

## **SOCIAL REPRESENTATIONS OF LONELINESS IN PEOPLE AGED AT LEAST SEVENTY YEARS OLD**

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### **ABSTRACT**

**Objective:** to analyze the social representations of loneliness in older adults.

**Method:** an exploratory and qualitative research study conducted in Lambayeque, Peru, by applying the Theory of Social Representations. A sociodemographic questionnaire was applied and in-depth interviews were conducted employing the semi-structured instrument with 32 older adults aged at least 70 years old, 50% belonging to each gender. Simple statistics and percentage analysis were applied to the sociodemographic data. The interviews were analyzed in the Alceste software program, subjecting them to lexicographic analysis.

**Results:** the negative social representations refer to weak or impaired social relations with insufficient social support, thus vulnerabilizing older adults. The positive ones refer to pleasurable activities with no other people involved, assuming loneliness as adequate for intimacy, for listening to silence, for enjoying harmony and peace, for internal self-connection and for leading a pleasurable life, valuing it and strengthening the spiritual dimension.

**Conclusion:** there is certain dialectics in the conception of loneliness: negative when it refers to the social context and to older adults' relationships with others; and positive when it represents an opportunity to embrace loneliness and perform pleasurable activities without depending on other people. It is indispensable to foster such positive aspects in the care provided to aged people.

**DESCRIPTORS:** Aged people. Loneliness. Social representations. Aging. Nursing care.

**HOW CITED:** Gómez Marcelo EM, Lavado Huarcaya SS, Ferreira MA. Social representations of loneliness in people aged at least seventy years old. *Texto Contexto Enferm* [Internet]. 2024 [cited YEAR MONTH DAY]; 33:e20230143. Available from: <https://doi.org/10.1590/1980-265X-TCE-2023-0143en>

# REPRESENTACIÓN SOCIAL DE LA SOLEDAD EN PERSONAS SEPTUAGENARIAS Y DE MAYOR EDAD

## RESUMEN

**Objetivo:** analizar las representaciones sociales de la soledad en adultos mayores.

**Método:** investigación exploratoria, cualitativa, aplicando la Teoría de las Representaciones Sociales, realizada en Lambayeque, Perú. Se aplicó cuestionario sociodemográfico y se realizó entrevista en profundidad empleando instrumento semiestructurado, con 32 adultos mayores de 70 años o más, 50% de cada sexo. Se aplicó estadística simple y análisis porcentual a los datos sociodemográficos. Las entrevistas fueron analizadas mediante el *software* Alceste, practicándoseles análisis lexicográfico.

**Resultados:** las representaciones negativas hacen referencia a relaciones sociales frágiles o disminuidas, con apoyo emocional insuficiente, vulnerabilizando a los adultos mayores. Las positivas hacen referencia a actividades placenteras sin presencia de otras personas, asumiendo la soledad como adecuada para la intimidad, para oír el silencio, tener armonía y paz, para conectarse internamente y asumir una vida agradable, valorar la vida y fortalecer la dimensión espiritual.

**Conclusión:** hay una dialéctica en la concepción de la soledad, que es negativa cuando se refiere al contexto social, a las relaciones del anciano con los demás; y positiva cuando representa una oportunidad de abrazar la soledad y realizar actividades placenteras sin depender de terceras personas. Es imprescindible fomentar tales aspectos positivos en el cuidado de las personas ancianas.

**DESCRIPTORES:** Anciano. Soledad. Representaciones sociales. Envejecimiento. Enfermería. Atención de enfermería.

# REPRESENTAÇÕES SOCIAIS DA SOLIDÃO EM PESSOAS SEPTUAGENÁRIAS E EM IDOSOS

## RESUMO

**Objetivo:** analisar as representações sociais da solidão em idosos.

**Método:** pesquisa exploratória e qualitativa, aplicando a Teoria das Representações Sociais, realizada em Lambayeque, Peru. Aplicou-se um questionário sociodemográfico, sendo realizadas entrevistas em profundidade usando um instrumento semiestructurado, com 32 idosos com idade acima dos setenta anos, sendo 50% do sexo masculino e 50% do sexo feminino. Aplicou-se estatística simples e análise porcentual aos dados sociodemográficos. As entrevistas foram analisadas no *software* Alceste e submetidas à análise lexicográfica.

