

A STUDY OF LONELINESS HOPELESSNESS BETWEEN MALE AND FEMALE ELDERLY PEOPLE

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Abstract

Aging is a process, not a disease but it causes a lot of bio-psycho-social limitations among geriatrics. In Indian society old age, people had never been a problem due to our cultural and moral values but things now going to change. Today due to urbanization and modernization our moral and cultural value systems are diminishing. Youth are moving towards metro cities to excess better job opportunities, health, and educational facilities while old people mostly like to live in their community results; no one is available to take care of them. In this scenario, they are a hard to live alone either in their community are old age homes. Most of the geriatric population move with their children to cities but they are facing adjustment issues with the new generation. All these circumstances along with problem-related to old age itself lead to mental health issues like anxiety, depression, the feeling of loneliness, suicidal ideations, anger issues, etc among geriatrics. The present study was a forwarding step to know the role of gender on the feeling of loneliness and hopelessness among elderly people. The objective of the present study was:

- To study the impact of gender on loneliness among elderly
- To study the impact of gender on hopelessness among elderly

To find out the fact 100 elderly were selected from the Indore city of Madhya Pradesh through a purposive sampling technique. Out of 100, females were 33 and males were 67. The sample was collected from the general population. Only those male and female elderly were selected whose age was 60 years or above, those who were not living in any institution, those who were able to read and write, and those who gave <3 score on the General Health Questionnaire and are willing to participate in this study and gave their written consent. After introducing the main objective of the study to the participant and getting their consent, the following questionnaire has been given to the participant for data collection: Socio-demographic datasheet, General

Reference to this paper should be made as follows:

Received: 08.02.2023
Approved: 16.03.2023

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Article No.18

RJPSS Oct.-Mar. 2023,
Vol. XLVIII No. 1,
pp. 164-173

Online available at:

<https://anubooks.com/rjpss-2023-vol-xlvihi-no-1/>

<https://doi.org/10.31995/rjpss.2023.v48i01.018>

*health questionnaire, UCLA Loneliness Scale and Beck Hopelessness scales. The result shows that females and males both have feelings of loneliness in their later life but females more frequently admit their feeling of loneliness than men. Similarly, the feeling of hopelessness was significantly high among females than among male elderly people. **Keywords-** Loneliness, Hopelessness.*

Aging is a process, not a disease but it causes a lot of bio-psycho-social limitations among geriatrics. Old age people have to face a lot of biological and physiological changes. These changes bring lots of psycho-social and behavioral changes among the elderly. Such as loss of physical strength and stamina, gradual cognitive declines, loss of teeth, problems in hearing and vision, and general weakness due to aging which become more acute as a person grows older all these things made elderly people more and more dependent on others. Loss of death of the spouse, divorce, or separation from the life partner makes half of the elderly persons dependent on their family members (Rajan, 2001).

Psychologically old age people are usually seen with negative emotions and attitudes towards themselves, others, their future, surroundings, life, and society. Because they don't get the kind of attention, importance, support, value independency, and social participation which they want. They usually feel left out of the environment because they don't have the opportunity to freely participate in the decision making, leadership due to their physical and financial limitations. They usually belong to their traditional and socio-cultural value system since long which doesn't match with the new generation it creates a lot of adjustment for the new generation and is also a common problem along with psychological and emotional issues like Irritability, rigidity, loss of interest, loneliness, hopelessness, depression, anxiety, isolation, etc.

Socially, elderly people suffer financial dependency on family members due to retirement, the death of earning spouse, loss of stamina, and opportunity to earn money. They have to look towards their family for their every need. They also face low social support, contact, and communication gap with family members. They feel that their role and power are reducing day by day, with meaningless helpless dependency.

