Jong-Gierveld loneliness scale**

The 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. De Jong-Gierveld and Raadschelders, 1982 cited in (Victor et al 2009) the scale has been revised three times since 1982 and the final version which is a six-item scale has been validated in de Jong-Gierveld and Van Tilburg, 2006 cited in (Victor et al 2009)

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 2009:61)

Even though there are other scales that exist like The social and Economic loneliness Scale for Adults (SELSA) and the Wenger Loneliness scale, the UCLA loneliness scale and the de Jong-Gierveld loneliness scale are the two most popular used scale and according to a suggestion by Meyers et al (2005) mentioned in Victor et al (2009: 805) of the studies of loneliness now use the UCLA measure. Even though the statement cannot be justified, it is quite clear that it is widely used

## **2.6 Experience of loneliness**

Although the experience of loneliness differs with each individual, there are basic elements that can be recognized with this experience. A look at these elements can enhance our understanding of the phenomenon. Figure 1 below portrays a model for understanding loneliness and the phenomena associated with it. The core of this variation model is the idea that loneliness occur when there is a disagreement between an individual's actual social relationship and his or her desired or needed social relationship. (Perlman & Peplau 1998)

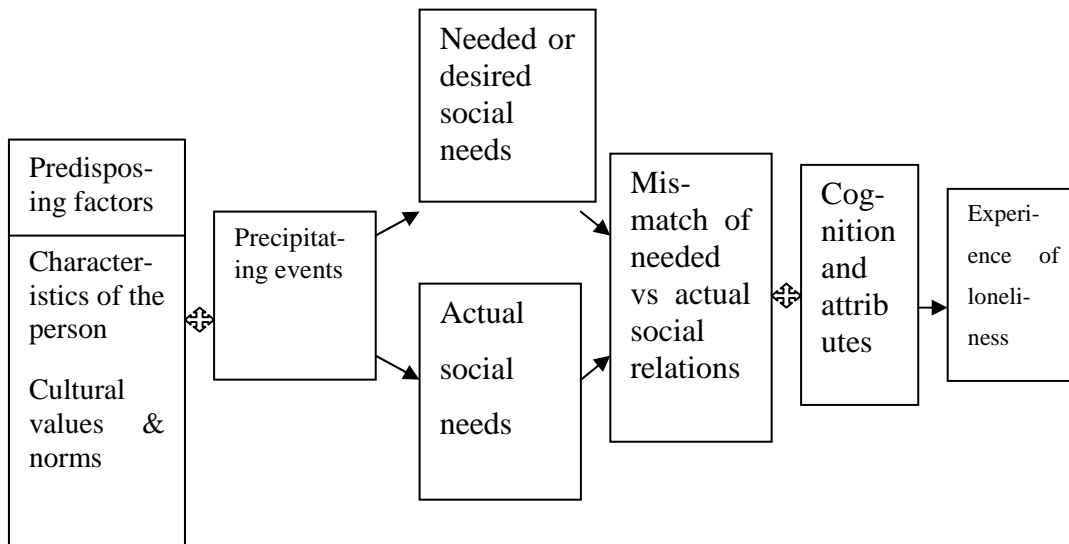


Figure 1 A model of the experience of loneliness (Perlman & Peplau 1998)

The figure above differentiates the predisposing factors that make people vulnerable to loneliness with events that hasten the onset of loneliness. There are different predisposing factors that can increase a person’s risk of loneliness. Differences in individual personality and behavior such as extreme shyness, lack of social skills can hinder an individual from creating or maintaining satisfactory social relationships and by so doing pave the way for loneliness. An individual’s vulnerability to loneliness can also be affected by culture and norms. An individual immediate situation can also create room for the experience of loneliness. Situations differ in the opportunities they provide for social contact and Some of this factors are very basic, for example, time, distance, and money. (Perlman & Peplau 1998) The author will expatiate more on these factors later on in the work.

In continuation with the experience of loneliness, the onset of loneliness is often triggered by precipitating events that occur during the life course which can create a change in person’s actual or desired social relationships. These life course events include the loss of an important relationship that comes through death, divorce or disruption of social relations. Figure 1 also shows how a person perceives and think about his or her life situation. This perception involves cognitive processes such as social comparison and

fundamental attribution that affect the experience of loneliness. A person's evaluation of their situation as worst compare to their peers can increase the intensity of the feeling of loneliness, or if they ascribe the cause s of their loneliness to personal inadequacies. In conclusion the figure draws attention to the different ways in which people react to being lonely, and the component of this model could be analyzed from different theoretical perspectives (Perlman & Peplau 1998)

## **2.7 The Concept of living at home**

Living at home means not being in long-term hospital or health centre care, or living in a residential home, sheltered housing with 24-hour care, or a home or sheltered housing for persons with developmental disability. (Ministry of social affair and health 2008)

The concept of home is complex and has been studied from a variety of perspectives, such as philosophical phenomenological, sociological or psychological and the focus of these perspectives depends on the researcher. Research has shown that the home is an important and meaningful place to the elderly. A subjective link between the elderly and their home has been addressed by research and it starts with the basic insight that ageing in place is more than mere living in an objective physical-spatial context. As people age , the home environment supports the sense of self and the sense of identity and many people emphasize attachment to a place , memories, and a sense of belonging, which therefore indicate the importance of emotional dimensions of the home ( S. Dahlin-Ivanoff et al., 2007)

In “a history of private life from the fires of revolution to the great war”, that was written in the twentieth century; Perrot declared that private life should be lived behind walls, and that a requisite for privacy was the home. The home was seen as a family issue, a place where the family can gather and the center of its existence. The home can therefore be said to be a space that allowed privacy, individuality and independence. Unfortunately when people experience an unset of functional limitation due to age they can lose their home as private territory this is due to the fact that it is gradually being

turned into a working place where people come and go.( Sixsmith. 1991 &Tamm.1999 cited in S. Dahlin-Ivanoff et al., 2007)

According to a research carried out by (S. Dahlin-Ivanoff et al) looking at the concept of home from an occupational therapist perspective the findings indicates that home has a central place in the lives of elderly people because it is where they live and spend so much time. The home means security and freedom. And each of this has three sub-categories. Home as a place of security means living in familiar neighborhood, everything functions, and having memories to live on. Home as a place of freedom means a place for reflection, a social meeting –point and leaving your own mark. ( S. Dahlin-Ivanoff et al 2007)

