ORIGINAL ARTICLE

Loneliness, grieving process and depression affecting people of old age

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ABSTRACT

Aim To investigate influence of loneliness and grieving process on manifestation of depressive symptoms, and to determine appearance of aggressive behavior as well as to explore subjects' spiritual beliefs, and the ways of coping with spiritual and moral beliefs.

Methods The research group consisted of 163 subjects older than 65 and divided in two groups. Older people living in an elderly care facility in Osijek formed one group, whereas the other group was formed of those living in their own homes in Osijek or Đakovo (Croatia). An anonymous and voluntary survey was used, and it included a general questionnaire, a questionnaire dealing with grief from a spiritual point of view, Kendall Questionnaire on Chronic Sorrow, and the Beck Depression Inventory (BDI).

Results Elderly people were most lonely, they had lower life satisfaction rates, and insufficient social contacts. Religion has a very important place in their lives, 130 (79.8%), and relieves hard lifetime moments. Subjects who lived in their own homes showed signs of chronic sorrow, 18 (19.8%) more often than subjects who lived in an elderly care facility, but the latter are more depressive and show more verbal aggressiveness.

Conclusion The results emphasize that the feeling of loneliness and grieving process influenced the depression symptoms occurrence. It is therefore essential to encourage successful ageing and provide any help necessary to the elderly in order for them to cope with stressful changes the best way possible thus preparing themselves gradually for the ageing process.

Key words: depression**,** the elderly people, loneliness, grieving process.

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INTRODUCTION

Due to the growing standard of living, advancement of health care education and as a result of decreasing birth rate it came to the longer life time. The number of residents older than 65 is constantly increasing (1).

The population is considered to be old if there are more than 11% of population older than 65 years of age (2). According to the figures from gerontological health statistics the share of elderly persons living in Croatia is progressively growing and according to the UN categorization Croatia belongs to the 4th group of countries with very old population (3). The percentage of elderly persons in Croatia is 17.3% and it is considered that by 2050 it will go up to more than 20% (3).

Croatian gerontology researches have confirmed that loneliness is the major problem among elderly persons (3). Such persons are inclined to permanent immovability because of the social isolation which is related to depression (4). Depression is a disease which shows characteristics of an epidemic and it is followed by an increased share of the elderly persons among Croatians (3).

Elderly life age, stress, alienation, dissatisfaction, retirement, loss of the partner, children moving out, lessened needs and motivation for accomplishing activities which used to be a normal part of life are factors that make the ground for depression of an old person (5).

The interviews identified the residents' sense of loss and grief and feelings of isolation and loneliness as the causes of their depression (6).

This research was conducted with the aim to investigate influence of loneliness and grieving process among older people living in an elderly care facility and people living in their own homes. The aim was also to investigate influence of loneliness and grieving process on manifestation of depressive symptoms among elderly persons and to determine appearance of aggressive behavior among the subjects, as well as to explore subjects' spiritual beliefs and the ways of coping with spiritual and moral beliefs, and, in addition, to understand the loneliness among elderly persons and find persuasive and affective ways of counseling in the grieving process.

EXAMINEES AND METHODS

The research was conducted during the first six months of 2012 in the area of the cities Osijek and Đakovo. The subjects were divided into two groups. The first group consisted of older people living in an elderly care facility in Osijek, and the second group involved people living in their own homes in Osijek and Đakovo. The research was conducted among 163 subjects older than 65 years. The subjects were divided in two groups according to the place of living in their own home or in an institution. Before the research was done the subjects were informed that the questionnaire is anonymous and voluntary. They were also informed about the aim of the research, which is written on the questionnaire. The research was approved the Ethical Committee, School of Medicine, University J.J. Strossmayer Osijek, in November 2011.