**Resultados:** as representações negativas fazem referência a relações sociais fragilizadas ou diminuídas, com insuficiente apoio emocional, vulnerabilizando aos idosos. As positivas fazem referência a atividades prazerosas sem presença de outras pessoas, assumindo a solidão como adequada para a intimidade, para escutar o silêncio, ter harmonia e paz, conectar-se internamente e viver uma vida agradável, valorar a vida e fortalecer a dimensão espiritual.

**Conclusão:** há uma dialéctica na concepção da solidão: negativa quando se refere ao contexto social e às relações dos idosos com outras pessoas; e positiva quando representa uma oportunidade de abraçar a solidão e realizar atividades prazerosas sem depender de outros. É imprescindível fomentar esses aspectos positivos no cuidado dos idosos.

**DESCRITORES:** Idosos. Solidão. Representações sociais. Envelhecimento. Enfermagem. Cuidados de enfermagem.

## INTRODUCTION

Population aging will continue to present sustained growth over time. For 2030, it is estimated that one out of every six people in the world will be at least 60 years old. In 2050, the world population comprised by individuals aged at least 60 years old will have doubled until reaching 2,100 million. Between 2020 and 2050, it is foreseen that the number of people aged at least 80 years old will triple, until reaching 426 million<sup>1</sup>.

Aging constitutes one of the most significant social transformations of the 21<sup>st</sup> century. What used to be an exception is a common reality nowadays, even in the poorest countries, an achievement that has turned into the major challenge for this century<sup>2</sup>.

Regarding Latin America and the Caribbean, both regions are undergoing an unprecedented change in their history. In 2037, the proportion of older adults will be higher than the one corresponding to those aged less than 15 years old. Although the region as a whole is entering an accelerated aging stage, the most significant changes will take place from the present day to 2030<sup>3</sup>.

In Peru, the evolution of the aging process increased its percentage from 5.7% in 1950 to 13.3% in 2022<sup>4</sup>. Based on age, 15.6% of the aged population corresponds to people in their 80s, with 56.4% women and 43.6% men. A total of 71,518 adults aged at least 70 years old are reported in the Lambayeque department<sup>5</sup>.

Regarding the Peruvian aged population, there are reports about adults in poverty and extreme poverty situations, with no retirement incomes and, in many cases, no health plans either. It is for this reason that the Peruvian government created the *Pensión 65* Solidarity Assistance National Program dependent on the Social Development and Inclusion Ministry, in order to provide social protection to older adults aged at least 65 years old in situations of vulnerability, who are granted a monetary aid. In 2021, this program reached 568,599 individuals aged at least 65 years old in extreme poverty conditions in all 24 Peruvian departments<sup>6</sup>.

For the Lambayeque department, which has a population of 1,321.7 million inhabitants, a total of 16,561 older adults in poverty or extreme poverty situations were benefited with the *Pensión 65* Program, with others awaiting due assessments<sup>6</sup>.

Although it is true that the population aging panorama has repercussions on most social sectors and on the family structure, it is people themselves that face this irreversible and unavoidable process, according to their particularities that depend on their environment, culture, conditions and quality of life. These individuals frequently experience various changes that can trigger physical, emotional, psychological and/or social problems, with loneliness standing out among them, considered one of the most important problems and even cataloged as the most devastating disease affecting old age<sup>7</sup>. Loneliness is a complex and subjective phenomenon: it is neither exclusive of a given age group nor specific in old age, although it is noticed that loneliness feelings are more notorious in this life stage<sup>8-9</sup>.

Two recent studies report important results about loneliness and people aged over 70 years old. One of them, conducted in Ireland, shows that in the first half of 2020 (during the COVID-19 pandemic), 55% of the people that asked for help to a phone support and solidarity service were over 70 years old, and that 75% of those who asked for help lived alone. Such study highlights that loneliness was more frequent in the case of older adults<sup>10</sup>. The other research study was carried out in Brazil and indicates that intense loneliness feelings were more frequently detected in people aged at least 80 years old; however, the authors point out that age is not a risk factor by itself, but that the contextual life and health circumstances exert an influence on loneliness. It is a fact that old people tend to undergo more situations that expose them to loneliness<sup>11</sup>.

