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## LONELINESS IN OLD AGE: A STUDY OF ELDERLY PEOPLE IN LATVIA

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**Abstract.** The article discusses the peculiarities of loneliness among elderly people in Latvia. The study involved 98 people aged 65 to 86 living in different social conditions: alone, with relatives, or in a retirement home (Latvia). Psychometric characteristics of the UCLA Loneliness Scale (Version 3), adapted by the author, are presented. The survey results show the views of the elderly on old age and loneliness, feelings arising from loneliness, relationships with others, peers, and communication skills. The reasons for loneliness and the peculiarities of behavior during loneliness were studied. The experience of loneliness is also analyzed depending on social conditions.

**Key words:** loneliness, elderly age, loneliness measurement, UCLA Loneliness Scale (Version 3), social conditions.

**Introduction.** Loneliness in old age is a growing problem, particularly in light of the increasing number of elderly people worldwide. According to the World Health Organization, by 2030 every sixth person in the world will be 60 years old or older, and by 2050 the global population aged 60 and above will double (World Health Organization, 2022). In Latvia, for example, as of the beginning of 2021, every fifth resident was a person aged 65 or older (Centrālā statistikas pārvalde, 2021). As older people live longer, they are at greater risk of loneliness, social isolation, and related health consequences. This means that loneliness in old age is becoming an increasingly pressing issue that requires attention from society and science.

Elderly people often face many problems, including chronic illnesses, disability, and social isolation, which can contribute to the development of loneliness. This is a public problem that can have a negative impact on physical and mental health, lead to depression, impair cognitive abilities, and increase mortality.

Moreover, the COVID-19 pandemic has exacerbated the problem of loneliness among elderly people. Due to social distancing and quarantine measures, many elderly people have been forced to isolate themselves from their families, friends, and social networks, which has led to an increase in feelings of loneliness and social isolation (Berg-Weger, Morley, 2020).

Given the negative impact of loneliness on the health and well-being of elderly people, it is important to understand the causes and risk factors associated with this phenomenon. The aim of this research is to investigate the problem of loneliness among elderly people, identify the frequency of its occurrence, and determine the factors that may contribute to its development. To do this, the following questions will be addressed:

RQ1: How often do elderly people feel lonely?

RQ2: What factors contribute to the development of loneliness in old age?

RQ3: What proportion of elderly people in our sample experience loneliness, and how does this proportion vary across groups (by gender, age, social status, education level, etc.)?

**Literature review.** Loneliness in old age is not a straightforward concept with a single social meaning. It is not only the absence of relatives, children, grandchildren, spouses, or living separately from younger family members. For many elderly people who live with their families, the feeling of loneliness is no less severe. Family does not always solve the problems of loneliness for older people.

Loneliness is a complex feeling that takes hold of a person's entire personality – their feelings, thoughts, and actions. Loneliness manifests as an extremely unpleasant and burdensome experience, a reaction to a deficiency in the quality and quantity of social interaction. It arises from a lack of social connections, a lack of unity with others, a constant self-perception as different from those around, an awareness of unsatisfactory quality of interpersonal relationships with significant people, and the reference group (Išmuhametovs, 2007).

According to C. Victor and K. Yang (2012) loneliness follows a U-shaped distribution, with the highest levels observed among individuals under 25 years and those over 65 years of age. K. Toivonen et al. (2021) report that feelings of loneliness and social isolation are present at different stages of life, with 50% of individuals over the age of 60 being at risk of social isolation and one-third experiencing some degree of loneliness in later life.

Several studies have shown that higher levels of loneliness are correlated with depression, lower quality of life, and lower social support, particularly in the emotional realm (Theeke, Goins, Moore & Campbell, 2012). It is important to note that depression is associated with loneliness across all age groups. Poor physical health is associated with loneliness in young and middle age, but not in old age (Victor & Yang, 2012).

Longitudinal studies on loneliness among older people have shown that after 8 years from the initial survey, the prevalence of loneliness remained at a similar level: 9% reported severe loneliness; 30% reported occasional loneliness, and 61% reported never feeling lonely. Changes in loneliness were associated with changes in marital status, housing conditions, social networks, and physical health. It is important to note that improvement in physical health and social relationships was associated with a decrease in the level of loneliness (Victor & Bowling, 2012).

There is a belief that old age and changes in social status, the loss of important social roles, and the narrowing of social circles after retirement can lead to loneliness. In addition, the modern world has seen an increase in the number of elderly people who are alone due to divorces and the death of spouses. This can also lead to social isolation and deterioration of mental health. In Southern and Central European countries, the causes of loneliness are often linked to the lack of marriage, economic difficulties, and poor health. In most countries, frequent contact with relatives and adult children, participation in public life, and support for family members play an important role in preventing and alleviating loneliness. (Fokkema, De Jong Gierveld, & Dykstra, 2012).