The anonymous and voluntary questionnaire was used. The questionnaire contains the following items: general questionnaire (variables: age, gender, socio-demographic and family

status, financial status, health condition, social contacts and activities); a questionnaire dealing with grief from spiritual point of view (10

Table 1. Kendall questionnaire on chronic sorrow

	DEPRESSION - symptomatology				
	clinically insignificant N (%)	**Mild N (%)**	**Moderate N (%)**	**Heavily depressive N (%)**	
Living alone					
No grieving	12 (36.4)	0 (0)	0 (0)	0 (0)	12 (13.2)
Possible grieving	18 (54.5)	16 (94.1)	11 (55)	16 (76.2)	61 (67)
Chronic grieving	3 (9.1)	1 (5.9)	9 (45)	5 (23.8)	18 (19.8)
Total	33 (100)	17 (100)	20 (100)	21 (100)	91 (100)
Elderly care facility					
No grieving	17 (36.2)	2 (14.3)	2 (22.2)	0 (0)	21 (29.2)
Possible grieving	28 (59.6)	11 (78.6)	6 (66.7)	2 (100)	47 (65.3)
Chronic grieving	2 (4.3)	1 (7.1)	1 (11.1)	0 (0)	4 (5.6)
TOTAL	47 (100)	14 (100)	9 (100)	2 (100)	72 (100)

Table 2. Self-evaluation scale for rating aggression

Estimated aggression	Examinees						p
	Living in their own homes			Living ina n institution			
	Sv(SD)	Median	24-75%	Sv(SD)	Median	24-75%	
Verbal aggression	0.71 (0.3)	0.75	0.5 – 1	0.82 (0.3)	1	0.75 – 1	0.031
Physical aggression against themselves	0.97 (0.1)	1	1 – 1	0.97 (0.1)	1	1 – 1	0.438
Physical aggression against the things	0.95 (0.2)	1	1 – 1	0.96 (0.1)	1	1 – 1	0.286
Physical aggression against the others	0.95 (0.1)	1	1 – 1	0.99 (0.1)	1	1 – 1	0.106
Suicidal behavior	0.94 (0.2)	1	1 – 1	0.94 (0.2)	1	1 – 1	0.828
Aggression total	0.91 (0.2)	0.95	0.95 – 1	0.94 (0.1)	1	0.9 – 1	0.069

close test questions), Kendall questionnaire on Chronic Sorrow (Kendall Chronic Sorrow instrument) (7); BDI-Beck Depression Inventory (8,9); OAS – overt aggression symptom check list (10).

To describe the distribution of frequency descriptive statistical methods were used. All variables were tested through Kolmogorov-Smirnovljev test and regarding the result parametrical or non-parametrical methods were applied. The average values of the numerical variables were given by the arithmetic mean and standard deviation for normally distributed variables and by median variable range for those which are not distributed normally. Nominal indicators are shown through frequency distribution in groups and share. The Mann-Whitney test was used to establish the differences between two independent samples, Kruskal-Wallis test to establish the differences between more than two independent samples, the χ_c-test and Fisher's exact test to establish the differences in proportions between two independent samples. Correlation of parameters was shown by Pearson's coefficient of correlation (r). The significance level of $\alpha = 0.05$ was used.

RESULTS

The research was conducted on 163 persons, 53 (32.5%) were males and 110 (67.5%) females. Ninety-one (55.8%) subjects lived in their own homes, and 72 (44.2%) subjects lived in an institution. The average life age of the subjects living in their own homes was 74.5 (± 7.2) years, and of the subjects living in an institution 77.5 (± 6.4) years (p=0.059). According to the location of living 133 (81.6%) subjects lived in a city, and 30 (18.4%) in the village (Figure 1).

Most subjects, 122 (74.8%) had suffered from chronic physical diseases, 23 (14.1%) subjects claimed to be healthy, and 18 (11%) had both physical and mental diseases. From the remaining diseases, 29 (26.6%) subjects suffered from heart and vascular diseases, and from hypertension, 21 (19.3%). Fourteen (12.8%) subjects suffered from diabetes and hypothyroidism, 11 (10.1%) from rheumatism. In the range from 0.9% till 9.2% subjects suffered from hypertension, diabetes, rheumatism, gastrointestinal problems, mental malignant diseases and ischemic cerebrovascular disease (Figure 2).

Most subjects, 41 (26.5%), were mostly visited by their children. Subjects were visited by their children and grandchildren in 24 (15.5%) cases, and 29 (18.7%) subjects were visited by their children and neighbors. Significantly more subjects living in the institution were visited only by their children, whereas the those living in their own homes were visited by their children, neighbors, relatives, grandchildren and friends p<0.001) (Figure 3).