Approximately 40% of the general population experiences loneliness and social abandonment, feeling vulnerable to normally perform their activities, a situation that determines the need to generate major cultural and social changes<sup>12</sup>. In advanced societies such Switzerland, Germany, Ireland and Sweden, long before the coronavirus there was already a so-called Loneliness Pandemic, which affects any person regardless of their socioeconomic level and at a global scale. Faced with this reality, the United Kingdom created a Loneliness Ministry, for example; in turn, as one of the most long-lived societies in the planet, Japan detected the *Kodokushi* phenomenon (literally “lonely death”), which affected aged people who died alone in their homes, reason why housing complexes for older adults started to be built. In Spain, the statistics show that people aged over 75 years old suffer due to loneliness, and it is believed that the numbers will rise in the next years, affecting older adults’ social and emotional life<sup>13</sup>.

The reality perceived in these countries serves as an example to understand loneliness as a Public Health problem, considering that it exerts effects on human health due to the distress it causes, in addition to increasing morbidity and mortality, which rise 26% in the people that feel lonely and 32% in those that live alone. These data can be observed in the national health systems and represent a concern for the World Health Organization (WHO)<sup>1,7,14</sup>.

The pandemic caused a global increase in the morbidity and mortality rates among the aged population since the first cases of the infection<sup>15</sup>, adding greater complexity to the population aging global challenge. Advent of the pandemic and the social confinement, distancing and isolation circumstances accentuated the negative effects, imposing enormous challenges, particularly for older adults<sup>7</sup>. Although these measures were adopted as a strategy to reduce COVID-19 spread, the consequent forced loneliness exerted and continues to exert a significant impact on the mental health of this population group, even leading older adults aged over 75 years old to suicide<sup>7,16</sup>.

There is no consensus about the conceptualization of loneliness, with various concomitant approaches<sup>17</sup>, although most of them coincide in considering it as an individual phenomenon, complex, with a broad meaning and of a subjective nature, whose consequences and/or repercussions can change throughout life<sup>18-21</sup>. The experts make emphasis on the subtle difference between being alone and feeling lonely. The first concept, related to objective loneliness, results from lack of company, both from the social environment and from the family. Being alone refers to the fact that older adults voluntarily distance from their social network, although this can also be due to the absence of such network; in turn, feeling lonely is closely linked to subjective or emotional loneliness<sup>12</sup>. It is a sensation related to sadness that is described as an internal and painful feeling. In this case, older adults realize that the number and quality of their relationships and interactions are insufficient, which generates a sensation of loneliness, although not by choice but because this loneliness can be cataloged as not voluntary<sup>14,16,22</sup>.

As already mentioned, loneliness is considered as a devastating disease that affects old age, impairing older adults’ health particularly in terms of their emotional and mental health, with remarkable repercussions on their quality of life.

This reality has been exacerbated in the coronavirus health crisis context. Taking into account that loneliness is an objective phenomenon, although it also presents high levels of subjectivity, emotions, senses and meanings, the fact of being able to study the social representations about this phenomenon potentially contributes to knowing it better, based on the perceptions of those who experience it in life. It is for all of these reasons that the importance of this research is noted.

For this research, loneliness becomes an object to be represented, considering older adults’ close relationship with it. The guiding question for the study is as follows: Which are older adults’ social representations of loneliness? The research objective is to analyze the social representations of loneliness in older adults.

## METHOD

This is an exploratory and qualitative research study where the Theory of Social Representations<sup>23–24</sup>. These representations express diverse common-sense knowledge, easing understanding, interpretation and decision-making regarding the world. It seeks to deepen on psychosociological phenomena, intimately combined with the subjective and social aspects of people's everyday life.

The study was conducted with older adults in the Lambayeque Department, northern Peru, from July 2020 to April 2021. In Lambayeque, the *Pensión 65* Program beneficiaries total 16,561 older adults<sup>6</sup>. The participants were adults aged at least 70 years old, all beneficiaries of the *Pensión 65* Program. The individuals excluded were those that presented some disabling mental disability and/or disease as per the *Pensión 65* Program assessment, along with the Ministry of Health records. The qualitative sample comprised by 32 participants was defined by applying authors' consensus for qualitative research and through data saturation<sup>25–26</sup>.

