

Loneliness and Psychological Distress among Older adults

Dr. Jayaraju R*, Dr. Krishnamurthy V. S.**

*Associate Professor, Department of Psychology, Maharani's Arts College for Women, Mysuru.
mahaprajaya@gmail.com

**Assistant Professor, Department of Psychology, Government Home Science College for Women,
Holenarsipura. kmpsychology997@gmail.com

How to cite this article: Jayaraju R, Krishnamurthy V. S (2024). Loneliness and Psychological Distress among Older adults. *Library Progress International*, 44(3), 4542-4547.

ABSTRACT

Loneliness and psychological distress are significant issues affecting elderly individuals, influencing their overall well-being and quality of life. Addressing loneliness and psychological distress among the elderly is vital for improving their health outcomes and quality of life. Collaborative efforts from healthcare providers, family, and community resources are necessary to create supportive environments for older adults. The present study was conducted to examine the prevalence and gender difference of loneliness and psychological distress among older adults. A Descriptive survey method was done to identify the participants in and around of Mysore district and convenient sampling method was applied for data collection. A total of 120 sample who are in the age of above 60 years were selected which included 60 male and 60 female older adults. The data was collected by using UCLA (University of California, Los Angeles) Loneliness Scale (Version 3) by Daniel W. Russell and Psychological Distress : Kessler Psychological Distress Scale (K10) by Ronald C. Kessler and Mroczek. The data was then analyzed through Mean, sd, Correlation and t-test for the comparison of mean scores between groups with the help of SPSS 21. The findings of the study revealed that 55% of the samples have shown a low level of loneliness and 31.7% of the sample have reported that lesser psychological distress. In further the results have shown that there is a significant positive association between loneliness and Psychological distress among older adults where as the results of an independent sample t test revealed that there is no gender difference in loneliness and psychological distress among older adults. These results can be implemented in designing the intervention programs to the older adults.

Key words: Isolation, Psychological distress and Elderly aged.

Background of the Study

Introduction

Loneliness among older adults is a significant issue that can have profound effects on their mental and physical health. Loneliness is a subjective feeling of being alone or isolated, even when surrounded by others. It differs from solitude, which can be a desired state.

Many elderly individuals experience loneliness due to factors such as retirement, the death of peers or partners, or the loss of mobility, which can limit their social interactions. Loneliness is linked to various health problems, including:

- Increased risk of depression and anxiety
- Higher rates of cardiovascular disease
- Cognitive decline
- Weakened immune system

Many older adults experience loneliness due to factors such as retirement, the loss of a spouse or friends, mobility issues, and limited social interaction. Loneliness is linked to various health problems, including

depression, anxiety, cognitive decline, and increased risk of chronic conditions. It can also lead to a higher risk of mortality. Maintaining social connections is crucial for combating loneliness. This can include family visits, friendships, participation in community activities, and support groups. While some elderly individuals may find it challenging to engage with technology, it can also serve as a valuable tool to connect with others through video calls, social media, and online communities (Paul, Ayis, & Ebrahim, 2006).

Many organizations and community centers offer programs aimed at supporting social engagement for seniors, such as classes, group activities, and volunteer opportunities. Raising awareness about the issue of loneliness in the elderly and advocating for supportive policies can help create a more inclusive environment for older adults. Strategies to reduce feelings of loneliness may involve counseling, structured social programs, and promoting active aging and participation in community life (Faran, Bergman, & Klonover, 2024)..

Addressing loneliness in elderly individuals requires a multifaceted approach, involving family, friends, community organizations, and healthcare providers. Loneliness is positively linked to the psychological distress of older adults (Losada-Baltar et al, 2021).

Psychological distress among older adults is a significant concern that can affect their overall health and quality of life. It often manifests as depression, anxiety, and feelings of loneliness or isolation. Psychological distress refers to a range of symptoms, including anxiety, depression, and stress that may affect emotional functioning.