Religion enabled those living in their own homes to overcome serious problems and their religious beliefs helped them cope with their loss, much more than those living in an institution.

The Christian belief helps much more in mourning and grieving to those living in their own homes, which was confirmed by 4.4 (± 1.6), medians 5 (inter-quarter range 4–6), whereas those living in the institution were marked with 2.2 (± 1.8), medians 2 (inter-quarter range from 0 till 4) (Figure 4).

There are many more subjects suffering from moderate to heavy depression with possible sorrow by those living on their own homes (p<0.001) (Table 1).

Median of Beck Depression Inventory shows higher values (less depression) for those living in their own home (median 0.9) than tho-

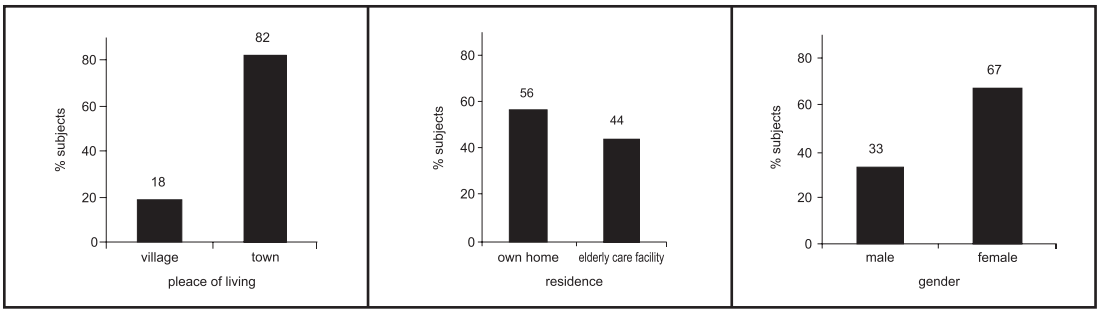

Figure 1. Demographic status of subjects

se living in the institution (median 0.5). The difference is significant for all the questions apart from disturbed relationship with other persons, inability to work, sleep disturbances and fatigue.

There are no statistical differences dealing with aggression, only with verbal aggression, whereby subjects living in their own home feel better (p=0.031) (Table 2).

DISCUSSION

The aim of the research was to establish the impact of loneliness and sorrow to outburst of depression and aggression, also to prove the spiritual beliefs of old people and their coping with the spirituality, as well as to understand the problem of loneliness by old people and stress out the necessity to encourage successful aging. According to the results there was a significant difference in the family status, depending on whether they lived alone or in an institution for elderly persons. More widow(er)s lived in the own homes, whereas singles were much more often in an institution.

From the research results it could be seen that older people living in a rural area are much more depressive, which could be explained by higher alienation and weaker social communication. The urban settlements have their own characteristics like high concentration of flats in a relatively small space, the flats are usually small and overcrowded with furniture, they are equipped with installations and electric devices which could be a risk old people. There are only a few green areas, traffic is dense with many vehicles and all of this could be dangerous for the old people. The urban way of life weakens family links and boundaries between relatives and neighbors, which leads to alienation and predisposition for the development of depression (11).

In older nursing home residents a predisposition for the development of depression is loss of independence, freedom and continuity whit their past life; feelings of social isolation and loneliness, lack of privacy, loss of autonomy due do the institutional regime and regulations (12).

It is known that most diseases typical for old age do not start in the old age, and not all the diseases are the result of physiological changes in the process of aging (13). The most commonly spread diseases in both groups are cardiovascular diseases (heart diseases, hypertension), endocrine diseases (diabetes, hypothiroidism) and rheumatoid diseases, which are generally widely spread diseases among old people (14).

Regarding health and mortality in the old age there are interesting results of a research which show that relatively stable traits of character, social support and positive attitude towards health are strongly related to long-lasting positive health results (13).

In this study, most frequent way of communication with the family, relatives and others in both groups was by phone. Subjects living in their own homes are more often visited by their own children, relatives, friends and others than the subjects living in an institution who are mainly visited only by their children. In both groups subjects expressed their wish for more frequent communication.