Based on a large number of research studies, the authors consulted<sup>25–26</sup> report that qualitative research should include between 20 and 30 participants in order to ensure consistent content for its analysis; however, they do not establish a maximum number of participants, which should be defined through a previous analysis by each researcher to confirm data saturation.

A sociodemographic questionnaire was applied, which included the following variables: age, gender, marital status, religion, schooling level, and housing arrangement. Representations are built by social groups and their production conditions (variables) are relevant for the analysis, so that researchers can understand if there are differences in the representations. Initially, the research did not set out any hypothesis around the possibility of different representations existing between men and women. Anyhow, the invitations to comprise the sample were made ensuring balance in relation to the participants' gender, so as to allow analyzing the phenomenon of loneliness considering that variable.

In-depth semi-structured interviews were also applied, with a list of questions aimed at understanding what the participants thought about loneliness, how they had felt, how their loneliness was manifested and what they had done about it.

Data collection was via phone and/or video calls, recording the audio contents. Introduction and greeting calls were made before the actual procedure, in order to gain familiarity, welcoming and receptivity from the participants.

The sociodemographic data were analyzed through simple statistics and percentage calculations. The interviews were transcribed according to the Alceste (Analyse Lexicale par Contexte d'un Ensemble de Segments de Texte) software requirements, and each interview was assigned an Initial Context Unit (ICU).

This software allows performing a lexicographic analysis of the text by applying statistical calculations and organizing Descending Hierarchical Classification (DHC) tables according to the association indices (Phi) of the words with the lexical classes, accounting for the co-occurrence of words and highlighting the meaning relationships between them. The text elements that allow understanding the DHC are called Elementary Context Units (ECUs). DHC allows researchers to grasp the knowledge that people share when talking about the topic under study in the research, whose meanings, interpretations and explanations are contained in the discourse fragments (ECUs) selected by the software to justify organization of the DHC.

Text leverage in the software was 70% and, to meet the objective pointed out, this article describes the results of Lexical Class 2, which determined specific aspects about the object of the representation under study: loneliness.

The project was approved by the Institutional Ethics Committee, as per Resolution No. 195 – 2019 – USAT – PGRA. Likewise, it was approved by the coordination area of the *Pensión 65* National Program and the participants' informed consent was requested, ensuring them anonymity and confidentiality of the information collected.

## RESULTS

Regarding gender, 50% of the participants were female and the other 50% were male. The prevailing age groups were between 70 and 79 years old (50%), between 80 and 89 years old (41%) and, finally, participants aged at least 90 years old (the remaining 9%). The predominant religion was Catholic with 72%. Regarding marital status, 66% had no partner (single, widowed, separated) and 34% did live with a partner (married or in stable union). In terms of schooling level, 72% had Elementary School or no studies (13% were illiterate and 59% had Elementary School) and only 28% had Higher Education level. Referring to housing arrangement, 38% lived alone, 13% within a nuclear family structure (parents and children) and 50% presented extended families, that is, with grandchildren, nephews/nieces, uncles/aunts or other relatives.

Class 2 consists of 62 ECUs and 62 analyzable words. The words with the highest statistical associations (Phi) can be seen in the DHC presented in Table 1.

**Table 1** – Representative words from Class 2, according to the Descending Hierarchical Classification. Lambayeque, Peru, 2021. (n=32)

Words associated with Class 2	Phi value
Words	0.58
Loneliness	0.51
First	0.43
Depression	0.42
Absence	0.32
Meditation	0.32
God	0.31
Mind	0.30
Beings	0.28
Anguish	0.26
Peace	0.24
Sadness	0.24
Reflection	0.25
Manifests	0.24
Memory	0.24
Come	0.22
Thought	0.22
Loved_one	0.21
Represents	0.21
Be	0.19

Source: Alceste report.

In the ECUs that comprise Class 2, the older adults evidenced the feeling of being alone due to the social isolation and confinement circumstances underwent because of the COVID-19 health crisis, with no possibility of receiving visits from family members or friends.

However, they also evidenced the sensation of feeling lonely, in agony and anguish, showing emotional manifestations.