However, there are situations that contribute to experiencing loneliness, depression, and despair, as well as "feeling one's age": the death of a loved one and the observance of mourning, the gradual "washing out" of the age cohort of peers, the need to search for new people to fill the created "vacuum," increasing fatigue from intensive social contacts, as well as participation in solving the problems of children, grandchildren, and other relatives. E. Sapogova (2001) also draws attention to this.

Having family does not always solve the problem of loneliness in old age – for many elderly people living with relatives, the feeling of loneliness may remain just as heavy. There are enough facts of loneliness among the elderly who live with their families than those who live alone or with friends. The acute feeling of loneliness can also be experienced by those who live in seclusion from younger family members. The study by D. Perlman and his colleagues showed that loneliness is more strongly linked to contact with friends than with children and does not depend on contact with relatives (Perlman & Peplau, 1982). The research by Burholt, Nash & Ganguli-Mitra (2019) show that the prevalence of both moderate and severe loneliness is quite high among residents of care homes for older people.

Elderly people feel greater loneliness if they don't feel comfortable and confident in their existence, are dissatisfied with their material conditions, and don't have the opportunity to communicate with other people at their discretion. They may also experience difficulties if they are unable to engage in any activity, even non-obligatory but socially significant. Emotional support and care from loved

ones and friends are also important for the elderly. They need to feel loved, respected, and accepted, especially in old age when opportunities for social activity may be limited. Limitations in maintaining their accustomed lifestyle, lack of funds to purchase necessary items, and the inability to participate in various activities cause many elderly people to remain without contact with other people and lead to a dull and monotonous life. It is especially difficult for lonely people living in apartments and houses where the surroundings only await their death (Slobodchikov, 2007). Therefore, it is necessary to strive for the standard of living of the elderly to correspond to the average level at which they lived for many years of their lives and during their professional activities.

In addition, elderly people may face physical and psychological problems, such as illnesses and injuries, because age-related changes make them more vulnerable. They may also experience a sense of meaninglessness and loss of significance if they are not involved in social contacts and do not feel useful to society. Therefore, it is important to provide them with opportunities to participate in various events, volunteer, attend courses, and travel to help them maintain their activity and enthusiasm for life. It is important for elderly people to feel valuable and loved, for their lives to be rich in events and entertainment, rather than just boring and monotonous.

It should be noted that in recent decades, changes in social-cultural traditions and values of families and society have led to social alienation of elderly people from subsequent generations, affecting the relationship between children and parents. This is experienced painfully, especially in societies that have adhered to collectivist relationships and values for centuries. The same situation is observed in societies where there is insufficient social support for elderly people.

Today, special attention is paid in all countries to expanding the age limits of active working ability and full life activity, as well as developing ways to optimize aging. However, there are still different views on the age at which a person can be considered elderly – 60 years, 65 years, or 70 years.

Despite this, there is still a need to create even more programs and services for elderly people, especially in regions where access to them is limited. It is also necessary to pay more attention to issues of respect for the older generation, combating age discrimination, and ensuring a more inclusive environment for elderly people. The personal and social problem of aging requires a comprehensive approach and attention from all members of society.

**Method and Results.** The study of loneliness in older adults was conducted using the UCLA Loneliness Scale (version 3) by D. Russell (1996), an adapted version in Latvia by the author (Išmuhametovs, 2006), and a questionnaire aimed at identifying specific features of loneliness in older age (22 questions). The questionnaire included questions related to various dimensions of loneliness, such as emotional, behavioral, cognitive, communicative, spiritual, and others. The questions covered topics such as perceptions of aging, subjective experiences of loneliness, feelings associated with loneliness, relationships with others, peers, and communication skills, self-perception among others, reasons for loneliness, and coping strategies when feeling lonely.

Ninety-eight individuals aged 65 to 86 years, residing in various social conditions – alone, with relatives, or in nursing homes – participated in the study, which utilized the statistical analysis program SPSS.

The statistical analysis of the UCLA Loneliness Scale (version 3) characteristics showed that the mean score was 55.78 points, with the lowest score being 40 points, and the highest score being 70 (Table 1).

After analyzing the data using SPSS, we found that the sample of 98 elderly individuals (aged 65-86 years) had a mean score of 55.78 on the UCLA Loneliness Scale (version 3), with a standard deviation of 5.837. It should be noted that the mean score turned out to be higher than that of the youth age group (Išmuhametovs, 2006). (The lowest score obtained was 40 points, while the highest was 70 points. The median score was 56 points, and the mode was 30 points.