According to this research 80% of the subjects had children, this indicator should be more investigated in further researches and it should be inquired why their parents (the subjects) live alone and how children could be actively involved in adaptation of their parents to life as singles. According to a UN analysis from 1998 parallel to the economy and educational growth there comes a longer life span, lower number of children within a family, and a higher number of individuals without children (15). Therefore, there will be more old people

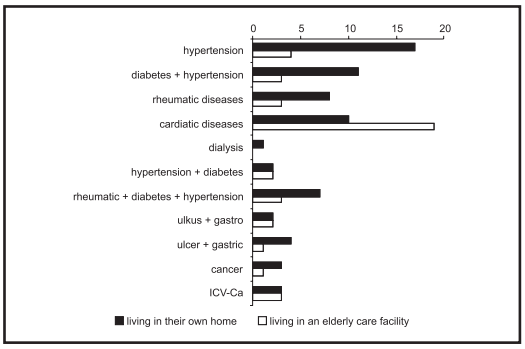

Figure 2. Health status of subjects

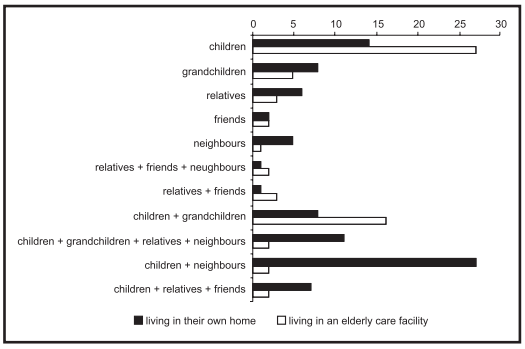

Figure 3. Visits to subjects

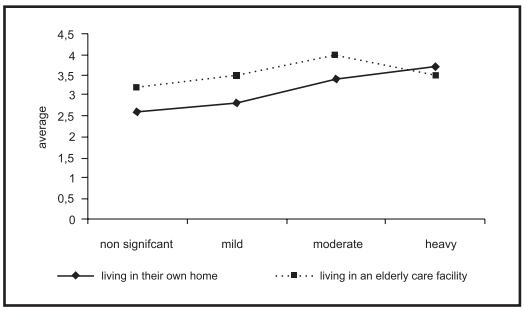

Figure 4. Spiritual aspect of grieving

and less children who could or want to take care of them (16). In our country taking care of old people mostly lies on the family (15). Care is a specific way of looking after parents who need daily help and constant emotional help. Care of grown up children for their parents demands new ways of adjustments for both generations, which could lead to tension, dissatisfaction and negative relationships. Social factors, such as socioeconomic status and personal losses constituted greater risks for subthreshold of depression than health and functioning (17). Possible grief and chronic grief are more significant by depressive subjects living alone (18), so future researches could confirm if chronic grief is a predisposing factor for the development of depression among old people. Chronic grief is a normal response to the loss which could be temporarily experienced by an individual whose course of life was disturbed (19). Occasionally these feelings could be very intense and stressful for persons going through chronic grief. Persons of older age placed against their will to the institutions for old and weak persons, as well as persons living alone in their own homes go through chronic grief (18). Chronic grief could happen in any phase of life. Older persons are exposed to the greater risk of various losses (life partner, health, economy status, independence). Losses cause lack of self-esteem, anxiety, as well as the feeling of losing control over their own lives to more sensitive persons, (20).

A poorly functioning net of social contacts can lead a person to a social isolation. The consequence is obsession with one' own body, various physical conditions and symptoms. It can result in physical symptoms through which the person asks for help in an inappropriate way – s/he tries to attract attention of others or tries to take control over others (21).

Loss of partner in the old age is one of the worst forms of stress in the life of an old person, and some researches have shown that husbands have more difficulties in coping with the death of their wives. They are more helpless than women and in most cases it results in serious and long lasting depression (22). The main tasks in the process of grieving are to accept the reality of loss, work on pain caused by the loss, adjust to the surrounding with no deceased around (outer, inner and spiritual adjustment) and emotionally overcome the grief and go on with living, which is the most difficult part (23).