Common Causes of Psychological distress among elderly:

- Loss of loved ones: The death of family members or friends can lead to profound sadness and grief.
- Health issues: Chronic illnesses or disabilities can lead to feelings of helplessness and frustration.
- Social isolation: Many elderly individuals experience social isolation due to retirement, mobility issues, or the loss of social networks.
- Relocation: Moving to assisted living facilities or nursing homes can disrupt familiar routines and relationships.

Educating families and caregivers about the signs of psychological distress can lead to earlier intervention and better outcomes. Understanding and addressing psychological distress in the elderly is essential for promoting their mental health and improving their quality of life. If you or someone you know is struggling, seeking help from mental health professionals is a critical step.

Loneliness and psychological distress are significant issues affecting elderly individuals, influencing their overall well-being and quality of life. Here's an overview of the key aspects of this topic:

Addressing Loneliness and Distress in older adults

Encouraging participation in social activities, community programs, and maintaining relationships can help reduce feelings of loneliness. Psychological therapy, such as cognitive-behavioral therapy (CBT), can be effective for addressing feelings of loneliness and associated distress. Tools like video calls, social media, and online communities can bridge the gap for those unable to engage in face-to-face interactions.

Family members, friends, and caregiving professionals play a crucial role in providing support and companionship. Increasing awareness about the issues of loneliness and mental health in elderly populations is essential for reducing stigma and promoting help-seeking behavior.

Addressing loneliness and psychological distress among the elderly is vital for improving their health outcomes and quality of life. Collaborative efforts from healthcare providers, family, and community resources are necessary to create supportive environments for older adults. The present study aimed at understanding the prevalence and association of loneliness and psychological distress among older adults in Karnataka State, India.

Method

Statement of the research problem: To study the loneliness and Psychological distress among older adults in Karnataka State

Objectives of the study

1. To assess the relationship between loneliness and psychological distress among older adults
2. To assess the gender difference in the level of loneliness among older adults
3. To assess the gender difference in the level of psychological distress among older adults

Hypotheses:

1. There is a significant positive relationship between loneliness and psychological distress among older adults
2. There is a significant gender difference in the level of loneliness among older adults
3. There is a significant gender difference in the level of psychological distress among older adults

Variables:

Independent Variable

- Gender

Dependent variable

- Loneliness
- Psychological distress

Population and Sample of the study

The present study is a Descriptive Survey method study the loneliness and Psychological distress among older adults in Karnataka State. Convenient sampling technique has been employed in this research study. Older adults aged above 60 years from Mysore district in Karnataka state constituted and represent the population for the present investigation. To conduct this study the investigator selected a true representative sample of total 120 older adults which includes 60 male and 60 female samples.

Measures:

- UCLA (University of California, Los Angeles) Loneliness Scale (Version 3) by Daniel W. Russell. UCLA is a highly reliable test to measure loneliness, both in terms of internal consistency (coefficient a ranging from 89 to 94) and test-retest reliability over a 1-year period ($r = .73$). Convergent validity for the scale was indicated by significant correlations with other measures of loneliness Construct validity was supported by significant relations with measures of the adequacy of the individual's interpersonal relationships, and by correlations between loneliness and measures of health and well-being.
- Kessler Psychological Distress Scale (K10) by Ronald C. Kessler and Mroczek. The total internal consistency of the Psychological Distress Scale was $\alpha=0.844$. Concurrent validity between this instrument and the Self Reporting Questionnaire was $p=0.722$ ($p<0.001$).

Analysis of Results and Discussions

In keeping view the objectives of the present study, the prevalence of the loneliness and psychological distress were measured by using the percentage. In order to understand the association between loneliness and psychological distress a pearson product moment correlation statistic was calculated, in further to understand the gender difference an independent sample t test was calculated and analyzed as follows

1.1. Table 1: shows the distribution of selected samples by loneliness and result of chi-square test.

1.1.