According to a research carried out by Pietilä & Tervo 1998 on 20 elderly over 75 years of age residence at home in Oulu, they identified certain factors that can help the elderly to cope at home. They made mention of the fact that It is important to gain knowledge of the elderly people thoughts and opinions in order to be able to support their living at home The results of this study showed that the elderly people’s ability to cope at home consisted of social contacts, and interaction with the surrounding community was one of the prerequisite for coping at home. For elderly people to cope at home they need support from the neighbours as commented by a participant “*I need not be alone they are good neighbours here I can telephone if I want*”. From this statement being alone is not something that is welcomed this is because it can lead to loneliness. They went further to say that the health is a very important factor in coping at home. Loneliness which is the topic of this work has an effect on the health of the elderly therefore meaning that addressing loneliness can help the elderly to better cope at home

### **3 THEORETICAL PERSPECTIVES OF LONELINESS**

Questions about theories are concerned with explanations about past or future event. Positivist, post-positivist and critical theories are concern with theories in prediction while constructionist use theory as a way of explaining or understanding the past. Constructionist are less concern with prediction as this may be as a result of the fact that there is less concern with identifying those “ at risk” and subsequently intervention and “curing” the identified problem.(Victor et al 2009:p 44)

A number of behavioral and social science disciplines have developed theories concerning loneliness. A review of these theories can add to confusion of the concept as a result of difference in the techniques of classification of the theories, and their linguistic differences. Nevertheless, an overview of these theories help toward an understanding of the diversity that exist in the concept of loneliness as it is discussed in the literature.(Victor et al 2009:p 44)

#### **3.1 Psychodynamic Perspective**

Most of the ideas about loneliness evolved widely from the Freudian psychodynamic tradition. This theory originated largely from clinical observation of individuals with various diseases that differentiated them from “normal” individuals. Loneliness from the Freudian perspective is characterized as abnormal and it is defined as “A deviant state demonstrated in those who are clearly out with the norm”. This theory seeks explanation of loneliness at all stages which includes poor parenting-child interaction, poor weaning and other experiences infancy. This Freudian tradition shows how factors such as traits and intra-psyche conflicts within the individual lead to loneliness.

Even though (Victor et al 2009) suggested that the psychodynamic characterization of loneliness as a result of disease has contributed to medicalization and stigmatation, they go further to say that importance of this early tradition in pathologizing and medicalising loneliness should not be underestimated. This is as a result of the continuous link

between loneliness and depression as proven by other researchers. Looking at this Freudian perspective of loneliness from a social constructionist perspective, it is considered as an inadequate account of loneliness because it does not take into account the social context in which the individuals or what they give as an interpretation of their loneliness.

### **3.2 Personality Perspective**

This perspective is derived from personality theories that originated from the psychodynamic tradition. An early example of this approach was the phenomenological perspective Carl Rogers (1970) cited in (Victor et al 2009:45). His theory of personality suggest that “ The demand of the social pressure to conform leads to a discrepancy between one’s true inner self and the self-represented in everyday life – a phenomenological discrepancy in one’s self –concept”. This “self-theory” of his assumes that the society in which individuals live can force them to act in restricted and social approved ways. According to this theory, Loneliness is experienced by these individual when they drop their external evident personality to get in touch with their inner self and the belief that their real selves are unlovable may keep them locked in their loneliness. This theory in contract with the psychodynamic tradition puts greater emphasis on the influence of an individual’s current experience and social context than the individuals childhood influence, it offers no positive possibilities and focuses upon the individuals and blames the individual (Victor et al 2009 : 46 )

### **3.3 Existentialist Perspective**

This approach also originated from clinical practice. Although it is less use in loneliness research .than other theoretical perspectives, there are now measures that have been derived from this theoretical stance. This theory originated from the idea that, “each of us is ultimately alone since no one else can ever experience our real thoughts and feelings.” This theory makes mention of the fact that, as individuals we tend to share with



others only some of those inner thoughts that we choose to. As a result of this, the sharing may be partial or complete.

From the existentialist point of view, unlike the Looking at this approach, although it does not deny the pain of loneliness of some people, it does ignore the potentially negative effects of being alone as mentioned by Weiss, 1973. (Victor et al 2009: 46)

### **3.4 Psychological perspective**

This approach highlights the importance of cognitive processes in understanding how individuals experience social phenomena such as loneliness. Cognition is said to be the mediating factor between deficit in the way people socialize or meaningful relationships and the experience of loneliness. Two similar theoretical approaches: attribution theory (Lunt, 1991) and self-discrepancy theory (Peplau et al., 1982) mentioned in (Victor et al 2009:47) have been used to explain loneliness that occurs in this way. According to these theories, the characteristic of loneliness is the gap between expectations of social relationships and perceived experience. Judging from objective standards, an individual who is not expected to be lonely may experience loneliness as a result of the fact that the frequency or quality of social contact has fallen below a desired level.

In the field of Psychology, there have also been two approaches to loneliness that have given primary emphasis to unmet needs and they are: Social developmental and social support approaches. The social developmental approaches of loneliness, emphasize the importance of social relationships in providing fulfillment of our needs for human intimacy. This theory has its roots from neo-Freudian psychoanalysis and loneliness is characterized in terms of deficits in social relationships.

According to (Victor et al 2009) it is Bowlby's work on attachment that has influenced the social developmental theory the most through the proposed relationship between early attachment processes during infancy and childhood. He relates the attachment patterns of

adult in intimate relationship with that of infant and parent. The importance of intimate attachment or significant confidant in adult relationship has originated from this idea and it has a deep influence upon the quality of life and social engagement.

As seen from the above perspective, Even though there are several theories that have been used to explore the experience of loneliness only four of them are mostly used and these are psychodynamic, existential, cognitive and interactionist theories. As mentioned by Savikko (2008) there is no single broadly accepted perspective on loneliness used in previous studies. Also in this study, several elements of these theories will be used.

The author has also decided to add to the above theories the activity theory. This choice is as a result of the research questions that this works seeks to investigate. The activity theory of ageing argues that involvement in activity on the part of the elderly reinforces their sense of subjective well-being. Subjective well-being is said to be a complex and multidimensional concept that is not easy to define. It involves dimensions of life such as life satisfaction, happiness, perceive health depression, anxiety, meaning of life and loneliness. The activity theory of ageing also holds that physical and leisure activities are positive correlated to subjective well-being (see Litwin 2000)

The use of theory is very important in social research in that it provides a backcloth and rationale for the research that is being conducted. Theories also provide a framework for the understanding social phenomenon and the bases for the interpretation of findings. (Bryman 2008: 7)

## **4 RESEARCH METHODOLOGY**

This chapter aims at defining and illustrating the method used in building the entire study. The study is a qualitative study in which literature review and content analysis are the methods used by the author to build up the entire study. This is a method whereby the selected literature used is related to the topic of the research.

The theoretical framework, background and progression of the study are means used to develop the literature review. Content analysis is used to analyze data which was found in the previous research in order to arrive at the results that provides the answers to the questions that relate to the study.

