

Experience of loneliness in Iranian abused elders

M. Heravi-Karimooi^{1,2} PhD, MScN, BScN, N. Rejeh^{1,2} PhD, MScN, BScN, M. Foroughan³ MD & M. Vaismoradi⁴ MScN, BScN

1 Assistant Professor, Faculty of Nursing and Midwifery, Shahed University, **2** Research Center of Client Education and Management – Elderly Health Research Group, **3** Assistant Professor; Iranian Research Center on Aging, Department of Gerontology, University of Social Welfare and Rehabilitation Sciences, **4** PhD Candidate, Faculty of Nursing & Midwifery, Tehran University of Medical Sciences, Tehran, Iran

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Aim: This study aimed to explore the experience of loneliness in Iranian abused elderly people.

Methods: A qualitative design was employed to collect and analyse data regarding the experience of loneliness in abused elderly people living in an urban area of Iran. A purposeful sampling strategy was applied. Semi-structured in-depth interviews were held with 14 participants (five men and nine women) until the data richness was fulfilled. The data were analysed using the Colaizzi method.

Findings: Three main themes emerged as follows: ‘feeling of pain and suffering’, ‘feeling of being an outsider’ and ‘feeling of deprivation’. A discrepancy existed between how the participants had imagined their lives in later life and how they actually lived them.

Conclusion: The combination of abuse, old age and deprivation increased suffering and pain, which accompanied the loneliness experience in older people. The findings suggest that nurses need to address factors such as abuse, neglect and deprivation influencing the experience of loneliness during the assessment of their elder patients. This may help them to devise strategies for preventing abuse or alleviating the sense of loneliness in elderly people.

Keywords: Abuse, Colaizzi Method, Elderly, Iran, Lived Experiences, Loneliness, Nurses, Phenomenology

Introduction

Old age provides a fertile ground for the feeling of loneliness (Ryan & Patterson 1987) or, at least, creates situations in which loneliness shows more of itself to older persons. Losing a partner, deterioration of health, increased functional disability, decreased social network and institutionalization are factors that mostly influence loneliness in elder people (Dadkhah 2008; Hicks 2000). According to the international literature, persons who experience

loneliness have a greater level of dependency (Meis 1985). Meanwhile, it has been indicated that loneliness results in serious health-related consequences and has even been associated with more depressive symptoms, cognitive decline, frequent physician visits and a poorer quality of life (Dong et al. 2007; Liu & Guo 2007; Paul et al. 2006). Loneliness and depression are positively interrelated (Kara & Mirici 2004). Loneliness may increase the risk of suicide (Waern et al. 2003). Moreover, it is one of the main indicators of social well-being manifested by intense feelings of emptiness, abandonment and forlornness (Dong et al. 2007; Meis 1985). Winterstein & Eisikovits (2005) mentioned that women who experienced loneliness felt neglected and abandoned. Moreover, Dong et al. (2007) reported that people

Correspondence address: Majideh Heravi-Karimooi, Faculty of Nursing and Midwifery, Shahed University, Tehran 3319118651, Iran; Tel: 00982166418590; Fax: 00982166418580; E-mail: heravi@shahed.ac.ir

with higher scores in the feeling of loneliness were four times more likely to experience elder abuse than those with lower scores.

Becoming familiar with the demands of elderly people seems a necessity for providing them with high-quality nursing care and implementing medical and health policies appropriately (Shin et al. 2003).

Background in Iran

According to a recent report by the Ministry of Health and Medical Education (MoHME), the proportion of persons 60 years old and older in Iran accounts for 7.3% of the entire population, which is equal to more than 5 million people. A large number of Iranian elders are illiterate (84%) and 70% live in cities (MoHME 2009). The current society of Iran is in a transient situation from traditional to modern, which emphasizes changes like transformation from extended to nuclear family, from rural to urban community and changes in the socioeconomic position of Iranian elders, as well as the value system of younger generations. When the traditional structures of a society are failing and no appropriate substituted structures exist, some groups may suffer more, and this is what happens to Iranian elders (Rejeh et al. 2010).

The Iranian healthcare system, social services and policy makers have not seriously considered the elderly as a vulnerable and a most needy subgroup of society (Adib-Hajbaghery & Aghahoseini 2007). There are not enough established health and social services specialized in helping elderly people in Iran. Existing services are patchy and uncoordinated, and just deliver services to selective and limited subgroups like very poor, disabled or homeless elders. However, there are a few social service agencies called the Senior Citizen Association (SCA) in big cities delivering brief social services only to healthy elders. In the current situation of the Iranian society, the gap between existing services and needed ones has created a tense atmosphere in families who care for their elders. The resultant sense of rejection on behalf of elders and of burden on behalf of families forms a vicious cycle that potentiates and perpetuates mostly through other destructive feelings, such as resentment, anger, depression and despair, and may eventually lead to elder abuse. Searching, recognizing and alleviating these feelings are major duties of practising nurses as the first-line service providers to elders and their families (Rejeh et al. 2010).

