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Experiences of solitude among elderly who live alone

Experiencias de solitud entre ancianos que viven solo

Experiências de solidão entre os idosos que moram sós

ABSTRACT

Objective: to comprehend the experiences of solitude among elderly who live alone. Method: exploratory study of qualitative approach, developed in the urban area of the of Cuiabá-MT. Thirty-five elderly participated of this study. The data were collected using script of interview, Lawton and Brody Scale and Katz Index and analyzed by the thematic analysis technique. Results: to age and live in society are natural processes to elderly. Living alone is a new condition experienced by them, but the solitude is not of their nature. The construction of this reality revealed a feeling of solitude that attacks them with different intensities depending of the fragilities of the relationships. Conclusion: it is understood that the sociability allows the integration of the elderly with other people and that the net of social and family support is important to help them in this experience of living alone.

DESCRIPTORS: Elderly; Solitude; Aging.

RESUMEN

Objetivo: comprender las experiencias de solitud entre los ancianos que viven solo. Método: estudio exploratorio de abordaje cualitativa, desarrollado en la zona urbana de Cuiabá-MT. Treinta y cinco ancianos participaron de este estudio. Los datos fueron recolectados usando guía de entrevista, la Escala de Lawton y Brody y Índice de Katz y analizados por la técnica de Análisis Temática. Resultados: envejecer y vivir en sociedad son procesos naturales para ancianos. Vivir solo es una condición nueva para ellos, pero la solitud no es propia de su naturaleza. La construcción de esta realidad reveló un sentimiento de solitud que los ataca en diferentes intensidades a depender de la fragilidad de los relacionamientos. Conclusión: se entiende que la sociabilidad permite la integración de los ancianos con otras personas y que es importante la red de apoyo social y familiar que los ayuden en esta experiencia de vivir solo.

DESCRIPTORES: Ancianos, Solitud, Envejecer.

RESUMO

Objetivo: compreender as experiências de solidão entre os idosos que moram sós. Método: estudo exploratório de abordagem qualitativa, desenvolvido na zona urbana de Cuiabá-MT. Trinta e cinco idosos participaram deste estudo. Os dados foram coletados por meio de entrevista semi estruturada, escala de Lawton e Brody e o Índice de Katz, analisados pela técnica de análise temática. Resultados: envelhecer e viver em sociedade são processos naturais para idosos, envelhecer com autonomia e independência é desafiador. Morar só é uma condição nova vivenciada por eles, mas, a solidão não é própria da sua natureza. A construção dessa realidade revelou um sentimento de solidão que os ataca em diferentes intensidades a depender da fragilidade dos relacionamentos e do vínculo social. Conclusão: entende-se que a sociabilidade permite a integração dos idosos com outras pessoas, e que é importante a rede de apoio social e familiar que os ajudam nessa experiência de morar só.

DESCRITORES: Idoso; Solidão; Envelhecimento.

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INTRODUCTION

Currently, the proportion of people aged 60 and over who live alone is increasing. In the world this condition is experienced by 14% of the elderly, in the countries of North America and Oceania the average is above 25%, in Europe it varies from 10 to 25%,¹ and in Brazil 14.4% of these individuals live alone.²

It is understood that living alone is a later condition, because, since birth, we live and need people to provide essential care for survival.³ However, living only has repercussions for the lives of the elderly, such as the appearance of sadness, loneliness and illnesses, which affect their quality of life, becoming a problem for public health.

The literature shows that in Italy, elderly people who live only had less availability of personal assistance and a higher risk of depression.⁴ In Singapore, these elderly people are also likely to experience loneliness and depressive symptoms.⁵ In Singapore, these elderly people are also likely to experience loneliness and depressive symptoms.⁶ In addition, elderly people who live alone are 1.81 times more likely to consume and use antidepressants than those who are accompanied. These elderly people may have an increased risk of developing problems related to mental and psychosocial health.⁷

A study showed that elderly people who live alone are less satisfied with life and have low levels of social support.⁸ To this is added the fact that the absence or reduced support can affect their lives in times of difficulty.⁹ Loss of social support, cognitive disorders, depression, multiple chronic diseases, occurrence of falls and headache of uncertain cause, were significantly high among elderly people living alone ($p < 0.05$).¹⁰ On the other hand, a study carried out in Mallorca, Spain, revealed that families believe in the preference of the elderly to live alone due to the conservation of their freedom and individual identity.¹¹ Living alone can mean a choice of the elderly to promote the maintenance of functional capacity, leading to a more independent life.¹²

In this sense, the contributions of social and human sciences to scientific production in the field of gerontology are favorable, with the approach of concepts such as sociability that brings the idea of unifying people, being built in the field of experience and carried out on a case-by-case basis. The social relations that deal with the personal part of each one and the socialization that corresponds to the behavior of the people of a society.¹³ These approaches facilitate the understanding of the supports that are available to the elderly during their experience of living alone. In addition, it helps to reformulate measures that combat the loneliness that attacks these individuals.