This study is a qualitative study in which the methods used in building the entire study are literature review and content analysis. Content analysis in a deductive way was used because the study is conducted based on earlier studies and from which the main categories was derived. Selected research articles are reviewed and analyzed.

## **4.1 Literature Review**

Systematic literature review is the method that has been used in this study. It is an approach to reviewing the literature that takes clear procedures. Systematic literature review has been defined as “*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*”( see Tranfield et al . 2003 p 209) This approach of reviewing the literature is often contrasted with the traditional narrative review which tends to lack thoroughness and reflect the biases of the researchers as mentioned in( Bryman 2008 :85)

In systematic literature review, a procedure needs to be followed in order that the goal of the approach should be met. The first thing the reviewer needs to do is to define the purpose of the review so that decision about the inclusion and exclusion of studies can be made in a precise way. The reviewer needs to establish criteria to guide the selected studies so that all the studies should meet the criteria spelled out in the inclusion and exclusion criteria and the search needs to be based of key words and terms relevant to the purpose of the study. Key features of each of the study needs to be identified and the synthesis of the results then has to be produced. The 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 to acquaint the writer with the available body of knowledge in the area of interest. It also helps the writer to establish the theoretical roots of

the study, clarifies the writer's ideas and develops the research methodology. Literature review later on in the process of the study 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 in this study was used to broaden the writer's knowledge based in this research area and it has helped the writer to contextualize the findings. This means that the data used in this study will use the same method. Scientific articles that have been written by previous researchers in the area of interest are downloaded and analyzed, and then at the end a general conclusion will be made from these results to answer the research questions.

## **4.2 Data Collection**

Since literature review is the method that is used in this study, it means that the means for collecting the data is by using secondary sources. The information for the purpose of this study was then extracted from the data that was primarily collected by previous researcher that have been referred to in this study. According to Kumar 2011: 163), it is cautioned 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 (Kumar ). In this study the articles were systematically chosen to ensure the best available information and evidence relevant to the purpose of the study while making sure that they answer the research questions. The bibliography for this study was compiled from two main sources: (1) books (2) journals

The books that were used in this study were collected from Arcada library and one of the books was borrowed from a teacher reason being that it was not available in the school library. Apart from the books collect from the library, the other materials for the study were collected through journals that were available on the internet.

### 4.3 Data Base 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, old people, later life, the aged. Loneliness AND elderly, Elderly AND living at home. Articles that were checked were those with full PDF format at the first page of the hit results.

The first search was carried out using Ebsco with the key words loneliness AND later life. It gave 22 hits and 12 were retrieved and 1 was useful

- Key words loneliness AND the age. It gave 440 hits and 6 articles were chosen
- Key words loneliness AND elderly. It gave 13 hits and 2 were chosen.
- Key words elderly AND living at home results yielded 217 hits and 1 article were chosen.

A second search was carried out using the SAGE data base with key words loneliness and old people. Result gave 5730 hits and 7 articles were chosen.

A third search was carried out using Google Scholar data base with key words loneliness among elderly IN Finland with year range from 2005-2012. The search gave 2,300 hits and 5 articles were chosen.

From the above search, a total of 22 articles were chosen. The articles were gotten from developed countries, America, Australia, United Kingdom, Sweden, Finland, Holland and Canada. Most of the article chosen were published between the year 2005-2012 but two article that were deemed very useful from 1998 were included. From the 22 Articles review, 19 of them were analyzed and summarized on a table that is found in the appendix and subsequent tables were made from this to answer the research question.

*Table I search process*

<b>Data base search</b>	<b>Key words</b>	<b>Hits</b>	<b>Articles Re-trieved</b>	<b>Articles used</b>
CINAHL, EB-SCO <i>host</i>	Loneliness AND Later life	22	12	1
CINAHL, EB-SCO <i>host</i>	Loneliness AND The aged	440	<b>12</b>	<b>6</b>
CINAHL, EB-SCO <i>host</i>	Loneliness AND Elderly	<b>13</b>	<b>2</b>	<b>2</b>
CINAHL, EB-SCO <i>host</i>	Elderly AND living at home	<b>217</b>	<b>3</b>	<b>1</b>
SAGE	Loneliness AND old peo- ple AND in- tervention	<b>5730</b>	<b>8</b>	<b>7</b>
Google scholar	Loneliness Among Eld- erly Finland	2,300		5

#### 4.4 Exclusion and Inclusion criteria

Different criteria were used to extract the literature from each search engine. The criteria included full text PDF, articles that were free of charge and published between 2005 till date. The articles were also checked in order to select those that were relevant to the research topic.

*Table 2 Inclusion and exclusion criteria*

<b>Inclusion Criteria</b>	<b>Exclusion Criteria</b>
<ul style="list-style-type: none"><li>• Articles that are based on empirical research</li><li>• Articles that have direct relevance to the research topic</li><li>• Articles that were published in developed countries between 2005 till date with exemption of two that date back 1998</li><li>• Written in English</li><li>• Articles with an abstract</li><li>• Articles that were free to access the full text</li><li>• Articles in full PDF format</li></ul>	<ul style="list-style-type: none"><li>• Articles that were not scientifically written</li><li>• Articles that deal with loneliness in institution</li> <li>• Articles that were not full text</li><li>• Articles published before 2005</li><li>• Articles not written in English</li></ul>

## 4.5 Data analysis

Content analysis which is the main method used in analyzing qualitative data will be used to analyze the data in this study. Bryman (2008:275) defines content analysis as an approach to the analysis of document and text that seeks to quantify content in terms of predetermined categories and in a systematic and replicable manner. According to (Kumar 2011:275) it is the 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. A thorough reading was done to identify these themes, and after identifying the themes, they will be grouped as they relate to each other. The author will go further to review these themes in order to create categories and sub-categories that will help to answer the research question presented for the study. This method of analyzing data is in line with Kumar's thought who made mention of the fact that presentation of data gathered from reviewing the literature should follow a logical progression of thoughts and the style of presenting the data should be done in a way that will strike a balance between academic and scientific rigour.

To be more specific when the term content analysis is employed in this chapter it refers to qualitative content analysis. In this approach as earlier mentioned, it allows categories to emerge out of the data which recognizes the significance for understanding meaning in context in which an item is being analyzed ( Bryman 2008 :276)

The advantages of content analysis are that: it is a very transparent research method. It can allow certain amount of longitudinal analysis with relative ease. It is a highly flexible method. It is also referred to as a non- reactive method, a method that does not entail participants in a study having to take the researcher into account and it can allow information to be generated about social groups to which it is difficult to gain access. (Bryman 2008 pp 288-280)

On the other hand there are also some disadvantages of content analysis. Critics of this approach say: content analysis can only be as good as the documents on which the practitioners work. Meaning authenticity and credibility of the documents needs to be looked into. It is difficult to determine the answers to "why" questions. It is impossible to devise coding manual that do not involve some interpretation on the part of coders. And it is sometimes accused of the fact that it is without theoretical basis (Bryman



2008: 291) But Jagger says it is not necessarily without a theoretical basis (see Jagger 1998, 2005)

As mentioned above, relevant articles are carefully selected and credibility of sources is affirmed by means of citation and full documentation of the author, year of publication data base of the source and the presentation of the findings.