In the Persian culture, loneliness is not a synonym for living alone. People may live together under the same roof, but still experience loneliness. Loneliness is experienced when significant social interactions are lost (Heravi-Karimooi et al. 2008). The feeling of loneliness as a prevalent phenomenon in Iranian elderly people ranges from 39.4 to 47.7% in different places

(Dadkhah 2008). It has also been shown that elder abuse is a major contributing factor to the feeling of loneliness among Iranian elderly people (Heravi-Karimooi et al. 2010a).

Elder abuse can take many forms (Jones & Powell 2006). According to studies conducted recently in Iran, abuse among Iranian elderly people is defined as the intentional or unintentional perpetration of an excruciating action or refusal to provide their necessary needs. In other words, abuse among elderly people shows itself in the forms of neglect, curtailment of personal autonomy, financial abuse, psychological abuse, physical abuse and abandonment (Heravi-Karimooi et al. 2010b; Manoochechri et al. 2009). For the purpose of this study, the above definition of abuse was considered.

Abuse has been explored as a central theme in previous studies conducted on the experiences of loneliness in Iranian elders (Heravi-Karimooi et al. 2010a). In addition, the loneliness experience has been emphasized by Iranian abused elders (Heravi-Karimooi et al. 2010b; Nowrouzi 2009). However, there are few studies to focus on both abuse and loneliness experience in Iranian elders at the same time. Therefore, this study aimed to explore the experience of loneliness in Iranian abused elderly people.

Methods

A qualitative design with a phenomenological approach was used to collect and analyse data regarding the experiences of abused elderly people living in an urban area of Iran. The choice of design offers good potential to explore experiences and perspectives of people in greater detail compared with a quantitative method using a questionnaire (Idvall et al. 2008). Phenomenology is a qualitative approach in which data are obtained from individuals who are living with a phenomenon. This particular method of investigation is especially useful for nurses seeking to understand the experiences of their clients (Roberts & Cleveland 2001). Thus, in this study, it was believed that employing a phenomenological approach would result in understanding the phenomenon of loneliness among abused elders in a greater depth.

Participants

A purposeful sampling method was used to choose 14 elders (five men and nine women) one by one using the following inclusion criteria: aged 75 or older; being abused as measured by the Iranian Domestic Elder Abuse Questionnaire (the instrument measures the different kinds of abuse including care neglect, psychological abuse, physical abuse, emotional abuse, financial abuse, financial neglect, curtailment of personal autonomy and abandonment) (Heravi-Karimooi et al. 2010c; Nowrouzi 2009); obtaining a score 34 or more in the 20-item Iranian version of the University of California Los Angeles Loneliness Scale (The

range of potential scores is from 20 to 80, with higher scores indicating a higher level of perceived loneliness) (Davarpanah 1996); obtaining a score of 6 or more on the 10-item Iranian version of the Abbreviated Mental Test Score to measure cognitive functioning (The range of potential scores is from 1 to 10 with higher scores indicating a higher level of cognitive functioning) (Foroughan et al. 2008); residing in an urban area of Iran and living in their own homes; being able to speak, hear and understand Persian language; and willingness to participate in the study.

The participants were volunteers in the social clubs for adults and healthcare centres and were asked to fill in the above-mentioned questionnaires with the help of the first author. To choose the probable interviewees, 75 older people were tested. Those who were eligible based on the inclusion criteria were invited to be interviewed. The process of sampling was implemented on several occasions concurrent with interviewing the participants, and it was discontinued when the process of data collection was completed. Participants from both sexes were chosen to capture a vast range of experiences (Coyne 1997).

Ethical consideration

This study was approved by the Ethics Committee affiliated to Shahed University. The purpose and method of the study were explained to the participants individually, and they were informed that they could withdraw from the study at any time without being penalized. Confidentiality and anonymity of the participants during different stages of the study from data gathering to publication were guaranteed. Finally, written informed consent was obtained from those who willingly agreed to participate in the study.