[...] *loneliness is anguish, despair, silence. For me, loneliness represents lack of affection and care from my children, absence for not having anyone to communicate with, to talk to* (ICU No.10, male). [...] *here at home, my only company are my dog and cat, I talk to them, I get mad at them, I even tell them about my life. The first five words are disappointment, oblivion, abandonment, sadness, no company; and all of this manifests itself as depression with no will to live any more* (ICU No.12, female).

[...] *it's absence, distancing, abandonment, despair to get out. For me, loneliness is absence of everyone, it's being alone in the world, feeling like in a void, with nobody knowing anything about me* (ICU No.11, male). [...] *two of my friends have kids and they don't even visit them, they don't even remember about them, they feel sad, they tell me* (ICU No.3, female).

[...] *I meet some friends in the park and we always talk about what happens in Peruvian politics. They must be having a pretty difficult time (due to the pandemic), perhaps they're also depressed, because many of them live alone* (ICU No.17, male). [...] the participants highlighted a positive sense of loneliness, understood as self-intimacy, independence, freedom and quietness to deal with their issues, to talk with God through prayer and listen to silence, in harmony and peace.

[...] *god will surely have something prepared for me. No matter how old I am, I still have some time on Earth. I think that when we reach certain age we need to be alone, it's the peace you want in the last stage of your life, the first words that come to my mind are quietness, freedom, peace, relief* (ICU No.32, female). [...] *it represents being free from everything, and doing your things independently, it also represents meditation with God, starting to reflect and pray. After this pandemic, I want to go out to walk alone as I've always done, and sitting down at that place I had with my friend* (ICU No.8, male).

[...] *being with God. The words that come to my mind: being with God, quietness, peace, moments, thoughts* (ICU No.30, female). [...] *for me loneliness is quietness, serenity, spirituality, reflection* (ICU NO.16, male).

## DISCUSSION

The social confinement and distancing underwent as a consequence of the COVID-19 pandemic exponentially increased emotional disorders and psychological problems<sup>27</sup>. Added to this problem there was an indiscriminate increase in the amount of information that reached older adults, who even lost control in many cases and did not know how to process it, experiencing loneliness, sadness and fear<sup>28</sup>. The preventive measures against contagion during the pandemic forced people to isolate, which generated profound sensations of loneliness, especially in older adults, who attributed a negative meaning to this condition.

The negative characteristics are presented in different dimensions, either psychological and/or social. When it is attributed a negative sense, the feeling of loneliness is related to an emotional deficit, whether due to low-quality social relations or because of nonexistent or insufficient emotional support. In this case, people feel lonely and express a subjective state marked by lack of affection (emotional loneliness), or of close friends and family members (relational loneliness)<sup>7</sup>. Loneliness is thus potentiated, emerging as a feeling of void<sup>29</sup>, of experiencing lack of company, but also expressing

the fact of feeling excluded, not understood or rejected by others, of not being able to enjoy the necessary company to perform varied activities<sup>14</sup>.

This research was sensitively marked by the COVID-19 pandemic, which may have been the reason for older adults to feel forsaken or abandoned by their families. Aged people did not internalize or think about considering that the isolation and confinement circumstances imposed by the pandemic forced entire families to lock away in their homes. Even so, with the entire family living under the same roof, they felt lonely, sad and in despair or even as a burden for the rest of the family.

A number of studies conducted in such context have shown that the oppressive uncertainty climate that surrounded the pandemic reached older adults through different communication modalities and means, leading them to social isolation, stress and loneliness as a consequence of this social deprivation<sup>7,22</sup>.

All of the aforementioned exerted significant impacts on their life, especially in those more vulnerable, such as people who live alone for being single, widowed or separated individuals. In this study, a high percentage (66%) of the participants fit within this circumstance, reason why the manifestations around feeling in a void, with no one knowing anything about them, made them assume themselves as vulnerable, with no possibility of resorting to their usual support networks. It is more frequently observed that widowed aged people or those without a partner present higher loneliness level than those that are married or have a partner<sup>18</sup>.