In our country, people have a strong feeling of responsibility and sensitivity towards the need and well-being of their old family members in comparison to other developed countries. Though in Indian society old age, people had never been a problem due to our cultural and moral values but things now going to change. Today due to urbanization and modernization our moral and cultural value systems, social interdependency, and social pressure are diminishing. The concept of a joint family began to weaken and the nuclear family took its place. Today, youth are moving

towards metro cities to excess better job opportunities, health, and educational facilities while old people mostly like to live in their community results; no one is available to take care of them. A study shows that about two-thirds of the elderly lived in villages and nearly half were of poor socio-economic status (Lela et al, 2009). In this scenario, they are a hard to live alone either in their community are old age homes. Most of the geriatric population move with their children to cities but they are facing adjustment issues with the new generation and various psychosocial issues. This change emerged in the concept of old age homes in favor of old age people and now it became a shelter for them.

Status of Elderly People in India

Old age is a highly valuable time to transfer life experiences, knowledge, custom, and tradition to the next generation. Healthy aging is a time of integrity but in contrast, a large group of elderly is suffering from mental, physical, or both types of sickness at a time, which impairs their socio-occupational functioning and results, in despair instead of integrity (Erik Ericson, 1968). Aging can be defined as the process of progressive change which occurs with the passing of time, independent of the vagaries of life, the assaults of disease, and the random abuse of social living (Reber, 1985). The life span between 60 to 70 years is considered as early old age and the life span from 70 years onward is regarded as advanced old age (Erik Ericson, 1968). Today in India the number of elderly people is rising fastly. India's elderly population is estimated at 10 crores in 2011 and is assumed to reach 20 crores by 2030. The proportion of elderly persons in the total population is expected to increase from 8.3 percent in 2011 to 12.4 percent in 2026. In this context, a few important characteristics need to be considered. In a study, it had been found that in the year 2010, about two-thirds of the elderly lived in villages and approx half were of poor socioeconomic status (Lela et al, 2009). Based on several surveys it can be postulated that there is a high prevalence of risky behavior by the elderly such as substance use like the use of tobacco and alcohol (Mutharayappa and Bhat, 2008).

All these circumstances along with problem-related to old age itself lead to mental health issues like anxiety, depression, the feeling of loneliness, suicidal ideations, anger issues, etc among geriatrics.

Older family members and care-home residents may not appear to be physically isolated, but their relationship with the people they live with may not be enough to ward off loneliness, particularly when the death of friends and loved ones takes away the companionship they need. The definition used by the English Longitudinal Study of Ageing (ELSA) splits the concept of loneliness into four key elements: feeling a lack of companionship, feeling left out, feeling isolated from

others, and feeling in tune with people. Various factors have been found to increase older people's risk of experiencing loneliness and isolation. Some are related to personal circumstances: loneliness and isolation are more common among people who are widowed or have no children. Others involve life events: sudden occurrences such as bereavement, having to move into residential care; or gradual developments that give rise to a perception of having become lonelier over time. Poor physical health and mental health are associated with loneliness and isolation, as is the expectation of future poor health.

There is another psychological problem is being faced by old age people is hopelessness. Hopelessness can lead to suicidal thoughts among individuals and also it is highly related to the state of depressive features. Naturally, hopelessness has been studied as a cognitive or effective leading agent and has an important role in the development of depression (e.g., Melges & Bowlby, 1969; Scotland, 1969). Hopelessness has been defined as negative expectancies toward the future in which a person has a strong belief that nothing can be changed in the future (Beck, Weissman, Lester, & Trexler, 1974b), as a state of negative expectancies like whatever they had tried it surely generate unfavorable consequences (Weishaar & Beck, 1992), and as negative expectancies about changing the probability of events like nothing is going to be changed (Alloy, Abramson, Metalsky, & Hartlage, 1988). A person used to find themselves surrounded by a negative environment due to errors in the thinking process. People usually feel the way they think if their thinking has an error or if they found themselves unable to see things, events, or situations as it is it finally leads to hopelessness and depression because the negative expectations associated with hopelessness are considered maladaptive and abnormal thought patterns. For instance, many people do not have a hopeless, pessimistic view of their future; instead, most people tend to be optimistic regarding their ability to meet challenges (Weinstein, 1980). However, hopelessness can be thought of as a separate set of beliefs that influence how a person perceives and interprets information, as well as behave in the world. This psychological disturbance and other life conditions such as living status affect the overall quality of life of old age people. Though, it has been proven in earlier research that demography influences people's psychology significantly. But this research is an effort to see the difference of gender in the feeling of loneliness and hopelessness, especially in the geriatric population.