Data gathering

The study was conducted between October 2008 and May 2009. After an initial contact with the elderly people in their gathering places by the first author, those people who met the above-mentioned criteria entered the study. The participants were later met at their own homes, and semi-structured in-depth interviews were held with them. Sharing the participants' experiences regarding the feeling of loneliness was the focus of the interviews. The average length of each interview was between 60 and 90 minutes, and each participant was interviewed in two or three sessions. The participants were asked the same question and given an opportunity to describe their loneliness feelings in their own words. Probing questions were asked to shed light on the unclear parts of their experiences and to increase the depth of the interviews. Gradually, the interview process became more focused on emerging themes. The interviews were tape-recorded, transcribed verbatim and concurrently

analysed. In addition, non-verbal reactions of the participants were recorded in comprehensive field notes as an additional data source. The interviews were continued until the collected data were consistently duplicated, when no new information was gained and data richness at the time of conducting the study was achieved.

Data analysis

The Colaizzi's (1978) phenomenology method was chosen to analyse the gathered data. The method is eidetic or descriptive, guided by the proposition that there are basic structures within each unique human experience. When one reflects upon an experience, the meaning becomes apparent. The goal of eidetic phenomenology is to gain a description of the meaning of an experience from the participant's perspective (Colaizzi 1978). According to the method, in this study, the participants' recorded statements were played repeatedly and their statements were transcribed. To extract meaningful information, the statements were underlined line by line. Further questions were induced for next meetings while transcribing and listening. Raw data was read several times to convert the individual statements meaningfully into universal and abstract statements. At the same time, efforts were made to find out whether constructed meanings were related to the original statements. Themes were identified from the constructed meanings, and theme groups were formed according to different themes and categorized. Afterwards, statements on the interconnectivity of those themes were made along with statements for each theme, theme groups and categories. Efforts were made to describe phenomena as accurately as possible to reveal the essential structure. To confirm whether the final statement was appropriate for the lived experiences of the participants, validity of the essential structure was confirmed with the participants (Colaizzi 1978).

Trustworthiness

The trustworthiness of findings was enhanced using Lincoln & Guba's (1985) criteria as credibility, dependability and conformability. These criteria were met through purposive sampling, participants' revision of their interviews as a check, prolonged engagement, and peer debriefing and maintaining an audit trail. Member checking was achieved by asking the participants to confirm the preliminary findings from the earlier interviews. Truth value or credibility was acknowledged when the participants' experiences were reported clearly using their own phrases and terms. Two other doctoral students of nursing conducted the peer checking. An audit trail was maintained from the initial data collection through determination of themes (Lincoln & Guba 1985).

Findings

General characteristics of the participants

This study was finalized with 14 elders. They had an age range from 75 to 89 years old. Among them, 10 were widowed, two were presently married and two were divorced. In addition, four of them lived alone, two lived with their spouses and eight lived with their children.

Themes

Three main themes emerged from the data analysis: 'feeling of pain and suffering', 'feeling of being an outsider' and 'feeling of deprivation'. Each theme is explained below using the participants' direct quotations.

Feelings of pain and suffering

Loneliness was described as the feeling of pain and suffering. It was expressed as something unpleasant, detrimental, grievous and horrible. The participants stated loneliness as a common negative experience with serious impacts on their lives. They described loneliness as an unfavourable fate and mentioned that others were not receptive to their feelings. A 75-year-old widow who was suffering from psychological abuse and living with her daughter for 5 years remembered her loneliness as follows:

The most painful thing in my life is my loneliness. Loneliness is a very bad experience. You feel that you have taken all the world's sadness on your shoulders. You always are brooding. The thoughts make you mad. You think that no one takes care of you or no one pays attention to you.

The participants reported some kind of discrepancy between what they expected of their old age and what they got in their present lives; they had expected a brighter fate regarding their own old age, but what they experienced was something unexpected. They were stricken by this fact. The majority, especially elderly women emphasized that they had done their best to bring happiness, health and comfort to their family and children. However, what they got instead were just pain and loneliness. An 81-year-old widow suffering from severe neglect said:

When I was young, I loved my father, mother and other close relatives. I cared for my mother-in-law for about 10 years. I did not let her feel that she was alone. I always did my best to be a good child, and a good daughter-in-law. Also, I tried to do everything that I could towards my children. But I am dying of loneliness. It is not fair and it should not be my fate.

The participants described some sort of suffering resulted from the feelings of restlessness, impatience, emptiness, hope-

lessness, anguish, unhappiness, insecurity and anxiety. They indicated that these feelings had decreased their level of performance and quality of life, and increased their dependency. The participants assimilated their loneliness as a killer, which had brought them physical, psychological and spiritual exhaustion. Loneliness was often experienced as a shameful situation, which they would not like to talk about with their friends and relatives. The lived experiences of the abused elders depicted the existence of an irritant emotional condition, which resulted in emotional exhaustion over time. This feeling increased the participants' pain and suffering, and accompanied their sense of loneliness.