#### **4.6 Validity and Reliability**

Validity in this study 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). The aim of this study is to describe the factors associated with the experience of loneliness among elderly and to identify some possible intervention measures for its alleviation. Since the method used is a literature review, it therefore means that all the information in this study was extracted from reliable published scientific articles. As long as all the articles used in the study had a link to the topic and answered the research question, it therefore implies that it supports the validity of the study. Data used to build this study was carefully chosen, taking into consideration the research questions. All articles chosen were directly related to the subject matter of the study

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 its reliability. Hence a scale or a test is reliable when repeated measurements give the same result under constant conditions. (Kumar 2011:181) Reliability in this study refers to the stability of the study outcome and the tendency that the same data is produced repeatedly irrespective of the method used by different researchers. This means that other studies can rely on the data produced by this study. Data was collected from reliable sources which include previous researches that were carried out by health care professionals.

## 4.7 Ethical consideration

Before engaging in the study, a thesis plan was first drawn and presented to the supervisors concerned at Arcada University of Applied Science. The study was commissioned with permission from the school authority and the author was given the go ahead to carry out the project. The author carefully read the Arcada ethical guidelines before conducting the study. The study is a secondary analysis of pre-analyzed data which implies that the ethical part has already been taken care of. In order to get a clear understanding of ethical rules, the author read the rules and regulations of Helsinki Declaration (2004)

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”*.

All professionals are guided by a code of ethics and most of them have an overall code of conduct that governs the way research should be carried out. The code of ethics helps to avoid certain behaviors in research --- such as improper use of information causing harm to individuals, breaching confidentiality, and bias. (Kumar 2011) In this work, ethical was taken into consideration by making sure that articles were chosen only from genuine search engines that had the legal right to publish these materials.

Ethical issues that deals with the participants in the articles collected had already been taken care of by the primary investigators and this was properly checked before the articles were analyzed and the authors of the chosen articles showed scientific rigor and validity in their various works. The author tried as much as possible to avoid introducing bias in analyzing the data that was collected. The articles used in the study were well referenced to avoid plagiarism. Direct quotations taken from books and articles were properly quoted and written in italics according to the rule of Arcada in order to avoid academic theft. The methodology used in this study is acceptable and the research process and the study will be conducted in consideration to good ethical practices. Information gathered from the articles will be used appropriately and the findings will be accurately reported.

## 5 FINDINGS

In this chapter, the author is going to report the finding from the articles that were used to answer the research question. The author at this level will answer the two research questions that were posed at the beginning of this work. The summary of the findings will first of all be presented on a table so that the reader can know what results were gotten from which article. Then the author will then group the findings under various themes and these themes will be divided into categories and sub-categories for easy understanding of the results .In the last section of this chapter, the author will then discuss the results of each question.

### 5.1 What are the factors associated with loneliness among the elderly

*Table 3 Articles of Factors associated with loneliness*

<b>Articles</b>	<b>Factor associated with loneliness</b>
Aartsen & Jylhä 2011 Finland	According to the results, age, gender, losing a partner, reduced social activities, increase feelings of low mood uselessness and nervousness were found to increase the risk of becoming lonely.
Tilvis et al 2011 Finland	Loneliness more common in women than men, old age , widowhood, poor health, lower education, poor vision & hearing, need for daily help, inability to go out door were all associated with the feelings of loneliness.
Eloranta et al 2008 Finland	Experience of loneliness was related to the death of a close person such as a spouse or a child and also as a result of not having anyone to talk to

<p>Savikko Niina 2008</p> <p>Finland</p>	<p>Loneliness was more common among the oldest age group, Women, widows and residents who live alone. Loneliness was 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. All these factors were group under demographic factors. Under health and functional status, poor subjective health and poor functional status were associated with loneliness. Few outdoor activities, need of daily help and handling day-day-matters less than once a week increase frequency of loneliness. Poor vision and impaired hearing was also identified. Lack of contact with children friends and grandchildren as often as the wish also led to the experience of loneliness. 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 family member were also highlighted as causes of loneliness.</p>
<p>Tiikkainen &amp; Heikkinen 2005</p> <p>Finland</p>	<p>The results of this study shows that depressive symptoms predict more experience of loneliness</p>
<p>Savikko et al 2005</p> <p>Finland</p>	<p>It was associated with advancing age, Living alone or in a residential home, widowhood, low level of education and poor income. In addition, poor health status, poor functional status, poor vision and loss of hearing increased illnesses, death of a spouse and lack of friends</p>
<p>Golden et al 2009</p>	<p>Loneliness was higher in women, the widowed, those with physical disabilities, increase with age loneliness explain the</p>

Ireland	excess risk of depression in the widowed
Graneheim& Lundman 2009 Sweden	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.
Korporaal et al.2008 Netherlands	The results show that for men only their wives disability was related to higher level of social loneliness and for women, only their own disability was related to higher levels of loneliness. Both own and spousal disability was related to higher emotional loneliness for both men and women.

Victor et al 2005 Great Britain	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.

The factors associated with loneliness as seen from figure 2 can be divided into two main categories. Vulnerability factors, these are factors that make the elderly prone to the experience of loneliness while protective factors can be said to be resources that protect elderly people from the experience of loneliness. For better understanding, the author will go ahead to group these factors into categories and sub- categories