Variable	Levels	Frequency	Percent
Loneliness	Low	66	55.0
	Moderate	42	35.0
	Moderately high	12	10.0
	Total	120	100

Figure 1: Graphical representation of level of loneliness among sample

From the above table and figure it is found that 55.0% of the sample had shown low level of loneliness, 35.0% of the sample showed they have moderate level of loneliness and remaining 10.0% of the sample reported that they have moderately high level of loneliness. Chi-square test revealed a highly significant difference between frequency groups of various levels of loneliness (Chi-square = 36.600 ; $P = 0.000$), revealing that majority of the sample had low level of loneliness.

1.1. Table 2 shows distribution of selected samples by psychological distress and results of chi-square test.

Variable	Levels	Frequency	Percent
Psychological Distress	Likely to be well	38	31.7
	Likely to have a mild disorder	35	29.2
	Likely to have a moderate disorder	16	13.3
	Likely to have a severe disorder	31	25.8
Total		120	100

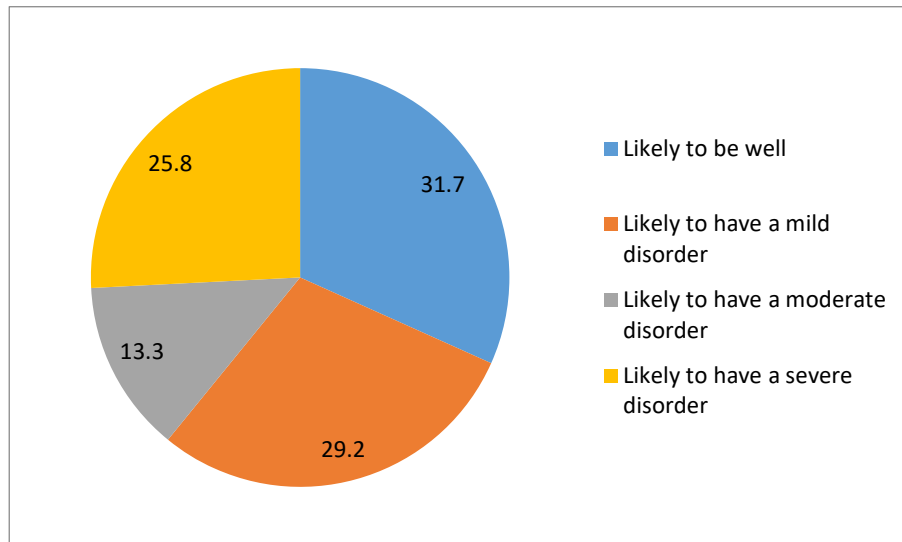


Figure 2: Graphical representation of level of Psychological distress among sample

From the above table and figure it is found that 31.7% of the sample has shown on likely to be well, 29.2% of them had scored on likely to have a mild disorder, 13.3% of them had scored on likely to have a moderate disorder and 25.8% of them had scored on likely to have a severe disorder. And Chi-square test revealed a significant difference is exist between the frequency groups of various levels of psychological distress (Chi-square = 9.533; P = 0.023).

Table 3 shows results of Pearson Product Moment correlation between Loneliness and Psychological Distress scores.

Variable 1	Variable 2	Correlation coefficient	p
Loneliness	Psychological distress	0.45	0.001

The present study examines the relationship between loneliness and psychological distress among older adults. The results of Pearson product moment correlation found to be 0.45, which is significant at 0.01 level. The result showed that there is a significant positive relationship exists between loneliness and psychological distress.

Table 4: Shows the N, Mean and Standard Deviation and t ratio on loneliness of male and female older adults.