The World Health Organization (WHO) has acknowledged this reality, when pointing out that the social isolation and distancing imposed due to the pandemic have affected and exerted severe effects on older adults' mental health<sup>30</sup>. It can be stated that this severity applies to the case of those participating in this study, as all of them are aged at least 70 years old. Some studies report that age variability is associated with feelings of loneliness and that the older a person is, the greater their susceptibility to feelings of loneliness<sup>12,14,17</sup> and depressive symptoms<sup>29</sup>.

The variety of expressions used by the participants in terms of loneliness leads to reflecting in the context of a symbolic dimension of the representation, as such expressions are closely related to the stereotypes and preconceptions around old age; even more in that pandemic context, during which older adults' image was deeply affected in their relationship with social isolation.

A worldwide report about ageism pointed out that, in Finland and the United Kingdom, 40% of the older adults reported feeling some loneliness degree. In China, 24.8% stated feeling lonely sometimes and 8.3% indicated that they feel lonely frequently or always. Countless studies and reviews have revealed that social isolation and loneliness exert a severe impact on mortality, health and physical/mental functioning<sup>31</sup>.

Loneliness is not a sought-after situation; it is rather imposed or conditioned by the circumstances of the person who suffers it, and it is exacerbated by multiple demographic circumstances and/or variables<sup>18</sup> such as age, marital status or gender<sup>19</sup>, which are important factors when analyzing loneliness situations in older adults.

Referring to the "gender" variable, it can be asserted that it is also intrinsically related to the feeling of loneliness. For some authors, although women are considered as more emotional and susceptible to the incidence of certain emotional disorders, men are more frequently affected by the negative feelings generated by loneliness<sup>20</sup>. There is diverse evidence showing that the depressive disorders triggered by loneliness and social isolation situations increase the suicide risk in men<sup>14,18</sup>. However, in other cases, it is also indicated that women experience loneliness more profoundly than men, as they tend to practice fewer socialization activities outside the house<sup>32</sup>.

This study had a sample comprised by the same number of men and women, although it is worth noting that the social dimension of loneliness emerged in both groups as one of the aspects that most affected them during confinement. Not having anyone to communicate with, talk to or share significant moments made older adults feel abandoned and forsaken and that they had even lost their families' affection and attention, regardless of them being men or women, having to consider that there were no differences in the results justifying an analysis by gender.

The fact of having social contacts is a condition for older adults to receive social support and consequently reduce their vulnerability to experiencing loneliness, although it is no guarantee<sup>33</sup>. Before the pandemic, social dissociation was already a core factor due to which older adults experienced a gradual separation from society and, in turn, it expressed certain retraction in the interactions between aged people and their environment.

This interactional retraction was manifested even more in the lowest socioeconomic levels, where it is seen as a factor associated with loneliness due to the apparent reduction in economic income and capital and to the absence of pension insurance income for old age, which puts social well-being at risk. It can be stated that higher economic levels determine expansion of the social network<sup>12</sup>.

The conjunction of these symbolic dimensions in the physical, emotional and/or social effects that result from loneliness determine older adults' greater vulnerability. These factors cause emotional loneliness and promote depressive symptoms, which in turn cause social loneliness, consisting in absence of social contacts. Social and emotional loneliness exerts remarkable effects on depressive symptoms. The older adults that do not receive visits are the ones with the highest loneliness scores, thus exacerbating the aforementioned symptoms<sup>29</sup>.

A number of studies show that the relationship between the loneliness and depression phenomena is very strong<sup>29,33</sup>, causing considerable deterioration. However, other studies report that loneliness does not necessarily cause depressive symptoms, as some older adults do not present depression even if feeling lonely<sup>7</sup>.

Loneliness does not always imply negative or unpleasant feelings for people. It can be considered as a wanted and enriching experience to foster creativity and ease self-reflection, self-regulation, concentration and learning<sup>21</sup>. The objective condition of being or living alone is not a synonym to feeling lonely. Some people feel lonely even if not in a social isolation situation<sup>14,21</sup>.

Older adults see the positive aspect of loneliness as a self-intimacy experience, listening to silence, feeling harmony and peace. Even when alone, they have the possibility of expressing positive feelings and, consequently, they have lower chances of experiencing loneliness. Being alone favors practicing pleasurable activities with no other people involved, acting as a self-connection and giving rise to a pleasurable life<sup>33</sup>.

