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Managing Loneliness in the Elderly and Finding Meaning in Ageing

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Loneliness refers to living alone, social isolation, and anomie [1]. The majority of people die gradually, and the few hours before death are important. However, owing to declining health, the process of saying farewell to others begins well before the final hours, making elderly people feel socially isolated. Though elderly people naturally feel the need for interpersonal relationships, these gradually decline and their senses also become weak. It is the most painful moment for elderly people and people who are dying to find that an intimate relationship, which had taken a long time to develop, has been lost [2]. Loneliness is a growing health epidemic. We live in the most technologically connected age in the history of civilization, and yet the rates of loneliness have doubled since the 1980s. Today, over 40% of Americans report feeling lonely and research suggests that the real number may well be higher [3].

Keywords: Loneliness, Elderly, Meaning in ageing, Death education

In 2018, a British government found that nearly nine million people in the country either often or always feel lonely—a condition that can have harmful health repercussions. According to the British government's research, about 200,000 elderly people in the country have not had a conversation with a friend or relative in over a month [4]. The U.K. has appointed a "minister for loneliness" to deal with what Prime Minister Theresa May called "the sad reality of modern life" [4].

According to American Association of Retired Persons reports, in the US, loneliness was positively associated with smoking and drug use but negatively associated with drinking. In the report, 45% of the respondents who had been diagnosed with a sleep disorder were lonely and 51% of the respondents who slept an average of threefive hours a night reported feeling lonely, compared to 33% of those who got six-seven hours of sleep a night and 32% of those who got 8-10 hours of sleep a night [5]. Over half of the respondents diagnosed with anxiety, depression, or another mood disorder reported feeling lonely (56%, 60%, and 59%, respectively). Close to twothirds of those who had been diagnosed with drug/alcohol abuse, 63% of those lived with loneliness.

Childlessness and never having lived with a partner are the factors most strongly related to loneliness in later life. The postponement of having a partner and parenthood are associated with higher levels of loneliness compared to those who experienced these transitions "on time." Childlessness is more strongly associated with loneliness in later life in traditional countries than in less traditional ones [6].

However, there have been cases in which the corpses of elderly people have been found a week after their death by their children who did not live with them, even though there were other children living at home. More than half of the elderly people found by their children a week after their death had a history of psychological issues, including dementia and problems with alcohol. This shows that elderly people who live with their children are at a higher risk of dying alone than those who live without their children [7].

The rate of suicide among elderly people has increased. Loneliness is a cause of suicide for both elderly people living with family and those living alone [8]. According to an analysis of persons aged 65 years or older who died alone in Hokkaido, Japan between 1996 and 2001, the cause of death in more than 50% of the cases was illness and in 30% it was suicide; 72% of those in the study received pension and 17.8% were welfare recipients. Inter- estingly, the rate of suicide among those who were 65 years or older and who lived alone was less than among those living with a family member (AMCoR) [9]. Physical multimorbidity is associated with increased odds of loneliness [10]. Social isolation and subjective loneliness are two independent risk factors for malnutrition among older people [11]. Loneliness in the elderly is clearly associated with their social participation and living situations as well as their hobbies and activities.

Loneliness is associated with poor physical and mental health and an unhealthy lifestyle. It is important to consider the effects of loneliness on physical and mental health and lifestyle in adults of all ages [12]. There has been no increase in loneliness among older people over time (1992-2014). Regression analysis for 2004 and 2014 showed that social- and health-related correlates were more strongly associated with loneliness than socio-demographic correlates. Psychological distress was most strongly associated with loneliness, followed by widowhood. Most associations between the correlates and loneliness were stable over time [13]. Loneliness was a mediating variable between empty nest syndrome and depression [14]. A way to reduce mental distress could be to increase levels of resilience and self-efficacy and reduce loneliness and dissatisfaction. A high degree of resilience contributes to improvements in perceived life quality at physical and psychological levels, and at the same time, reduces anxiety and depressive symptoms [15].