After all, loneliness arises when there is no one to exchange affections, but it can be minimized with strategies for interacting with people.¹⁴ In this sense, it is important that these elderly people have a support network that promotes care. Regarding studies on elderly people who live alone, it was noticed that the results included the issue of loneliness. Because it is an important topic in gerontology, little is known about the reality of loneliness from their perspective.^{6,15-17} Thus, this study aimed to understand the experiences of loneliness among the elderly who live alone.

METHOD

Exploratory research with a qualitative approach, developed in the urban area of the city of Cuiabá-MT. The participants were elderly people who participated in the research on the living conditions of the elderly population in the city of Cuiabá-MT.18 Of the 573 elderly people in this study, 57 reported living alone. We tried to find all of them, however, 8 died and 4 moved. Of the remaining 45, 5 stopped living alone and 1 refused to participate in the study. The study included those who, at the time of data collection, were able to understand and answer the questions through assessment of the Mini Mental State Examination (MMSE), 4 were excluded after the MMSE application. At the end, 35 elderly people participated in

this research and signed the free and informed consent form (ICF).

Data were collected at the elderly's home from March to May 2014 through a single meeting, with a semi-structured interview, using a script containing questions about the experience of living alone for the elderly, the Lawton Scale and Brody and the Katz Index. The interviews were recorded, transcribed in full and the material was organized and thematic analysis was carried out. The research was approved by the Research Ethics Committee of the Hospital Universitário Júlio Muller (CEP-HUJM), through protocol nº 527.935 / 2014, with the Certificate of Presentation for Ethical Appreciation (CAAE) nº 26520714.2.0000.5541.

RESULTS

Most of the elderly were female, widowed, aged between 63 and 85 years, had between two or more children and all were related to family or friends. The experience of living only revealed the need for the other and the importance of ties to maintain communication and affections that made happiness possible. However, this experience also allows for the emergence of loneliness. This evidence can be seen through the speeches:

[...] Someone arrives, I'm happy, I like it, I say 'oh no one comes to my house to talk to me, to distract me'. [...] I like people to come to my house. (Living alone) I learned to talk to people (Elderly 2).

It is bad to be alone without having a person to talk to. I like to talk, play with children. [...] I am not attached, but there are two neighbors that I go to. If I feel like going, I will. Sometimes I get a visit, those days ago my house was full of people. [...] Where I went I left friendship. I regretted having retired, being alone at home. Ah, at the beginning I had my children, I was very dedicated to them, now after they got married that I was alone I find it so boring to be alone, if you want to talk and you can't. You feel that sadness of

being alone. [...] We feel that way, very alone. [...] Sometimes I go for a walk, then another time I go to the other girl's house (Elderly 3).

The fact that the elderly in this study live alone does not mean that they feel alone. Despite experiencing this condition, some maintain social interaction, mainly relating to family, friends, neighbors and pets.

[...] My grandson started to stay with me, my granddaughter brings him at 11:30 AM, and picks him up at 5:30 PM. [...] it was a God thing. Wow, he's a companion for me, despite the mess he makes. Wow! The dog too, this Pepe (dog) I got from a boy who was a neighbor. I have a kitten to Kelly. In addition, I always go to my brothers' house, they also come here (Elder 18).

Ah, animals are wonderful companions, I had an animal all my life since I was a child. He lies there, I don't yell at anyone, I say 'excuse me, I'm passing by'. I bathe, trim ... mommy likes her boys (Elder 15).

On the other hand, for other elderly people who live alone, the absence of other people at home to talk and exchange affection has generated the feeling of loneliness, which can be temporary or permanent. However, when loneliness is constant in their lives, it has consequences, such as social isolation and depression, which can affect the quality of life and health of the elderly, as well as the condition of living alone.

[...] Loneliness is bad, you are alone, lonely, I spend more time watching television [...] I already suffered from depression, took controlled medication, lay down, then I couldn't recover my health, then I went to my sister's house, I stayed there for a year ... I recovered. Here I was very alone [...] very alone, then the depression got me. [Today] I am alone, lonely, and I take medicine to sleep [...] To tell you the truth I don't feel alone, only the night that I am alone,

ne, then when I feel alone here I go out there, talk with my neighbors and so I take it. (Elderly 8)

As they continue to live alone and establish and/or maintain relationships of affection, care and help with family members and people around them, they start habitating alone, but not living alone. In this group of elderly people, the feeling of loneliness is absent or temporary, since the social relationships and support they receive fulfill their needs. According to the report of Elderly 32:

[Living alone] has the side of loneliness, because you have days you feel it. But, I don't have time to feel lonely, I am always active, always doing something. Now I was calling 20 people, because I am president of a charity from Divino, so I don't have time to feel the loneliness.

It is evident that the relationship with people contributes both to combat loneliness and to the daily activities of the elderly in this study. Even though they are independent, some of them receive help from others to go to distant places and make purchases, or even inside the home, such as cleaning and/or organizing the house.