Table 1

**Statistical characteristics of the UCLA Loneliness Scale (Version 3)  
for older adults (65-86 years)**

<b>Participants (n)</b>	<b>98</b>
Mean	55.78
Median	56
Std. Deviation	5.837
Mode	30
Minimum	40
Maximum	70

Additionally, we conducted a Kolmogorov-Smirnov test to determine whether the data were normally distributed. The results showed that the p-value was greater than 0.05, indicating that the sample was normally distributed.

To further analyze the data, we divided the sample into three groups based on the level of loneliness: low (40-52 points), average (53-60 points), and high (61-70 points). We chose these cutoffs based on previous research that has used the same scale and cutoffs.

A detailed analysis of the survey results allowed us to determine the content of loneliness among elderly people. Firstly, we examined whether there is a correlation between self-perception of being elderly and the level of loneliness. Among elderly people with a low level of loneliness, 51.7% consider themselves elderly and 48.3% do not. As the level of loneliness increases, the figures also increase. 70.2% of people consider themselves elderly, while 29.8% do not. The highest percentage (77.3%) of people who consider themselves elderly belongs to the group with a high level of loneliness. Only 22.7% did not consider themselves to be elderly. One-way ANOVA was applied to determine differences between groups. The results indicate that the differences between groups are statistically significant at a high level of significance ( $p < 0.01$ ).

Another question, perhaps, showed fairly predictable results. The question was whether respondents experience feelings of loneliness while being among other people. As can be seen from the survey results, respondents with a high level of loneliness more often answered that they experience loneliness. 18.1% of respondents with a high level of loneliness consider that they often experience it. In the other two groups, the percentage is significantly lower (13.3% and 7.2% respectively). In the group with a low level of loneliness, the highest percentage of respondents answered that they never experience this feeling (45.4%). In the group with an average level of loneliness, the highest percentage is for the answer "sometimes," which is 40.2%. The answer "rarely" has indicators of 27.6% in the group with a low level, 15.2% in the group with an average level, and 14.3% in the group with a high level of loneliness. All three groups have statistically significant differences.

The next question was whether elderly people feel a narrowing of their circle of communication and contacts. Among respondents with a low level of loneliness, 27.6% do not feel a narrowing of their circle of communication, 20.7% feel a slight reduction in their circle of contacts, and 51.7% feel a narrowing of their circle of communication. For people with an average level of loneliness, the indicators are somewhat balanced, noticeable narrowing of the circle of communication is observed in 40.8% of people, a slight reduction in 28.6%, and 30.6% do not notice a narrowing of their circle of contacts. In the last group with a high level of loneliness, the indicators of the narrowing of the circle of communication increase noticeably and exceed the others. 67.3% of respondents answered positively, 13.2% said that there is only a slight narrowing of the circle of communication, and 19.5% decided that there is no narrowing. There are also statistically significant differences between the groups.

The next question, "How often do you feel the desire to be alone?" showed quite interesting results among older people. 54.6% of individuals with low levels of loneliness do not have any desire to be

alone at all. 10.4% of people constantly want to be alone, 7.3% want to be alone at least once a day, and 27.7% want to be alone several times a week. In the second group with average levels of loneliness, the results are as follows: 49.8% of individuals do not have the desire to be alone, 17.4% want to be alone constantly, 12.6% want to be alone once a day, and 20.4% want to be alone several times a week. In the third group with high levels of loneliness, the situation changes completely. The percentage of people who constantly want to be alone increases significantly to 42.4%, and only 31.6% do not have such a desire at all. 6.8% want to be alone several times a week, and 20.2% want to be alone at least once a day. As expected, there are statistically significant differences between the groups with different levels of loneliness and how often they feel the desire to be alone. Various reasons for such self-isolation of people with high levels of loneliness can be assumed, from psychological protection to apathy and a desire to be left alone. A more in-depth study is necessary to determine the exact reasons.

The next question was about whether the respondents spend a lot of time among other people. According to the research results, the first group of respondents with low levels of loneliness predominantly answered "a lot," which amounted to 48.2%, and the answer "little" was completely absent. In the second group with average levels of loneliness, 7.4% of respondents already answered that they spend little time among people, and the percentage of those who said they spend a lot of time among people noticeably decreased – it amounted to 22.6%. 41.3% of individuals reported spending enough time among people. In the third group with high levels of loneliness, the situation changes even more. 38.2% of individuals consider that they spend little time among people, 44.2% consider that they do not spend a lot of time, and 9.4% consider that they spend a lot of time among other people.