A Spanish study shows that, given their condition as widowed people or due to their children's emancipation, older adults choose to continue living alone because they feel at ease and can enjoy their freedom and independence<sup>21</sup>. In view of that, it is important to distinguish between imposed and chosen loneliness. When loneliness is imposed, psychological problems can cause severe health problems, with a risk of death<sup>21</sup>. In this subjective sense, loneliness is related to the internal and painful sensation experienced by older adults when living in isolation or with fear of contracting Covid-19<sup>34</sup>. A problem arises here: whether when experiencing loneliness, they perceive a situation of feeling excluded, not understood or rejected by others, even when normally performing activities of daily living, feeling lack of company.

In the case of chosen loneliness, being alone objectively responds to the fact of not being in the company of other people, either from the personal, family or social environments; however, social isolation is voluntary in this case and does not generate feelings of loneliness. Many researchers have considered the circumstance of living alone in old age as one of the main risk factors for loneliness. In addition, following a global trend, there has been an important increase in the number of older adults living in single-person homes in the last few years<sup>21</sup>.

The positivity feeling towards the fact of living alone made older adults feel certain independence degree when normally developing their actions, despite the associated diseases and advanced age. A study conducted with women in Spain and Mexico revealed that living alone does not always engender feelings of loneliness, with the possibility of emerging as an opportunity to develop coping skills, freedom and autonomy<sup>34</sup>.

Represented as an intimacy, independence, freedom and peace moment, loneliness suggests that, when facing the pandemic situation, far from feeling intimidated or concerned to deal with their issues, older adults show a positive attitude to manage on their own and face the experience of being alone with significant effort.

The positive attitude is related to accepting life as it has been and is, to enjoying each moment and to having a panoramic view of life, in which each moment has been pleasant<sup>29</sup>. The experience of manifesting positive emotions maximizes people's intellectual, physical and social resources; in other words, it determines changes in their ways of thinking and acting, enhancing the best resources to lead an active life and grow old in good health<sup>33</sup>.

Observing this aspect in the study, the participants' representations show that their loneliness helps them reflect in a positive way, with repercussions on their independent functioning, leading them to face the pandemic with freedom, quietness and peace. The major challenge lies in maintaining this positive attitude in them, in order to prevent it from becoming a sensation of loneliness signaled by negative emotions that affect their health. Very specifically, family members should sustain proximity, establishing planned attitudes, such as regular phone calls<sup>21-22</sup>.

For Peruvian older adults, this positive experience of loneliness is strongly linked to their closeness to God as spiritual support and to reflect about life. The spiritual dimension gains greater magnitude when life is at risk. When undergoing the pandemic with their families or away from them, older adults reflect about their existence and this reflection offers them a chance to recall and value their life.

Spirituality and religiousness act as resources that promote subjective well-being in people<sup>35</sup>, as they represent a strong consolation, comfort and hope source that eases them the fact of facing the many stressful situations underwent by older adults during the isolation period imposed by the pandemic<sup>22</sup>. In the case of aged people, they even foster resilience, whether as personal or social means, emerging as strategies to overcome the adversities that older adults are prone to, such as deterioration of their cognitive capacity, physical health, economic level, loneliness and sadness. They are linked to overcoming and resilience in the face of problem situations<sup>36</sup>.

The fact that the family has also played an important role in older adults' coping with loneliness during the pandemic should be added to the aforementioned. Following a national trend, 13% of the older adults participating in this study lived within a nuclear family structure (parents and children) and 50% had extended families (with grandchildren, nephews/nieces, uncles/aunts or other relatives). In the last few years, it has been evidenced that older adults assume the family head role and live with their children and their children's families, who have difficulties becoming independent due to the economic crisis. However, each family gathering may allow them to fully enjoy the moment, providing them a greater sensation of happiness and motivation to live<sup>29,33</sup>.

Despite this large family structure, the attachment, care and attention levels towards older adults are not guaranteed. On the contrary, the characteristics of extended families can be seen as factors predicting loneliness<sup>7,16</sup>. Each group's family and social costumes and structure can affect loneliness in different ways<sup>18</sup>. What cannot be doubted is that the social and family components turn out to be important factors in older adults' feelings of loneliness<sup>32</sup>.

