



LONELINESS, HOPELESSNESS AND SOCIABILITY IN OLDER PEOPLE

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ABSTRACT

In general, the old population is huge, and it is expanding as health-care education improves. Many physical, psychological, and social role changes confront these people, putting their sense of self and ability to live happily at risk. Many elderly individuals feel alienated and despairing, either as a direct result of living alone or as a result of a loss of tight family ties and weakened contacts with their original cultures, which makes active participation in communal activities impossible. People lose contact with their peer ties as they age, making it more difficult to make meaningful connections and join new networks. The goal of this study was to investigate the relationship between hopelessness, loneliness, and sociability in the elderly. This study included 150 senior citizens (both men and women). The Beck Hopelessness Scale (Beck, 1988), the UCLA loneliness scale (Russell, Peplau, & Cutrona, 1980), and the Eysenck personality Profiler were the instruments employed. The research discovered a correlation between Loneliness and sociability. The majority of elderly people were assumed to be average in terms of social connectivity and liked to participate in social interactions.

Keywords: *Hopelessness, Loneliness, Sociability, Old age.*

INTRODUCTION

Birth and the rest of life are the starting points for a series of processes known as ageing. It symbolises a person's passing, a period when he looks back on his life, considers his accomplishments, and starts to finish his life's journey. Flexibility and the acquisition of new coping mechanisms are required to respond to the changes that come with this period of life in order to cope with the changes that come with ageing (Warnick, 1995). It's controversial what constitutes "health" in the context of ageing. There is a consensus that since clinically identified illnesses predominate in the elderly population, health through old age cannot be legitimately described as the condition of wellbeing. Rowe and Khan (1987) also suggested defining the health of older categories in terms of where they are in relation to cohort norms and maturity levels. There is mounting evidence that social and psychological variables significantly affect how well people age. According to ageing studies, a person's capacity to age effectively is influenced by a variety of factors, including their religious convictions, social relationships, general health, self-efficacy, socioeconomic situation, and coping mechanisms. Elderly people frequently experience hopelessness or the occurrence of loneliness symptomatology, both of which have a negative impact on their health and quality of life.

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Numerous studies have demonstrated that when loneliness increases, its symptoms become more ubiquitous (Kennedy, 1996). In addition to being key measures of psychological well-being, loneliness feelings are acknowledged as substantial predictors of useable health and longevity. Longitudinal studies demonstrate a favourable correlation between difficulty with daily life tasks and increased loneliness disorders (Penninx et al., 1998). Community-based data show that elderly adults who experience hopelessness and loneliness have a higher chance of passing away (Bruce, 1994). According to study, loneliness and helplessness may also be linked to a decline in cognitive functions (Speck et al., 1995).

Although it is still frequently believed that hopelessness is equivalent to ageing and that hopelessness is unavoidable, Kennedy predicted in 1996 that current research has refuted this false notion. A variety of social, physical, and psychological problems are connected to hopelessness. The likelihood of despair rises as a result of these challenges because they commonly appear in later adulthood; nevertheless, hopelessness is not always the result of these issues. Age doesn't always correlate with a person's level of hopelessness, and older people may even have good coping mechanisms for dealing with it, such as trying to make their loneliness symptoms more noticeable but not to the same extreme degree as younger people. Hopelessness is more likely to have been significantly influenced by genetic, psychological, and life experience factors when it first manifests in childhood. Later-life development of hopelessness is more frequently associated with physical health problems. The likelihood that an elderly adult in good health may feel despondent is low. The main factor contributing to despondency in old age is, in fact, physical health. There are many causes for this, including the psychological effects of the illness or disability, the psychological effects of chronic pain, the biological effects of some conditions and medications, which can directly cause hopelessness in older people, and the social limitations that some chronic conditions place on them. Loneliness is an interpretive, unfavourable emotion linked to the person's own experience of unsatisfactory social connections. One of two causal models is typically used to define the loneliness predictors. While the adhere to in order model focuses on internal variables like motivation and psychological issues, the first model looks at the lack of external components in the social network as the root of loneliness. Serious health effects can result from loneliness. It is one of the three primary causes of hopelessness and a significant contributor to completed suicide (Green et al., 1992). Hansson et al. (1987) found a link between loneliness and poor psychosocial functioning, family dissatisfaction, and social interactions. As people age, their risk of having suffered age-related losses rises. Such losses might make it challenging to keep or find desirable connections, which would increase loneliness. Living alone, not having close family ties, having fewer connections to their culture of origin, or being unable to actively participate in neighbourhood activities all contribute to the loneliness that many people suffer. Demoralization and a sense of helplessness are frequent side effects when this is coupled with physical handicap. Researchers have discovered that loneliness has a detrimental effect on elderly health (Heikkinen et al., 1995). The largest prevalence of loneliness is found in the oldest age group, which is consistent with their higher probability of experiencing such losses.