Method

Objective

To study the impact of gender on loneliness and hopelessness among elderly people.

Hypothesis

There will be no significant difference between male and female elderly people regarding loneliness and homelessness.

Sample

In the present study, 100 elderly people were selected. Out of 100, the number of females was 33 and the males were 67. The sample was collected from the general elderly population from the Indore district of Madhya Pradesh through a purposive sampling technique.

Procedure

The present study was conducted at Indore (M.P.). The sample was collected for the study from general elderly people of Indore. At first, permission was taken from their family members. Thereafter they were informed about the aim of the present study. The person who fulfilled the inclusion criteria and was willing to participate in the study were considered samples of the study. A total of 100 elderly people were taken using the purposive sampling technique. Out of 100, 33 elderly were female and 67 elderly were male (general population). Thereafter, the selected tools, socio-demographic datasheet, GHQ-12, UCLA Loneliness Scale, and BHS hopelessness scales were administered to the elderly in both groups after taking written consent from them.

Design

Statistical Package for Social Sciences (SPSS) version 20 was used for data analysis. Socio-demographic details were analyzed using frequency, percentage, and Chi-square. Descriptive statistics were analyzed in terms of, means, and standard deviation for Loneliness and hopelessness. Comparisons were made between gender and with two variables loneliness, and hopelessness by using the Mann-Whitney U test (because the data was not fulfilling the assumptions of test).

Results

Table-1 Descriptive Statistics

Gender	Variables	N	Mean	SD
Male	UCLA	67	58.49	10.492
Female	UCLA	33	54.85	12.199
Male	BHS–Total	67	6.31	4.139
	Feeling about future	67	0.94	1.402
	Loss of motivation	67	2.72	2.064
	Loss of expectation	67	2.21	1.309
Female	BHS–Total	33	9.39	5.684
	Feeling about future	33	1.85	1.822
	Loss of motivation	33	4.27	2.625
	Loss of expectation	33	2.79	1.431

Table-1 indicates that the Mean value on UCLA is found slightly high in the male in comparison to the female group. The mean value of BHS on each domain is slightly high in females in comparison to the male group. Table-2

Mann-Whitney U-test Showing Differences in the Scores of Loneliness between Male and Female.

Table-2 indicates that there have been no significant differences found in male and female elderly people on the loneliness scale score.

Loneliness Score in Gender	N	Mean Rank	Sum of Rank	U value	Asymp. sig.
Male	67	53.44	3580.50		
				908.500	0.148
Female	33	44.53	1469.50		

Table-3 Mann-Whitney U-test Showing Differences in the Scores of Hopelessness between Male and Female

Gender	BHS	N	Mean Rank	Sum of Rank	U-value	Asymp. Sig
Male	BHS-T	67	45.38	3040.50		
Female	BHS-T	33	60.89	2009.50	762.500	0.012*
Male	Feeling about future	67	45.77	3066.50		
Female	Feeling about future	33	66.11	1983.50	788.500	0.013*
Male	Loss of motivation	67	45.01	3016.00		
Female	Loss of motivation	33	61.64	2034.00	738.000	0.006**
Male	Loss of expectation	67	46.81	3136.00		
Female	Loss of expectation	33	58.00	1914.00	858.000	0.148

* $p < 0.05$, ** $p < 0.01$ (BHS-T-Total Beck Hopelessness Scale Score).

Table 3 shows a significant difference between males and females in its total score ($p < 0.05$). There are significant difference has been found in the domain of feeling about the future between male and female ($p < 0.05$). On its third domain loss of motivation, a highly significant difference has been found between males and females ($p < 0.01$).