"Solitary death" was found to be more common among males than females. Nearly all bodies were found within two days and

these deaths occurred more frequently in winter and spring. Solitary death in provincial cities had a higher prevalence among men and the intervals between death and being found were shorter than for those who died in the same circumstances in metropolitan cities [16].

Improving mental health and the feeling of having a purpose in life is likely to reduce loneliness in at-risk older men [17]. Care managers have described how elderly men struggle with loneliness, anxiety, and the need for affection, often living a bitter reality. Also, past events affect their present spirituality [17].

Individuals living in areas with high neighborhood social capital (NSC) showed a lower likelihood of loneliness compared to those with low individual social capital. Interventions focusing on middle-aged (50-59 years old) individuals with low socioeconomic status and those aiming to increase NSC could be effective strategies to reduce the prevalence of loneliness [18, 19].

Moreover, very old people (between 80 and 89 years of age) manage increased frailty through three intertwined processes concerning changes in everyday life: "the turning points," "the struggle," and "the negotiations" [20]. Health promotion meetings for elderly community dwellers have a minor positive effect on social support. These meetings might benefit from a revision to reinforce content focused on loneliness, social networks, and social support. However, the modest effect of these meetings could also be owing to a lack of accessible social resources to meet participants' identified needs, a possible hindrance to a person's capability [21].

S Martin Heidegger wrote about the concept of "being-toward-death." He described that we are born as human beings; we should live a life full of meaning. He mentioned, therefore, that the meaning of life can be developed from the time we are born by cultivating indisputable aptitudes and a sense of justice, in addition to conventional morality.

Having a greater meaning in life has been associated with reduced risks of Alzheimer's disease [22], heart attack among individuals with coronary heart disease [23], and stroke [24], and increased longevity in both American and Japanese samples [25]. In 2014, the British National Health Service recommended a five-step plan for mental well-being and living a meaningful life: (1) connecting with community and family, (2) physical exercise, (3) lifelong learning, (4) giving to others, and (5) being mindful of the world around you [26].

One of the six descriptions of resilience interpreted from stories of illness and recovery among patients with senile depression was "the strength to find value in loneliness" [27].

According to Abraham Maslow's hierarchy of needs, many people become susceptible to loneliness, social anxiety, and clinical depression in the absence of love or belonging. This need for belonging may override physiological and security needs, depending on the strength of the peer pressure. All humans have a need to feel respected; this includes self-esteem and self-respect. Esteem represents the typical human desire to be accepted and valued by others. Maslow believed that to understand this level of need, the person must not only achieve but also master previous needs. In his later years, Maslow explored the idea of self-transcendence: "The very highest highest and most inclusive or holistic levels of human consciousness, behaving, and relating, as ends rather than means, to oneself, to significant others, to human beings in general, to other species, to nature, and to the cos- mos" [28].

The model of psychosocial development as articulated by Erik Erikson explains eight stages through which a healthily developing human should pass, from infancy to late adulthood. For those aged 65 or over, it is important to achieve the virtue of wisdom and to reflect on life. Each stage builds on the successful completion of earlier stages [29]. The challenges from stages not successfully completed may be expected to reappear in the future. Erikson states that each of these processes occurs throughout the lifetime in one form or another, and he emphasizes these "phases" only because it is at these specific times that the ego identity at the end of adolescence must have elaborated from all of her/his pre-adult experience in order to be ready for the tasks of adulthood [30].

The findings of the Abecedarian Project regarding its participants at age 30 reinforce the importance of the first five years of life as a key stage during which cognitive skills that provide a foundation for future success are acquired. [31].

We human beings must understand death because we are living toward death. Death education is a process in which death-related knowledge and its implications are transmitted. Therefore, death education must begin at home and in school at the earliest possible age (according to the level of psychosocial development), with the purpose of not only developing one's own views on life and death, but also learning how to accept regrets and become determined to fully live the one and only life each person is given [32].

Disclosure

The author meets the ICMJE criteria for authorship credit (www.icmje.org/ethic-cal_1author.html), as follows: (1) substantial contributions to the study design, acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be published.

Conflicts of Interest

The author declares that there are no conflicts of interest.

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