Max (2005) found that the perception of loneliness had a substantial impact on the impact of hopelessness on deaths. As a result, elderly people are only regarded at risk for feeling hopeless when melancholy is experienced. Hopelessness typically follows loneliness. Surrender, worry, a lack of motivation, and despair are common loneliness manifestations that imitate and conceal loneliness symptoms. Being sociable is crucial for preventing psychological anguish and enhancing one's wellbeing. According to George (1996), who summarised some of the empirical research that has shown the effects of social determinants on illnesses in later life, loneliness symptoms increase with age, minority racial or ethnic status, socioeconomic status, and the quantity or quality of interpersonal interactions. An important risk factor for elderly people having trouble properly functioning is isolation and loneliness. "People in a positive connection are less impacted by daily concerns and have a greater level of control and independence. Losing significant relationships might leave you feeling empty and forlorn." "People without relationships are frequently alone, unheard of, and dejected. Those who are in bad relationships usually lack the ambition to make changes, develop and retain unfavourable self-perceptions, and feel life to be less satisfying " (Hanson & Carpenter, 1994). Lack of social connections or living alone are not guarantees against loneliness (Mullins, Johnson, & Anderson, 1987). In fact, spending time with young children may not be as enjoyable for seniors as spending time with a neighbour or someone in their age range. This is because the influence of family members is required, whereas the impact of friends is optional. This emphasises how crucial it is to feel like you have some control over your interactions with other people as a way to combat loneliness. Older people start to group their connections exclusively with those who are similar to them in age, according to Posner (1995). Because of this, as people age, they lose their peer relationships and find it much harder to make new acquaintances and be a part of networks. On the other side, those with the most material, intellectual, and physical advantages have greater social "capital," which enables them to explore new social activities and connections. The number of old individuals worldwide is rising. As people age, they experience a variety of physical, psychological, and social role changes that challenge their sense of self and ability to live joyfully. Seniors' poor quality of life is thought to be primarily caused by hopelessness and loneliness. Old age can also be a time to make new friends, explore new hobbies, find new ways to serve, and spend more time in God's presence. Depending on who is engaged and their level of faith and grace, it might be joyful and endearing or hollow and depressing. The current study was started with the main objective of examining the relationships between hopelessness, loneliness, and sociability in a sample of older people, as well as identifying gender differences in the aforementioned connections of variables. This was done after a detailed overview of the negative effects of being alone and less social in old age.

Method

A correlational study design was designed to explore the association between Loneliness, hopelessness and sociability among older people. Data was collected from homes and old age homes. Sample selected through non-probability Snow ball sampling. Older people with age more than 50 were included in present study. A demographic form, along with two standardized scales, were used in the current research. Participants were instructed to mark those items in the

questionnaires according to the response category to which they could relate the most. The questionnaire contained the following parameters inquiry: Gender, Age, Marital status, Education, year of marriage and working sector.

Table 1

Variables	M	SD	F	%
Age (in years)				
50-70	57	6.80		
Gender				
Male			85	57
Female			65	43
Qualification				
Intermediate			87	58
Graduation			29	19
Post Graduation			34	23
Marital Status				
Married			95	63
Unmarried			12	8
Partner Died			43	29
Years of Marriage	21.67	5.82		
Working Sector				
Private			33	22
Govt			57	38

Descriptive Statistics for Demographics and Participant Characteristics (N= 150)

Note: M=Mean, SD=Standard Deviation, f=Frequency, %=Percentage.

Table 1 show Descriptive Statistics about the sample characteristics. Participants in the current study were 150 older people. The mean age is 57. Both genders were (male=57%, female=43%). Mostly were married (63%). The majority of the Participants (87%) had a Intermediate level of education. Majority of participants(60%) had their own business.