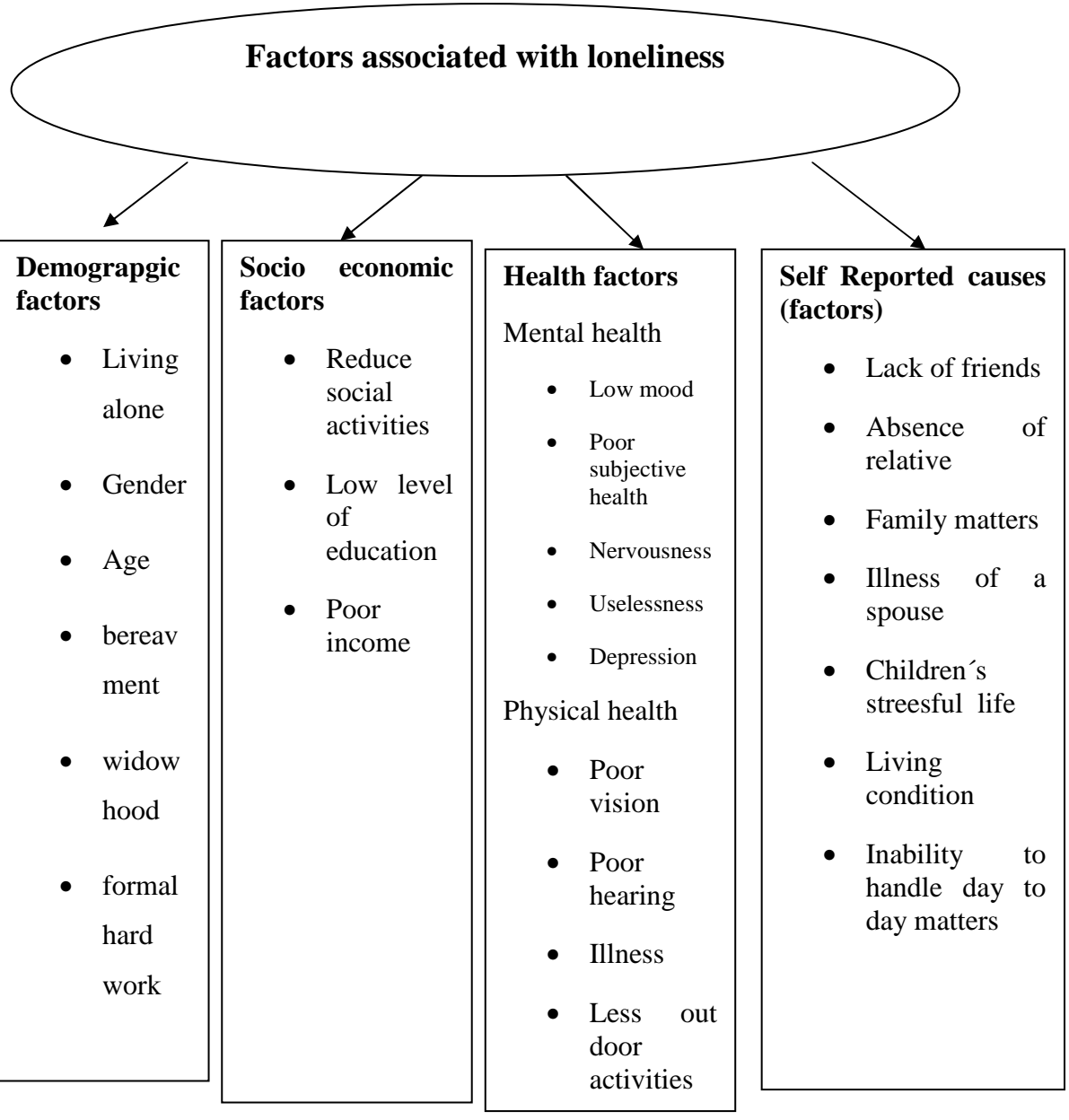


Figure 1 categories and sub-categories of factors associated with loneliness

### **5.1.1 Demographic Factors**

#### ***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)

#### ***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.

#### ***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.

### ***Bereavement***

Elderly people tend to experience many losses during their life course. Apart from the lost of a partner mentioned above that leads to a change in heir 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)

### ***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 and widow(er) s 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.



### ***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.

### **5.1.2 Socio-economic factors**

#### ***Reduce 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.

#### ***Low level of education and low income***

Low level of education was also reported as one of the factors that make elderly prone or vulnerable to loneliness (Tilvis et al 2011, Savikko 2008) these two studies also found a relationship between loneliness and low income. Low levels of education will automatically lead to a low level of income. Reasons being 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 net work of the elderly and even in retirement a person with a higher level of education will still have a greater number of

social contact 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 loved to partake in if they had the means

### **5.1.3 Health factors**

#### ***Mental health***

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's quality of life. (Savikko 2008, Tilvi et al 2011)

#### ***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 and Korporaal et al.2008)

#### **5.1.4 Self- reported causes of loneliness**

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)

## **5.2 What are some possible interventions for the alleviation of loneliness among elderly who live at home?**

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 can not 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 4 Analyzed articles for intervention to alleviate loneliness

<b>Author and date of article</b>	<b>Group intervention Individual intervention</b>
Savikko 2008	<p>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 included , 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 programme gave them an opportunity to make new friends and meet other people. Through the programme, the participants improved their self- esteem; felt empowered by other group members and gave them a mastery over their own life.</p>
Blaz̃un et al 2012	<p>In this study Information communication technology was used with a group of 10-15 members</p> <p>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 was found. Participants reported a statistically significant reduction in their feeling of loneliness</p>

<p>Tilvis et al 2011</p> <p>Finland</p>	<p>The authors of this survey carried out a nationwide randomized controlled intervention trial aimed at empowering elderly people, and promoting their peer support, and social Integration. The intervention group showed a significant improvement in subjective health,</p>
<p>Forkkema &amp; Knipscheer 2007</p> <p>The Netherlands</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>Finland</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>
<p>Krause-Parello, C 2008</p> <p>USA</p>	<p>According to this article, pet attachment support can be used as a coping mechanism for lonely individuals</p>
<p>Pettigrew &amp; Roberts 2008</p> <p>Australia</p>	<p>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.</p>

The table above and part of the appendice summarizes some intervention measures that were found in the course of reviewing the literature on loneliness. It has been argued that loneliness cannot be “cured” with interventions; it can only be alleviated and made less painful (see Killeen 1998). The interventions for the alleviation of loneliness can be grouped under two main types namely Group and individual intervention (Savikko 2008) These two types of intervention will be divided into categories and sub-categories and in the course of expatiating on these categories the author will identify them under four types of health promotion activities (group, one-to-one, service provision, community development) mentioned in Cattan 2005