The family is the most relevant support source in aged people's life, as family ties mitigate the sensation of loneliness. When the children leave the house and do not have a steady relationship with their parents, family ties are deteriorated and sensations of loneliness, abandonment and sadness are triggered in older adults<sup>33</sup>.

Negative loneliness is manifested when social relations are weak or impaired, providing insufficient emotional support and deepening both loneliness itself and the fact of feeling lonely, making older adults experience a sense of void. This representation places older adults in a situation of greater vulnerability, as they are aged at least 70 years old and a high percentage carry with them their condition of being single, widowed or separated individuals, reason why they live alone.

However, being or living alone is not a synonym to feeling lonely. On the other hand, the positive representation of loneliness manifests itself in the practice of pleasurable activities with no other people involved, assuming loneliness as a proper space for their intimacy and for listening to silence, in harmony and peace. Older adults are alone but indulge in the opportunity to express positive feelings, connecting to themselves and leading a pleasurable life. As a consequence, their chances of experiencing loneliness are lower.

These representations show a remarkable influence of the confinement and isolation context imposed by the Covid-19 pandemic; however, it is known that loneliness is a timeless reality that will continue to exist after the health crisis. In this sense, it is important to consider that, based on the results from a study conducted with 133 older adults before the pandemic in Brazil, which investigated social support and depressive symptoms in aged people, it was concluded that the participants who more frequently presented high support perceptions in the emotional domains and positive social interactions were precisely the older adults without depressive symptoms. This study suggests implementing coexistence and interaction strategies and activities to overcome loneliness and depression in older adults<sup>37</sup>.

Another research study, conducted with 691 older adults in Mexico and Spain, showed that, as well as the older adults' sociodemographic characteristics, cultural differences also affect the prevalence of loneliness. These data show that studies with larger samples that include such variables may contribute to a more in-depth analysis of loneliness among older adults in Peru<sup>38</sup>.

The limitation of the current research is related to the fact that it was circumscribed to the geographical area of a specific Peruvian district and to the participants' social class. The pandemic context also affected the results, considering the phenomenon under study.

Loneliness will tend to increase in the next few years, reason why the implications of the results from the current study are relevant to plan and implement interventions seeking to prevent it in older adults, as well as to encourage this population group to perform pleasurable practices when they feel lonely.

This research has the potential to contribute both to the clinical care provided to older adults and to science, as it highlights the psychosocial aspects involved in health, with visibility of the totalizing dimension of human beings, requiring from Nursing and Health Sciences a view that overcomes the mere biological dimension.

## CONCLUSION

The social representations of loneliness were built based on the emotional and social dimensions, as well as the fact of understanding that this experience can be undergone both as positive and as negative (assuming it from a dialectic perspective). The negative representation translates into weak social relations with insufficient emotional support, generating a feeling of void. The practical dimension of this representation is older adults' vulnerability. The positive representation translates into the opportunity of learning to be with themselves and indulging in pleasurable activities, not depending on other people. The practical dimension of this representation is older adults' autonomy. Loneliness in older adults is a reality, but it does not necessarily have to be sad. It is both necessary and possible to foster care aimed at enhancing its positive aspects, in view of the representations expressed by the older adults themselves. No specific elements were found in the results that might indicate differences between women's and men's representations; this aspect might be addressed in future research studies with more representative samples by gender and by family groups.

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## NOTES

### ORIGIN OF THE ARTICLE

Extracted from the thesis entitled “Representations of loneliness in the COVID-19 context. A study conducted with older adults enrolled in the *Pensión 65* Program. Lambayeque-2020”, presented in 2021 at the Graduate Studies School of *Universidad Católica Santo Toribio de Mogrovejo*.

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### APPROVAL OF RESEARCH ETHICS COMMITTEE

Approved in the Research Ethics Committee from the Graduate Studies School of *Universidad Católica Santo Toribio de Mogrovejo*, Resolution No. 195 – 2019 – USAT – PGRA.

### CONFLICT OF INTEREST

None.

### EDITORS

Associated Editors: Jaime Alonso Caravaca-Morera, Ana Izabel Jatobá de Souza.

Editor-in-chief: Elisiane Lorenzini.

### TRANSLATED BY

Leonardo Parachú.

### HISTORICAL

Received: July 26, 2023.

Approved: November 13, 2023.

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