Measures

The UCLA Loneliness Scale includes ten items with negative and ten items with strong agreement that have the highest correlations with a collection of expressly relevant loneliness questions. The improved version of the scale has a high discriminating validity. The updated loneliness scale shows a strong internal consistency, with a coefficient alpha of 0.94. The Beck Hopelessness Inventory (BHS) is a 20-item self-report instrument that evaluates reported signs of hopelessness. The internal consistency of the BHS ranges from 0.73 to 0.92, with a mean of 0.81. The scale's split-half reliability coefficient is 0.82. The Eysenck Personality Profiler (EPP V6) is a modular personality assessment with three dimensions: emotionality (neuroticism), extraversion, and adventure (psychoticism). For each dimension, there are seven subscales. The sociability scale in this study covers extroversion and consists of 20 research questions. There are two possible responses: 'yes' or 'no.' it contain 10 items that are positive and ten items that are negative. The EPP V6 demonstrates factorial validity across cultures and ages, with a high equivalent structural model among these populations.

Statistical Analysis:

Following collection of data, the questionnaire forms were quantitatively scored. Using SPSS 20, the alpha reliability analysis of scales, Pearson Product Moment Correlation, was determined by calculating to investigate different dimensions of association between loneliness, hopelessness, and sociability in older people. Data screening was performed prior to mathematical analysis to identify missing values. To interpret the demographic characteristics, descriptive analysis was used, and an independent samples t - test was used to determine gender differences. Correlation coefficient was used to investigate the relationship between loneliness, hopelessness, and sociability. To determine the gender difference, an independent sample t-test was used.

RESULTS

Table 2: Psychometric Properties of the questionnaire(N=150)

Variables	K	M	SD	Min	Max	α
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UCLA	10	26.16	6.04	12	46	.94
BHS	20	40.53	11.56	6	49	.82
EPP	20	84.42	12.53	36	124	.73

Note: k =number of items in the scale, M =Mean, SD =Standard deviation, Min =Minimum score, Max =Maximum score, α = alpha reliability

Cronbach's Alpha reliability of UCLA was high ($\alpha=.94$), hopelessness was also high ($\alpha=.82$) and Eysenck Personality profile showed moderate reliability ($\alpha=.73$).

Table 03:

Correlation between Loneliness, hopelessness and sociability among older people and demographics of participants (N= 150)

Variable	1	2	3	4	5	6	7	8	M	SD
1.Age	-	0.01	0.01	0.35	.85**	.041*	.15	-.23**	1.23	.52
2.Gender		-	0.06	-0.25	0.07	0.42**	.32	.25	1.62	.23
3.Qualification			-	0.09	0.62**	0.39	0.02	0.65	1.27	-.54
4.Marital Status				-	0.85	0.57	0.36**	0.32	2.26	-.65
5.Years of service/Business					-	-0.23*	-.26	.35**	1.21	.96
6.Loneliness						-	.42**	-.62**	18.21	.23
7.Hopelessness							-	.25	22.41	2.53
8.Sociability								-	36.74	1.67

Note: $p < 0.5^*$, $p < .01^{**}$. (2 tailed)

Results revealed that loneliness was significantly positively associated with hopelessness ($r = .42^{**}$, $n=150$, $p=.000$) and negatively associated with sociability ($r = -.62^{**}$, $n=150$, $p=.000$). Furthermore, no significant relationship exists between hopelessness and sociability according to correlation analysis.

Loneliness was found significantly positively correlated with age ($r = 0.41^*$, $n=150$, $p=.026$), gender ($r = .42^{**}$, $n=150$, $p=.001$), but negatively associated with year of experience ($r = -0.23^*$, $n=150$, $p=.035$). Marital status was positively related with hopelessness ($r = .36^{**}$, $n=150$, $p=.001$). Furthermore sociability is negatively associated with age ($r = -.23^*$, $n=150$, $p=.001$) and positively linked with year of experience ($r = .35^*$, $n=150$, $p=.030$).