The research which was conducted in six cities of Sisačko-moslavačka municipality on 230 subjects older than 65 years has shown that the subjects have many difficulties in adapting to single life or, in other words, that they estimate their adjustment to life without their life partner as bad or very bad. Duration of life without partner does not have any impact on successful adjustment, because the process of adjustment is still going on and the result is still uncertain (15).

Adjustment is a complicated and long lasting process which shows that living conditions could not be better or more complete than before, and that life as a single does not have any advantages over marital life. In the period of adjustment the subjects prefer visits of children, even though children represent a

stressful situation, because they remind the subject of life and activities before the death of the close family member (15).

At the end of the last century spirituality became a phenomenon which was researched by medicine. It became the fourth dimension of human beings. It is connected to person's ability to create and accept the ideas which motivate and give direction to his/her apprehension, behavior and life in general (24).

There are many more subjects living in their own homes with the signs of chronic grief, but they show a significantly lower level of depression than the subjects living in an institution. In case of verbal aggression the lower level of aggression was shown by those living in their own homes than those put in an institution who are more verbally aggressive and use more bad curses and dirty words when they are angry. There was neither significant physical aggression towards themselves, others or things, nor suicidal cases.

European and Croatian gerontal perceptions have confirmed that the interaction between an older person and preservance of his/her life and community where s/he lives and works cannot be neglected. Older persons are able to function as very useful community members. They have usable potential for transmission of knowledge, skills, abilities and work experience to younger and other older generations, so that unnecessary mistakes would not be repeated. Old age is the time when life gets new spiritual dimensions and gives advantages that did not exist at the younger age. Active and healthy aging includes adjustments to new circumstances, experiences and constant learning and discovering advantages about being and getting old (22).

Based on the results from this research it can be concluded that in the prevention of depression in older people it is important to recognize biological and psychosocial risk. Old people today face many physical and psychological challenges and changes and that was not the case at the time of their parents. They live much longer, but under stress. Specialized help for depression and loneliness in older people is rare, even though depression is a big public health issue in the world. For a successful resolution of their problems it is important to study their individual history and to estimate and undertake psychological treatment.

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Competing interests: none to declare.

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Usamljenost, žalovanje i depresija u osoba starije životne dobi

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SAŽETAK

Cilj Ispitati utjecaje usamljenosti i žalovanja na pojavu simptoma depresije, te utvrditi pojavu agresivnosti. Ispitati duhovna uvjerenja ispitanika i način sučeljavanja s duhovnosti i moralnim uvjerenjima.

Metode U istraživačkoj skupini bilo je ukupno 163 ispitanika, starijih od 65 godina. Prvu skupinu ispitanika činile su osobe smještene u Ustanovu za stare i nemoćne u Osijeku, a drugu su skupinu činile osobe koje žive u vlastitom domaćinstvu na području grada Osijeka i Đakova. Korištena je anonimna i dobrovoljna anketa, koja je sadržavala: opći upitnik, upitnik nošenja s tugom s duhovnog aspekta, Kendallin upitnik o kroničnoj tuzi, Beckov samoocjenski upitnik za depresiju, te samoocjensku ljestvicu za procjenu agresivnosti.

Rezultati Iz istraživanja je vidljivo da su stari ljudi usamljeni, da imaju nisku razinu zadovoljstva životom, te da su im socijalni kontakti nedostatni jer su uglavnom ograničeni na kontakte s najbližim potomcima, odnosno djecom. Vjera zauzima važno mjesto u životima ispitanika, 130 (79,8%), te im značajnije olakšava teške trenutke. Znatno više ispitanika koji žive u vlastitom domu ima znakove kronične tuge, 18 (19,8%), ali su depresivniji ispitanici koji su smješteni u ustanovu i koji pokazuju i više verbalne agresivnosti.

Zaključak Ovo istraživanje upućuje pozornost na posebnost utjecaja usamljenosti i žalovanja na pojavu simptoma depresije, na potrebu poticanja uspješnog starenja i pružanja pomoći starim ljudima da se na najbolji mogući način suoče sa stresnim promjenama i pripreme za procese starenja.

Ključne riječi: depresija**,** stari ljudi, usamljenost, žalovanje.