	Group	A total Scores on loneliness				
		N	Mean	SD	T	P
A total Scores on loneliness	Male	60	35.20	9.17	0.55	.058
	Female	60	36.10	8.69		
	Total	120				

Table 4 showed that the mean score and standard deviation, t ratio on the level of Loneliness among male and female older adults. Female group has obtained a greater mean score ($M=36.10$, $SD=8.69$) on Loneliness compared to male group ($M=35.20$, $SD=9.17$). It is showed that female older adults have shown a greater level of Loneliness compared to male older adults. In comparing the significant mean difference between male and female on the level of Loneliness an independent sample t test was calculated and the obtained $t(118)=0.55$, $p > .58$. This indicates that there is no significant difference in the level of Loneliness between male and female older adults; hence the results are not according to the hypothesis “There is a significant gender difference in the level of Loneliness among older adults” is not accepted. In support of the present result a study conducted by Borys, & Perlman, (1985) showed that the subjects were more rejecting of a lonely male than of a lonely female. These results support the view that women are more apt to acknowledge their loneliness than men because the negative consequences of admitting loneliness are less for women. In contradictory to the results a study done by Barreto et al (2021) showed that loneliness increased with individualism, decreased with age, and was greater in men than in women, they also found that age, gender, and culture interacted to predict loneliness, although those interactions did not qualify the main effects, and simply accentuated them.

Table 5: Shows the N, Mean and Standard Deviation and t ratio on loneliness of male and female older adults.

	Group	A total Scores on psychological distress				
		N	Mean	SD	T	P
A total Scores on psychological distress	Male	60	22.80	7.32	1.83	.07
	Female	60	25.31	7.73		
	Total	120				

Table 5 showed that the mean score and standard deviation, t ratio on the level of Psychological distress among male and female older adults. Female group has obtained a greater mean score ($M=25.31$, $SD=7.73$) on Psychological distress compared to male group ($M=22.80$, $SD=7.32$). It is showed that female older adults have shown a greater level of Psychological distress compared to male older adults. In comparing the significant mean difference between male and female on the level of Psychological distress an independent sample t test was calculated and the obtained $t(118)=1.83$, $p > .07$. This indicates that there is no significant difference in the level of Psychological distress between male and female older adults; hence the results are not according to the hypothesis “There is a significant gender difference in the level of Psychological distress among older adults” is not accepted. In contradictory to the results a study done by Viertiö et al., (2021) A significant interaction with

gender was found in only two variables: ignoring family due to being absorbed in one's work was associated with distress in women, and mental strain of work in men.

Conclusions:

- 55% of the older adults are not lonely
- A majority older adults are not psychologically distressed where as 29% of the sample reported a mild level of psychological distress which need to be considered in order to enhance their well being
- It is found that there is a positive relationship of loneliness with the level of psychological distress among elderly
- There is no gender difference found in loneliness and psychological distress among older adults

References:

- Barreto, M., Victor, C., Hammond, C., Eccles, A., Richins, M. T., & Qualter, P. (2021). Loneliness around the world: Age, gender, and cultural differences in loneliness. *Personality and individual differences*, 169, 110066.
- Borys, S., & Perlman, D. (1985). Gender differences in loneliness. *Personality and Social Psychology Bulletin*, 11(1), 63-74.
- Faran, Y., Bergman, Y. S., & Klonover, E. (2024). The mediating role of loneliness in the association between exposure to terror and psychological distress in older adults. *Journal of Psychiatric Research*, 170, 195-199.
- Losada-Baltar, A., Jiménez-Gonzalo, L., Gallego-Alberto, L., Pedroso-Chaparro, M. D. S., Fernandes-Pires, J., & Márquez-González, M. (2021). "We are staying at home." Association of self-perceptions of aging, personal and family resources, and loneliness with psychological distress during the lock-down period of COVID-19. *The Journals of Gerontology: Series B*, 76(2), e10-e16.
- Paul, C., Ayis, S., & Ebrahim, S. (2006). Psychological distress, loneliness and disability in old age. *Psychology, Health & Medicine*, 11(2), 221-232.
- Viertö, S., Kiviruusu, O., Piirtola, M., Kaprio, J., Korhonen, T., Marttunen, M., & Suvisaari, J. (2021). Factors contributing to psychological distress in the working population, with a special reference to gender difference. *BMC public health*, 21, 1-17.