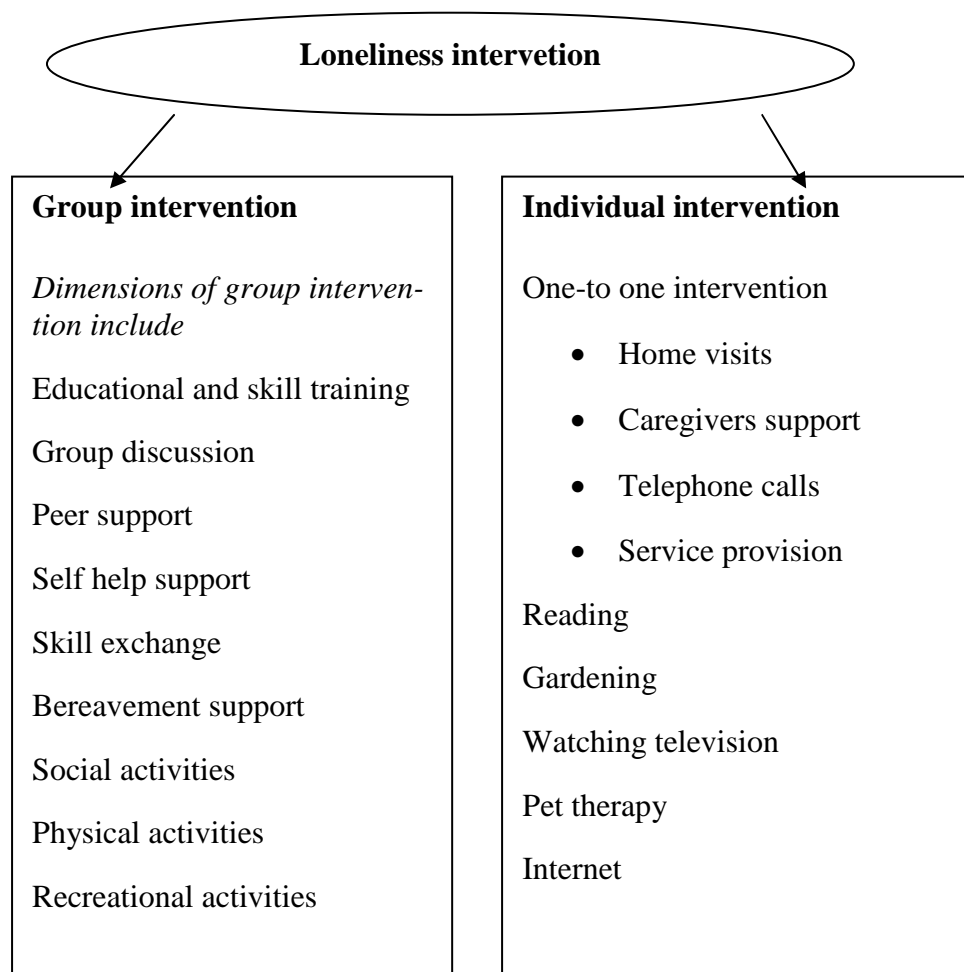


Figure 3 types of loneliness interventions

### **5.2.1 Group Intervention**

Group interventions are the widely most used intervention strategy to alleviate loneliness among elderly. (Cattan et al 2005) As seen from the figure above, there are many dimensions involve in a group intervention. The goal of group interventions is to provide an opportunity for social support and social network. Loneliness is generally agreed by researchers to be a subjective feeling that comes as a result of a deficiency in the person's social relationship. The goal of group interventions is to provide an opportunity for social support and social network through the various means listed on the figure above. A brief look into various articles that carried out a study on group intervention will show how it alleviates the experience of loneliness among the elderly.

#### ***Psychological group rehabilitation***

A Psychological group rehabilitation to alleviate the loneliness of elderly people was carried out by Savikko (2008) and the results showed that 95% of respondent loneliness experience was alleviated. Three dimensions of the PGR included: art and inspiring activities, group exercise and discussions or therapeutic writing and group psychotherapy. Activities included , 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 programme gave them an opportunity to make new friends, meet other people. Through the programme, the participants improved their self- esteem; felt empowered by other group members and gave them a mastery over their own life. The participants of this study mentioned the fact that the intervention groups were very meaningful for them and they found the discussions very important and carried out in safe place. The group members felt safe to talk about their experience because all the participants in the groups also had the same experience as them. In addition, the programme gave them the joy of waiting for something pleasant and an opportunity to try new things like painting and senior dance.

### ***Internet training intervention***

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 9<sup>th</sup> 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 touched with others despite poor health. Most of the contacts were with family and acquaintances.

### ***Friendship enrichment group intervention***

Martina & Stevens (2005) carried out a survey aimed at improving friendship, self – esteem and subjective wellbeing among elderly women. The program attracted lonely elderly women who were willing to work on their friendship. The result showed an increase in the quality and quantity of their friendship.



### ***Group activities***

The activity theory of ageing argues that involvement in activity on the part of the elderly reinforces their sense of subjective well-being. A look at the causes of loneliness identifies 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).

### ***Volunteering***

According to Cattan (2005), volunteering has the potential to be an effective loneliness alleviating strategy. Volunteering according to health promotion activity can fall under community development. Information about volunteering if communicated to elderly could create opportunities to become more socially, mentally and physically active, which can go a long way to improve health. 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) definition.

## **5.2.2 Individual intervention**

### ***One -to -one intervention***

According to health promotion type of loneliness is an intervention that targets a particular individual and not a group. 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). Not having anyone to talk to has been reported as one of the causes for the experience of loneliness.

Visits from friends, family members and social and health Care professionals can give an opportunity for social interaction

A visit from caregivers, as mentioned by a participant in Pettigrew and Robert (2008) is enjoyable as a result of the interaction they receive from the caregivers. According to interactionist theory that is based on Bowlby's (1981) attachment theory. Loneliness is caused by a combination of the lack of an attachment figure and the absence of an adequate social network. According to this theory, even though professionals can create a relief of loneliness experience among the elderly through home visit, this visit are most meaningful when it comes from love ones (Pettigrew and Roberts 2008). A review of loneliness intervention by Cattan (2005) reported that five of seven interventions concerned with home visits were less effective but caution that the findings need to be considered.

For friends and relatives who live far off, it could be of great help to call to check how they are doing. Just talking to someone could help them know that someone cares for them (Cattan et al 2005, Martina & Stevens 2005)

### ***Reading and watching television***

Reading and watching television are also activities used by elderly to pass time. Reading of books and news papers, watching the television create a link between the elderly and the external world ( Lampinen et al 2006,Pettigrew and Roberts 2008) Loneliness is said to be an experience that comes as a result of a deficiency of social contacts and relationships. According to 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 and Roberts 2008) Looking at the reported cause of loneliness deteriorating eyesight and hearing impairment can hinder the elderly from pursuing this pleasure

and as a results, can reduce their ability to satisfactorily manage their time and forget their loneliness.

### ***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. This intervention is in line with Litwin (2000) activity theory that states that, involvement in activity on the part of the elderly reinforces their sense of subjective well-being. 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 lone way to increase an individual's self-perceived value. Gardening is also time consuming and can be used as a means to past 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 unto the garden that they established can bring long-lasting sense of satisfaction.

### ***Pet therapy***

The used 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. According to Bank & Banks (2002), cited in (Pettigrew & Roberts 2008). Animal- assisted therapy has been found to alleviate loneliness experience among the elderly.