According to the results, it is evident that when asked "Do you have people in your environment with whom you feel relaxed and at ease, and whom you want to spend a long time with?", the following responses were given: among people with low levels of loneliness, 62.1% have such people; among people with average levels of loneliness, 81.6%; and among respondents with high levels of loneliness, 81.8%. The results are quite interesting and likely indicate a strong need for close relationships among lonely people, a desire to be with people who they find pleasant.

According to the respondents, lonely people can be found among their peers in any social situation and among people with any level of loneliness. Based on the percentage distribution, the answers were roughly the same. The answer "often encountered" was given by 23.6% of the first group, 42.7% of the second group, and 33.4% of the third group. The answer "sometimes" was the most common response, with 42.1%, 36.6%, and 45.4%. At the same time, there were no statistically significant differences between the three groups. The results of analyzing factors that affect loneliness among elderly people, such as living conditions, gender, marital status, and education, are interesting.

The respondents were distributed as follows based on their place of residence and living conditions: 41 people in the sample live alone, 31 people live with relatives, and 26 people live in a retirement home. Among those who live alone, 11 people have a low level of loneliness, 19 people have a moderate level, and 11 have a high level. Among those living with relatives, 10 people have a low level, 15 people have a moderate level, and 6 have a high level of loneliness.

Among those living in a retirement home, there were the highest number of people with a high level of loneliness – 13 people, while 6 people had a low level and 7 had a moderate level. Based on the results, it can be observed that people in retirement homes are significantly more susceptible to loneliness than those living alone or with relatives. Statistically significant differences were not found in all groups of respondents. Differences exist between the group of people who live alone and those who live in retirement homes at a significance level of 0.05. There are also significant differences between the group living with relatives and those living in retirement homes.

In the research, 26 male and 72 female participants were involved. The levels of loneliness among male and female participants were as follows: 38.5% of men and 26.4% of women had a low level of loneliness, 50% of men and 47.2% of women had a moderate level of loneliness, and 11.5% and

26.4% of men and women, respectively, had a high level of loneliness. No statistically significant differences in loneliness levels were found depending on gender in this sample – men and women are equally susceptible to experiencing loneliness.

There were 42 participants with secondary education, 30 with vocational education, and 26 with higher education in our sample. The low level of loneliness had the following values by education level: 33.3%, 33.3%, and 19.2%, respectively. The moderate level of loneliness was observed in 35.7%, 46.7%, and 65.4% of participants. The high level of loneliness differed more noticeably – far fewer people with higher education in our sample had a high level of loneliness. Only 11.5% compared to 30.9% in the group with secondary education and 20% in the group with vocational education. Nevertheless, there were no statistically significant differences. It can be assumed that there is a tendency for a person with higher education to feel less lonely, but such an assumption needs to be tested on a larger sample.

Data of people with different marital status were analyzed: married – 28 people; divorced – 8 people; widowed – 52 people. Those who were married had a relatively high proportion of low loneliness levels – 42.8%, divorced individuals had 14.2%, and widows/widowers had 26.9%. Moderate levels of loneliness were observed in 46.4% of married individuals and 48.1% of widows/widowers. The fewest people with a high level of loneliness were among the group of married individuals – 10.7%, while divorced individuals were the loneliest – 50%, and widows/widowers had 25%. These data have statistical significance at  $p < 0.05$ .

**Conclusions.** The research confirms that loneliness is a prevalent issue among the elderly population in Latvia, with a significant proportion of respondents experiencing it to a moderate or high degree. This underscores the importance of addressing loneliness as a social problem among the elderly.

Psychometric characteristics of the UCLA Scale (version 3) for the elderly were obtained, which serves as a valuable tool for further research in this field. This instrument can be used to assess and measure loneliness in future studies.

The results indicate that individuals in need of close relationships are more prone to experiencing loneliness, particularly those residing in elderly care homes. This highlights the significance of fostering social connections and support networks for the elderly in institutional settings.

Marital status was found to be associated with loneliness, with married individuals being less likely to experience loneliness compared to divorced or widowed individuals. This emphasizes the potential role of marriage and companionship in mitigating loneliness among the elderly.

Interestingly, the study revealed that the level of loneliness is not dependent on gender or social status. Both women and men are equally susceptible to loneliness, suggesting that loneliness is a universal issue that affects individuals irrespective of these factors.

There is a potential correlation between a higher level of education and a lower level of loneliness, although further research on a larger sample is required to confirm this hypothesis. Understanding such relationships can help inform interventions and support mechanisms tailored to specific groups of elderly individuals.

In conclusion, it is hoped that this study will contribute to a better understanding of the groups of elderly people most vulnerable to loneliness in Latvia. The findings have implications for the development of targeted programs and services aimed at reducing loneliness and improving the overall quality of life for the elderly population in the country.

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