I go [to the spiritist center], when people come to pick me up, there is a guy who always takes me [...] These days ago I didn't have the things to eat anymore, and I had a little money there, but there was nobody. My son was leaving at dawn to go to work, he didn't have time to go to the supermarket for me, and I was waiting for my niece, who was also busy with her sick friend, and she couldn't be coming here, and I was passing by missing, then as soon as she appeared she went and bought it for me. I have a niece who comes here, she rags, removes the lining, changes everything for me. [...] [In addition], we don't like [living alone], because sometimes we need a person to talk, to distract, and when we are alone we are thinking a lot of nonsense. I miss

my children, especially when I eat, I always want a child to have coffee with me, or have lunch with me, then visit me (Elder 9).

The elderly in this study experienced a mismatch in terms of social support. The fragility in the relationships, which were insufficient and not very affective, did not meet their real needs, allowing for the emergence of loneliness.

It is [bad to live alone], there is no one to talk to, we are disabled, there is no one for us. [...] There's no one to talk to you, it's too bad (Elderly 4).

In addition, loneliness can also be influenced by the personal characteristics of those who preferred to live alone. Throughout life individuality can make people avoid the depth of relationships. Fact evidenced in the speech:

You want to talk and you can't, you feel that sadness of being alone, we feel so alone. I'm kind of difficult, I never liked to be sharing things, so I lived alone [laughs]. Many people say that [living only means] loneliness, I don't like being alone, because it is loneliness, for me it is not, for me it is a relief, I like being alone with my thoughts, I prefer to be alone (Elderly 14).

In addition, the loss or decrease in relationships led the elderly in this study to feel lonely. This can be seen through the speech:

Sometimes you are sad, you can't go out alone, you think I wanted to go somewhere, but I'm not going alone, the next day you wake up well. (Elderly 17)

You know that loneliness attacks me when dusk comes and I have to close the whole house, and I don't see anyone. I cry at dusk every day when I remember my deceased husband. (Elderly 20)

Thus, it is clear that despite the choice of living alone and enjoying this condition, or the lack of relationships, it is necessary to strengthen the support network to avoid feeling lonely. In this sense, family health is of utmost importance in strengthening the support and health care network for these individuals, expanding socialization actions and effecting the group of elderly people in family health units, in order to provide social support to these elderly people.

DISCUSSION

Lonely elderly people need health strategies that involve social services.¹⁹ Thus, it is understood that integrated group interventions and play therapy are activities considered effective to increase cognitive functions and reduce levels of depression in elderly people who live alone.²⁰

However, the reality of elderly people in Singapore has shown that there are elderly people who refuse or stop seeking help from family and friends in society, as they consider that these attitudes represent a burden for them, because this type of situation affects the lives of other people, how to stop working to care for the elderly.²¹

Another study in China showed that 43% of the elderly Chinese population suffer from depression. The factors related to a higher risk of depression were negative events with the family. Living only increased the risk of depressive symptoms by 56% compared to people who lived with others without negative situations. Elderly people without a partner also had a higher risk of depression.²²

Elderly people living alone in Mainland China were considered more vulnerable to loneliness, since low education and financial conditions increase the risk of loneliness, in addition, they have less social support.²³ In a study carried out in Italy, the poor quality of life of elderly people living alone were influenced by financial, health and especially social relationships.⁴

The result of a study showed that elderly women who lived alone because their children were married, felt a loneliness that is fleeting and punctual, knowing that they had not been abandoned and could count

on the child's help if necessary, however, loneliness worsens when she is abandoned by her husband and the memories of that relationship cause them suffering.²⁴ In this sense, it is understood that "the sadness of the elderly always comes with many losses that he has to face throughout his existence, and that if he wants to or does not have to get used to this process, a time comes that needs to conform. to live alone."²⁵

The feeling of loneliness reported by the elderly in the present study reveals that old age runs through individual experiences and through the relationships of bonds that are built within the family and the community. The fragility in the support network of the elderly who live alone can result in compromised physical and emotional health. Considering this context of the literature, it is understood that public health professionals need to take actions to avoid loneliness, considering the importance of relationships, health promotion and social inclusion.

CONCLUSION

Living independently and living only at home is a trend for the elderly. However, the loneliness experienced by them is not natural for aging. For this reason, it is understood the importance of sociability in combating the feeling of loneliness, in the sense of adding people to the daily lives of the elderly who live alone.

In this context, it is understood that loneliness attacks the elderly temporarily, and for others in a prolonged way. When noticing the attacks of loneliness in the elderly of the community, it is necessary that people in general understand the importance of creating or maintaining bonds in the aging process and in all stages of life, in order to remove loneliness in old age.

It is believed that one of the main measures to be taken to combat loneliness is investments in education and socialization. In order to train people aware of the importance of healthy life habits and interpersonal relationships for quality of life.

People need to understand that even living independently at home is important and essential to receive adequate support. It

is noteworthy that among health and social professionals, especially nurses need to be prepared to deal with the diversity of health

demands, especially with regard to the social and psychological issues of the elderly, as they are individuals from the community

who use services public health, considering the family health strategy as the gateway for these services. ■

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