### ***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.

## 6 DISCUSSION

The reason for setting out to research this topic as mentioned at the beginning of this work was as a result of the fact that, the author during the course of her study was a witness to the fact that elderly who live at home are prone to the experience of loneliness. Out of the four clients that we visited each day live alone and we could see the joy on their faces when we get there. As a result of this the author decided to research on the reasons for their loneliness. As the topic reads the investigation was concern with the experience of loneliness among elderly who live at home in Finland. The research question pose at the beginning of the work was to identify the causes or factors that make the elderly to be prone to loneliness and to see if there are some measures or interventions that can help them to alleviate their experience of loneliness. It has been argued that loneliness cannot be cured it can only be alleviated and for loneliness to be alleviated, there is need to identify the real Cause of the experience.

Question one of this study aimed at identifying and describing the factors associated with the experience of loneliness. Several factors are associated with the experience of loneliness among elderly and some of these causes are inevitable. Factors such as bereavement and illness that come with age cannot be avoided. The loss of a love one such as a spouse is irreplaceable and the absence of that individual will always be felt that is why some researchers have argued that an experience such as the loss of a spouse, any intervention will only alleviate it but it cannot cure it. Elderly people may still want to maintain their social contact by socializing but due to illnesses they might not be able to meet these needs

The second question of this study aimed at identifying some possible interventions for the alleviation of the experience of loneliness. There are several reasons for the experience of loneliness among the elderly. Even though there are many intervention strategies to alleviate loneliness, they can only be effective if the intervention target the real reason of the problem. Fokkema & Knipscheer (2007) highlight the fact that interventions aimed at helping elderly to alleviate their loneliness can only be successful if (1)

the person suffering from loneliness is aware that he or she has a problem and know which possibility the intervention offers to remedy the problem. (2) The individual in question should be ready to make an effort to escape loneliness. (3) if the individual is able to take part in the intervention. A review of loneliness intervention has proven that group interventions are more effective for the alleviation of loneliness. But this does not mean that one-on-one intervention such be neglected.

Fokkema & Knipscheer (2007) also mention three ways referred to as coping styles in which loneliness could be reduced. The first way being that loneliness that results from a discrepancy between actual and desired relationship could be reduced by increasing the number of relationships to the desired level. The second solution was to reduce the severity of the feeling of loneliness by lowering unrealistic desires and high expectations concerning relationships. And the third coping style was to learn how to cope with the feeling of loneliness. In this case he says there is still a deficiency between actual and desired relationship but there is a reduction of the importance of the experience of loneliness.

From the author's experience just having someone to talk to is very important. During one of the home visits to an elderly client home she just wanted us to just seat and talk for all the time we were supposed to spend with her. Due to the fact that we were supposed to clean the house and we had just one and a half hour to do that. We had to cut her short to do the work because we had another appointment we the next client. This has an implication with organizations in charge of home care with the elderly; enough time should be given for each client especially those that live alone. No matter the routine, in situations such as this if we were in the position of making a decision we would have just aloud the whole time to talk with her. Not having someone to talk was reported as one of the reasons for the experience of loneliness. Theory has proven that humans are a social specie and they need to interact with each other and in the absence of a confident professional making home visits to elderly can be of great help to the elderly through the interaction they get from their visits.

There are so many definitions for loneliness that makes the concept of loneliness sometimes to be problematic because there is no specific definition for it. But researchers in the field of loneliness general agree on the fact that loneliness is a subjective unpleasant distressing experience that comes from deficiencies in social relationship and most interventions for the alleviated of loneliness is focus on creating opportunities for social interaction.

## **7 CRITICAL ANALYSIS**

The whole process of the thesis writing has been very challenging. A review of the loneliness literature shows that a lot has been written concerning the topic loneliness but all the material could not be accessed reasons being that there was need to subscribes or pay for them before they could be accessed. By so doing, important articles that would have added the validity and reliability of the study were left out.

Another limitation faced was that considering the fact that Finnish is the mother tongue, the English language was the only language used to search for articles meaning that useful articles written in Finnish could not also be accessed. Loneliness in its self is a very complex concept and most of the articles found where not addressing loneliness alone but were written together with other concepts such as depression and social isolation. Most of the articles found dealt with loneliness among community dwelling elderly which means that the author needed to be careful to select only materials that deal with the elderly who live at home. Cattan (2008) caution about generalization of intervention measure to combat loneliness reason being that intervention measures used in country like USA might be effective in USA but not in Europe, while some measure deem ineffective in USA might be effective in Finland. These differences may occur as a result of the differences in culture and method of approach in carrying out the intervention.

## **8 CONCLUSION**

It is true that there is a lot of research that has been carried out on the experience of loneliness among the elderly but most of the research deals with elderly who live in the community or in institutions but not at home. As seen from the definition of home, the home is different from the community even though the home is in the community.

Due to the growing number of elderly in Finland and most developed countries the government in order to cut cost has focus care at home. They aim at allowing the elderly to live in their own homes for as long as possible and the elderly on their part wish to live at home, but situations such as the topic of this work may warrant them to want to move into an institution. So making the home a better place for them by intervening into situations that can cause them to want to move from home can go a long way to help them. In order for this goal to be achieved, professions in charge of caring for the elderly, policy makers, family members and friends all need to be involve to ameliorate this situation.

## **9 RECOMMENDATIONS FOR FURTHER STUDIES**

According to findings loneliness is said to be one of the reasons for which elderly want to move into institution. It will be good to investigate if moving into an institution relieves the feelings of loneliness of elderly, especially those who live alone.



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## APPENDICES

Author	Titles of articles	Demographic of case and method	Aim	Results
Aartsen & Jylhä 2011 Finland	Onset of loneliness in older adult: Result of a 28years prospective study	469 older adult aged 60 and 89 at base line	To test whether often observed correlates of loneliness in old age are related to onset of loneliness longitudinally	According to the results, age gender, losing a partner, reduced social activities, increase feelings of low mood uselessness and nervousness were found to increase the risk of becoming lonely.
Eloranta et al 2008 Finland	Personal resources supporting living at home as described by older home care client	Unstructured interview with 21 older home care clients. inductive content analysis was used to analyze the data	To describe personal resources of older 75+ home client in Finland and their perception of factors that enhance and hinder their ability to live independently at home	Involvement in leisure activities and social and social network were the factors that enhance their personal resources while conditions of living impose by outsiders, declining health and loneliness were the factors that hinder their resources of living at home. Experience of loneliness was related to the death of a close person such as a spouse or a child and also as a result of not having anyone to talk to.
Tilvis et al	Suffering	3687 respon-	Study aimed at	Loneliness more common in