Discussion

The present study aimed to investigate the effect of gender on the feeling of loneliness and hopelessness among the elderly. The objective of the study was to see the effect of gender on the two psychological variables loneliness and hopelessness among old age people. It was further hypothesized that there will be a significant difference between these two groups of male and female loneliness and

hopelessness. The study was conducted on 100 old age people up to 60 years or above 60 years of age, of which 67 were male and 33 were female taken from the normal population by using purposive sampling. Firstly GHQ-12 was used to screen out psychiatric illness, those who scored > 3 were not included in the study. UCLA scale was used to assess the level of loneliness and the Beck hopelessness scale was used to measure the hopelessness.

Table 2 compares the loneliness between male and female elderly people and it was found that there was no significant difference between gender and feeling of loneliness in old age people. Thus, the hypothesis that there will be no significant difference between male and female elderly people regarding loneliness was accepted. On the loneliness scale, a higher score indicated a lower level of loneliness, the Mean score on loneliness was found slightly lower in females it suggesting that females have more feelings of loneliness than males. Jakobsson and Hallberg (2005) found a similar result in their study that loneliness and fear were both more frequently reported by women than men.

One more study supporting our finding, Shelley Borys and Daniel Perlman(2004), worked on the gender difference in loneliness and the results supported the view that women more frequently acknowledged their loneliness than men because the negative consequences of admitting loneliness are less for women. In another study done by Tan et. al. (2004), they found in their study that older people were viewed as both sad and lonely among females in comparison to male elderly.

Loneliness is a subjective feeling; people may feel alone in crowded places also. During data collection, it was experienced by the researcher that, an elderly female was live inside a house where all family members were engaged in their work they have no time to give attention and affection to them. Lack of communication and loss of social support might be a there as one of their loneliness because they are living in their home-like institutions.

The next objective was to compare the hopelessness between male and female elderly people. Table 3 shows that a significant difference was found between males and females in the feeling of hopelessness. Thus, the hypothesis that there will be no significant difference between male and female elderly people regarding hopelessness was rejected. There are three components of hopelessness, feeling about the future, loss of motivation, and loss of expectation. The difference was found highly significant in feelings of loss of motivation, and feeling about the future, and the score on the total hopelessness scale was also found significantly

different between both genders. Finding shows that women have more feeling of loss of motivation, and negative feeling about the future than man. The reason might be their marital status. In this study, a high number of female has found widow due to the death of their spouse. Usually, males have poor life expectancy than women after the death of a spouse they remain alone in their life.

A study was conducted by Zumrut et. al. (2013) and they found almost similar results in their study that hopelessness was significantly high in female, illiterate, married, and living in rural areas cancer patients and both hopelessness and depression were significantly higher with longer duration of disease, receiving radiotherapy treatment, and having metastatic disease.

Uncapher et. al. (1998) examined the role of hopelessness in geriatric suicidal ideation. Multiple regression analyses revealed that hopelessness was 25 strongly related to suicidal ideation, and the relationship between hopelessness and suicidal ideation was dependent on the level of depression. Participants who reported moderate or higher levels of depressive symptoms were more likely to have suicidal ideation with increasing hopelessness, whereas hopelessness had little effect on the level of ideation at mild or lower depressive symptom levels. These findings highlighted the importance of considering depression and hopelessness simultaneously when assessing and treating geriatric suicidal ideation.

Erol et.al., (2009) had been conducted a cross-sectional survey of 1185 ninth-grade Turkish adolescents aged 14-19 years to find out the relationship between gender and depression, self-esteem, hopelessness, submissive acts, guilt, shame, and anger in adolescents. As result, it has been found that depression, guilt, shame, and anger levels of girls were significantly higher than those of boys, and the hopelessness level of boys was significantly higher than girls and there was no statistical difference between the self-esteem scores of boys and girls.

In conclusion, it can be said that elderly females have more feelings of loneliness, hopelessness, and negative feeling about the future, they have a lack of motivation and suffer from psychological distress significantly like, the feeling of loneliness, hopelessness especially in terms of their future in comparison to men. So, to overcome the problems of the female elderly, their homes should be developed with better psychological environmental and psychological management. Further society should find some alternatives such as providing foster homes to lonely elderly, remarriages for the sake of companionship, and sensitizing our new generation to develop an empathetic view about them, etc.

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