Table 4

Independent Samples t-test Comparing Study Variables to find out Gender Differences in Male and Female. (N=150)

Variables	Male (n=85)				Female (n=65)					
	LL	UL	M	SD	M	SD	Mean Diff	t	df	p
Loneliness -0.043 .065			43.43	6.57	47.75	9.33	-4.32	0.63	149	0.42
Hopelessness 4.03 7.52			17.74	1.35	21.7	8.52	-3.99	-1.16	149	0.17
Sociability -2.40 6.76			7.67	2.73	6.20	1.51	1.47	3.45	149	0.031

Note: *p<.05; **p<.01; ***p<.001, t=Statistical Difference,

Freedom, p=Significant Value, LL=Lower Limit, UP=Upper Limit, CI= Confidence Interval

There was a statistically significant difference (t = 3.45, df=149, p =.031, two-tailed) among male and females in reference to their sociability.

DISCUSSION

The quantity and quality of social interaction as well as emotional states have an impact on older individuals' health and well-being. According to research, loneliness has a detrimental impact on senior citizens' health (Heikkinen et al., 1995). Elderly people who are lonely may experience feelings of hopelessness in addition to other medical and mental issues. There are reported gender variations in the occurrence of health issues in senior people (Arber & Ginn, 1991). According to the results of the current study, there are no discernible gender differences among senior people when it comes to emotions of loneliness and hopelessness; that is, both elderly men and women share these experiences. When compared to women, men were shown to be more sociable on the sociability component. In contrast to their female counterparts, who were housewives and spent their time at home and found pleasure in doing daily tasks, the older men were more willing to socialize because they all belonged to the working group and had had government employment before retiring. Older men might continue to look for new partnerships because they have the intellectual and social resources. Given that both groups included elderly married couples with both partners still alive, there were unlikely to be major gender differences in loneliness among them. Additionally, because the majority of the couples were lodging with their children and grand kids, they were unable to do it on their own. Contrary to commonly held

notion, research shows that there are no gender differences that are particularly noticeable when it comes to hopelessness (Kessler et al., 1993). What has been documented in the literature does not support this result. The fact that all the women were nonworking ladies until they were 60 may account for the lack of statistically significant gender differences in despondency. Therefore, for them, the transition into old age was rarely accompanied by a change in lifestyle, a severing of relationships, or an unexpected loss of authority and prestige. Since the change occurred gradually, there was no sudden shift in the emotional states.

According to research findings for both male and female old people, there is a positive association between loneliness and hopelessness (Green et al., 1992). Being sociable made people feel less lonely, according to a negative association between loneliness and sociability. This could be explained by the fact that one's level of connection with others and level of lifestyle satisfaction are both factors in whether or not one feels lonely. A more potent sign of loneliness is an acknowledged unhappiness with the connections that are already accessible (Revenson, 1982). The lack of a strong correlation between hopelessness and sociability supports the idea that it has multiple causes, including poor health, major loss from a spouse's death, and a lack of social support. Additionally, the majority of older people engaged in everyday activities and maintained fair relationships with their friends and family.

Limitations in the study:

Only a small number of senior citizens made up the sample size. Therefore, a similar study on a bigger segment of the older population needs to be carried out in the future. The sample should have equal amounts of male and female participants in order to analyse gender differences. Furthermore, there was no official determination of clinical loneliness and hopelessness in the study sample. Self-report inventories may be used to gauge how much hopelessness elderly people are experiencing.

Suggestions

New researches can be conducted with different samples, locations, cultures and contexts would allow researchers to have more chances to increase the validity and reliability of this research. Future researches can also use different research design instead of correlational research design. Finally, additional variables should be included.

Implementation

The final results of this study are attention-grabbing because they can help to support the child to pay some time to their older parents make them protected from studied variables and some serious psychological concerns. The findings could also motivate the government officials to utilize the skills of retired worker for betterment and training of newly joined to refrain them from any stressors and anti-socialization.



Conclusion

The major aim of this present investigation was evaluated and to enhance the better understanding and association between study variables. The results of the research were revealed a significant relationship between loneliness, hopelessness and sociability. Loneliness is common in western culture especially in older age as many of them have to stay in old age houses. The reason behind the gender differences in sociability in Pakistani culture is that we have male dominating society where women mostly considered to work at home without acknowledge that they were working outside too but males are not supposed to work at home as cooking, cleaning and looking after kids after their job hours. Furthermore, females are just supposed to serve others without any complaints. That's the reason female in older age become more hopelessness and less social as compare to male. . In other words, female are more social in adult age but with passage of time responsibilities make them overburden and they lose all their social circle and even close one including friends.

Conflict of Interest

There is no conflict of interest among all members.

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