<p>2011 Finland</p>	<p>from loneliness indicates significant Mortality Risk of Older People</p>	<p>dents aged 74+ Survey carried out through postal questionnaires</p>	<p>examining the association of the feeling of loneliness with all- cause mortality in a general aged population</p>	<p>women than men, old age , widowhood, poor health, lower education, poor vision &amp; hearing, need for daily help inability to go out door were all associated with the feelings of loneliness. Suffering from loneliness indicates significant mortality risk in old age.</p> <p>Psychosocial group intervention improved health; delayed cognitive decline reduced all-cause mortality and diminished use of health care services.</p>
<p>Tiikkainen &amp; Heikkinen 2005 Finland</p>	<p>Association between loneliness, depressive symptoms and perceive togetherness in older people</p>	<p>207 Residents at baseline aged 80 and 133 residents at follow-up aged 85</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</p>	<p>The results of this study shows that depressive symptoms predict more experience of loneliness</p>

			symptoms at baseline	
Lampinen et al 2006 Finland	Activity as a predictor of mental well-being among older adults	. 1224 persons aged 65-85years interviewed at base-line and 663 persons at follow-up  Path analysis model was used to analyze the data.	To examine the role of physical and leisure activity as predictors of mental well-being among adults born in 1904-1923.	Loneliness among other was one of the mental well-being factors. 20% of men and 30% of women experienced loneliness and there was an increase in their experience of loneliness. And predictors of mental well-being included physical and leisure activity.
Savikko N 2008 Finland	Loneliness of older people and elements for an intervention for it alleviation	.Data in phase one was collected through questionnaires from 4,113 participants with a mean age of 81. in phase two the data was collected through diaries written by PGR intervention group leaders and feed-back questionnaires filled by participants after	The Study was in two parts. 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 on the prevalence community-dwelling older people's lone-	According to the findings, 39% suffered from loneliness at least sometimes. Loneliness was more common among the oldest age group, Women, widows and residents who live alone. Loneliness was 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. All these factors were group under demographic factors. Under health and functional status, poor subjective health and poor

		<p>the intervention.</p>	<p>liness. Phase two; the aim was to identify the essential elements of the psychological group rehabilitation (PGR) and to describe the experience of the PGR participants.</p> <p>was t</p>	<p>functional status were associated with loneliness. Few outdoor activities, need of daily help and handling day-day-matters less than once a week increase frequency of loneliness. Poor vision and impaired hearing was also identified. Lack of contact with children friends and grand children as often as the wish also led to the experience of loneliness. 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 retirement, children's stressful life, death of a family member or new living environment were also highlighted as causes of loneliness. In the case of the intervention, the PGR participants reported that the group intervention was very meaningful with 95% feel-</p>
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				ing that their loneliness was alleviated.
Pettigrew & Roberts 2008 Australia	Addressing loneliness in later life	19 elderly aged 65+  Interview was used to collect the data	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 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.
Rokach et al 2007 Canada	The Effect of Gender and Marital Status on the loneliness of the aged	89 men were compared to 239 women aged 61-94	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
Golden et al 2009 Ireland	Loneliness social support network, mood and wellbeing in community-dwelling elderly	1299elderly aged 65+  interview	To examine the relationship between social network, loneliness, depression anxiety and quality of life in community dwelling older people living in Dub-	Loneliness was higher in women, the widowed, those with physical disabilities, increase with age loneliness explain the excess risk of depression in the widowed



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Greenfield and Ruseel 2011 USA	Identifying living arrangement that Heightens Risk for Loneliness in later life: Evidence from a U.S. National social life, Health and Ageing Project.	2,888 Respondent aged 57to 85 Face-to-face interview	The aim of the study was to identify living arrangement that heighten risk factor for loneliness in later life.	Living alone was associated with greater loneliness among men than women , living with children without spouse or partner was associated with greater loneliness among women
Victor et al 2005 Great Britain	Prevalence of and risk factors for, loneliness in later life: a survey of older people in Great Britain	Omnibus survey of face-to- face interview 999 respondents aged 65	The study examines the prevalence of loneliness amongst older people in Great Britain and compares findings of studies carried out between 2000-2005	The results identified six vulnerability factors for loneliness namely: Marital status, increase in time spent alone; elevated mental mobility; poor current health; poor health in old age than expected. Advance age and possession of post-basic education were identified as protective factors.
Graneheim & Lundman 2009 Sweden	Experience of loneliness among the very old: The Umeå 85+	23 women and seven men aged 85-103 Data was	The study aims to clarify the experience of loneliness among the very old, who live	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

	project	gathered through interviews	alone.	abandoned were reported as limitations imposed by loneliness and living in confident and feeling free were reported as opportunities of loneliness.
Forkkema & Knipscheer 2007 The Netherlands	Escaping loneliness by going digital: A quantitative and qualitative evaluation of a Dutch experiment in using ECT to overcome loneliness among older adults	15 Older adults. Interviewed three times	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. 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.
Cattan et al 2005 UK	Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions	Systematic literature review was the method used in this study. Information from the literature was extracted and synthesized using a stan-	The aim of the study was to determine the effectiveness of health promotion interventions that target social isolation and loneliness among older	Their findings were grouped under four main categories of health promotion interventions  Namely group interventions and the activities included discussions, self-help support, exercise, skill training, and peer support. One-to-one interventions included home visits, caregivers sup-

		standard form	people.	port and telephone contacts, information and advice. Under service provision they highlighted activities such as transportation, recreation activities and medical intervention. The last category was community development: social activities outreach and service influencing was mentioned. Based on the aim, they found out that, nine of the 10 effective interventions were group and the less effective ones were one-to-one interventions, But the aim of this work is just to identify the intervention methods
Martina & Stevens 2005 Netherlands	Breaking the cycle of loneliness? Psychological effects of a friendship enrichment program for older women	Participant comprised of 60 women with an age rang from 53-85.	The aim of the study was to examine the effect of participation in a friendship enrichment program, aim at stimulating improvement in friendship, self-esteem and subjective	The results indicate that the program was successful in attracting lonely Older women who were willing to work on their friendships. Many participants reported improvement in the quantity and quality of their friendships The participants loneliness was reduced but decline in the control group The authors concluded that, an effective

			well-being as well as reducing loneliness.	intervention to help older women reduce their loneliness should be multi-dimensional focusing not only on friendship
Marjolein I et al 2008 Netherlands	Effect of own and spousal disability on loneliness among older people.	Participants were made up of 710 men and 379 women age 65 and older linear regression analyses was the method used to analyze the data	The study examines the effect of own and spousal disability on social and emotional loneliness among married adults	Results for men showed that only their wives disability was related to higher level of social emotion whereas for women only their own disability was related to higher level of social loneliness. Own and spousal disability were related to higher level of emotional loneliness among both men and women.