An 86-year-old widower who was suffering from financial abuse and living with his grandchildren for 2 years mentioned loneliness as a bad sentimental state, which had a great impact on his everyday life:

Most of the times, I feel nostalgic. I feel a great sadness, a very great sadness pressing my chest, as though a 100-kilo stone being put on my chest. I got nervous . . . impatient, very impatient. I feel headache. I feel that I am tired. Sometimes, I would like to sleep. I feel that something bad has happened to my children. Honestly, I am scared too. In such situations, I am eager to call a friend and to open up my heart, but I am embarrassed to do so.

Feeling of being an outsider

The feeling of being an outsider was an underlying theme throughout many of the experiences referred to by the abused elderly people. They stated that they suffered from reduced and lost human relationships. Loneliness was felt when the participants experienced the absence of meaningful relationships as a result of abandonment, neglect, abuse, lack of emotional support, divorce or their partner's death. The absence of a close association with others and feeling abandoned was frequently mentioned by the participants in their reflection on loneliness. The participants emphasized that loneliness was closely linked to the experience of being an outsider. This theme emerged when the participants described the dwindling of human relationships, particularly losing their significant relationships due to neglect and other kinds of abuse.

They pointed the existence of an emotional gap between themselves and their children as an important factor contributing to their loneliness. The participants who were living with their children described loneliness as a state of mind rooted from the inner feeling of abandonment due to the absence of a close and intimate attachment. Although, their family members were around them, even living under the same roof with them, they felt loneliness deep in their hearts. In other words, their family lived with them only physically not emotionally. An

84-year-old man with walking difficulty and suffering from neglect said:

One of my sons is living with me. However, he goes to work in the morning and returns at night. He is busy. When he returns, he is tired. He goes directly to his room and does not pay any attention to me. He is like a stranger to me. Sometimes, I do not see him for a couple of days. He is not in the mood to speak with me.

All of the participants declared that their adult children and grandchildren were not in regular contact with them and only visited them at long intervals. According to the Iranian culture and context, people often conceive Fridays and holidays as times when family members, relatives and friends come together. However, for the study participants weekends and holidays were the time of loneliness. A 78-year-old widower who had four children but lived alone explained himself in this way:

My children come to me every 3 or 4 weeks. My daughters-in-law and grandchildren come to visit me in New Year holidays. Of course, if they do not go to a journey. They do not have time for me. They do not even make a phone call, even on Fridays or holidays, when they can call, but they do not. In those days, you find out that you are so lonely.

Feeling of deprivation

The participants suffered from various forms of deprivation. They reasoned that because of their age-related body changes, diminished functional abilities and poor health, they needed more attention and care traditionally delivered by the family, but their family did not do this. The failure of family to provide adequate care could have resulted in an increased feeling of loneliness in the elders.

Some of them described loneliness as a quite natural phenomenon of older age, but abuse and intentional or unintentional neglectful behaviours of their families had multiplied their loneliness feelings. They expected that their families would provide for their basic needs and pay attention to their emotional needs. However, their family members rarely met these expectations. A 79-year-old widow who was living alone for 9 years said:

I have 6 children and 11 nephews. They rarely come to visit me. I feel that my presence does not make any difference to them. They do not remember that they have a mother. It is so painful to think that you are completely alone or you feel that no one thinks of you.

They emphasised that the abusive behaviour of their family members exacerbated their internal feeling of loneliness. They were threatened, humiliated or kept isolated from their families and friends. A 76-year-old woman said:

When your husband after 59 years of living under the same roof threatens you and pushes you away, how is your feeling? I felt that I was the most miserable and lonely creature in the world.

The curtailment of personal autonomy was a sort of abuse experienced by all the participants. They were deprived of personal rights such as remarriage, and seeing friends and relatives. Several of the participants stated that their children disagreed strongly with their remarriage. The lack of support and encouragement, and even direct opposition to remarriage disheartened them. They stated that they desired to marry again as a way to escape from the feeling of loneliness. An 89-year-old widower explained his loneliness as follows:

After my wife's death, I felt much lonely. I decided to remarry, but my children opposed. I did not insist, because I did not want my children to be bothered. However, I thought that it was my right to decide for my marriage and my life. If my children would allow me to marry, I would not be in the present condition for sure. At least, I had someone to talk to. Their attitude brought me a deep feeling of loneliness.

All the participants stated that lack of social security schemes and supportive services for senior citizens suffering abuse increased their feeling of loneliness. A 77-year-old widow living with her daughter for 4 years explained the necessity of having supportive systems as follows:

Some countries have supportive systems for elderly people. We are deprived of any services for elderly people suffering abuse or special centres to help us with our problems. At least, we need to talk to a person about our situations.

Discussion

This study aimed to explore the lived experiences of Iranian abused elders on loneliness. The elders described loneliness as a lack of deep-seated and satisfying human relationships with other significant people. This feeling not only was a consequence of abuse but also created a situation which enhanced the abusive behaviour. Loneliness according to the participants was not synonymous with being alone. Most of them lived with their own family members but emotionally perceived themselves as lonely. Victor et al. (2000) found that a person might suffer from loneliness even when he or she is surrounded by other people. The feeling of loneliness is not associated with the frequency of contacts with children and friends, but rather with satisfaction from these contacts (Routasalo et al. 2006). Feeling lonely can be expected whenever the emotional bonds and attachments are lost (Kim 1999).

The findings of this study showed that the participants suffered from negative physical and mental health impacts of loneliness. Rubenstein & Shaver (1980) stated that there was a strong relationship between loneliness and psychosomatic symptoms such as headache, poor appetite and feeling tired. Lynch (1977) argued that loneliness also made people susceptible to serious illnesses. Loneliness has also been significantly associated with lower quality of life, especially quality of mental life among elders (Liu & Guo 2007). Loneliness can be conceptualized as a distressing feeling of pain and suffering. In our study, suffering and pain were the reported predominant content of the abused elderly persons' lives. Similarly, Younger (1995) emphasized that suffering was closely linked to the experience of loneliness and being an outsider. A person who experiences this suffering may lose the sense of belonging, which in turn, brings the feeling of life being torn apart. The feeling of being an outsider may cause loneliness, which is quite independent of external circumstances. Chang & Yang (1999) reported that the feeling of loneliness was more common in those elderly people who were not satisfied with their living conditions than in those who were.

The stigma or the taboo attached to loneliness has been discussed in other studies. The feeling of loneliness is often experienced as shameful, and elderly people may also fear becoming a burden. Thus, they are reluctant to admit their loneliness (Killeen 1998; McInnis & White 2001; Victor et al. 2000).

The experience of loneliness in our participants was accompanied by a series of experienced deprivations and losses such as the deprivation of human rights, deprivation of basic needs, loss of respect, abandonment, lack of social support, curtailment of personal autonomy, living in poverty, and limited social relationships. In other words, loneliness resulting from age had been dramatized by the cumulative effects of abuse in the participants. They believed that remarrying could serve them through reducing the feeling of loneliness, but their adult children's opposition and cultural barriers made the solution inaccessible. In Iran, remarriage at older ages is not considered a common phenomenon and is often conceived negatively, not on religious, but mostly on cultural grounds (Rajabi 2007). According to the international literature, remarrying has an impact on the improvement of social, economical, emotional and health conditions of spouses (Sudha et al. 2006). Other studies also have described loneliness as a reaction to specific circumstances of life, such as experiencing a sense of deprivation, loss, abandonment, social conflict, poverty and low income, and lack of social support (Davis et al. 1998; Heinrich & Gullonea 2006; Ponizovsky & Ritsner 2004; Van der Geest 2004).

Limitations and suggestions for future studies

Although the data provides a rich description of the experiences of Iranian abused elders on loneliness, further studies in other

cultures and contexts are suggested to improve the transferability of findings and to draw a more complete picture of loneliness in older people.

Conclusion

This study presents information on how Iranian abused elders experienced the phenomenon of loneliness. It was revealed that the combination of abuse, old age and deprivation increased suffering and pain, which accompanied the pre- or post-dated experience of loneliness. The findings suggest that nurses need to address factors such as abuse, neglect and deprivation influencing the experience of loneliness during the assessment of their elder patients. This study may help international nurses to devise strategies for preventing abuse or alleviating the sense of loneliness in elderly people.

Any intervention should take into account the high level of vulnerability of elderly people arising from the cumulative effects of ageing, deprivation and suffering from abuse. Nurses are expected to help elders to acquire a renewed meaning of life. These explorative data may improve the knowledge of nurses worldwide, who provide geriatric nursing care especially in psychogeriatric field of care. In addition, they may give a better insight to social care policy makers about the feelings and needs of elderly people suffering abuse.

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Author contributions

MH-K: Study conception/design, data collection/analysis, drafting of manuscript. NR, MF and MV: Critical revisions for important intellectual content and drafting of manuscript.

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