The Dynamics of Loneliness Among Elderly at Posyandu in Malang City

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A B S T R A C T

Loneliness among older adults has become a significant public health concern, particularly due to the aging population and the challenges associated with it, such as retirement, loss of loved ones, and declining health. This study explores the multidimensional nature of loneliness in elderly individuals through qualitative interviews based on Robert S. Weiss's framework, focusing on emotional isolation, social isolation, cognitive discrepancy, social integration, subjective loneliness, and relationship quality. Interviews were conducted with two elderly participants (ages 78 and 65) at Puskesmas in Malang, Indonesia. The findings reveal that both participants experience profound emotional and social loneliness despite having family members and engaging in occasional social activities. Emotional isolation and social isolation were prominent themes, with participants reporting insufficient emotional support and limited social engagement. A significant cognitive discrepancy was also evident, as participants expressed dissatisfaction with their current relationships. Despite participating in community activities, they felt that these interactions were insufficient to alleviate their loneliness. This study highlights the need for interventions that not only promote social interaction but also foster emotionally fulfilling, deeper relationships for older adults. Addressing loneliness in the elderly requires a holistic approach that prioritizes the quality of social connections to improve their emotional well-being and overall quality of life.

Keywords: Elderly, Loneliness

1. Introduction

Loneliness has emerged as a critical public health challenge, particularly affecting elderly populations across the globe. Aging often brings significant life changes, such as retirement, the death of close family members or friends, and physical or cognitive decline (Blazer, 2020), which collectively reduce opportunities for social interaction and diminish a sense of belonging (National Academies of Sciences, Engineering, and Medicine et al., 2020; Weeks et al., 2021). These factors make loneliness a pervasive issue among older adults. According to Robert S. Weiss, loneliness is a subjective experience stemming from the absence of fulfilling relationships (Pasopati et al., 2024; Tiilikainen, 2023; Weiss, 1975). Weiss categorizes loneliness into two primary types: emotional loneliness, which arises from the loss or absence of a close emotional connection, and social loneliness, which results from the lack of a robust social network (Pasopati et al., 2024; Tiilikainen, 2023; Weiss, 1975). These dimensions highlight the complexity of loneliness, emphasizing that it extends beyond mere social isolation to include feelings of inadequacy in one's relationships (Tiilikainen, 2023; Weiss, 1975).

The effects of loneliness are far-reaching, with substantial implications for mental, emotional, and physical health. Research has established a link between chronic loneliness and increased risks of depression, anxiety, and cognitive impairment (National Academies of Sciences, Engineering, and Medicine et al., 2020; Park et al., 2020). Moreover, loneliness can exacerbate pre-existing health conditions, including cardiovascular disease, hypertension, and diabetes (Christiansen et al., 2021; National Academies of Sciences, Engineering, and Medicine et al., 2020; Park et al., 2020). It is particularly harmful for older adults, as the compounded vulnerabilities associated with aging heighten their susceptibility to the negative impacts of loneliness. Chronic loneliness often leads to a vicious cycle where feelings of isolation contribute to further withdrawal from social engagements, which in turn deepens loneliness and its adverse effects (Christiansen et al., 2021; National Academies of Sciences, Engineering, and Medicine et al., 2020).

In Indonesia, the aging population is growing at an unprecedented rate, with projections indicating that by 2035, the number of elderly individuals will exceed 20 million (Susanty et al., 2023). This demographic shift underscores the urgency of addressing the multifaceted needs of this population. Traditionally, Indonesian society values familial bonds and collective responsibility for elder care (Lestari et al., 2023; Schröders et al., 2021). However, rapid urbanization, changing family structures, and increasing geographic mobility have disrupted these traditional support systems, leaving many elderly individuals vulnerable to isolation and neglect (Arkah, 2022; Schröders et al., 2021). In rural and semi-urban areas, such as those served by Posyandu in Malang City, these challenges are often compounded by limited access to healthcare, transportation, and social services (Wulandari &

Laksono, 2019). The absence of adequate support structures places elderly residents at heightened risk of loneliness, further impacting their quality of life and overall health (Boamah et al., 2021; Donovan & Blazer, 2020; National Academies of Sciences, Engineering, and Medicine et al., 2020).

For elderly individuals residing in such areas, the interplay of physical limitations, societal changes, and reduced family interactions creates a fertile ground for emotional and social isolation (Boamah et al., 2021; Donovan & Blazer, 2020). Interviews with elderly residents at Posyandu revealed that the loss of meaningful relationships, reduced community involvement, and the absence of consistent familial support were recurring themes contributing to their sense of loneliness. These experiences reflect broader trends observed in aging populations worldwide, where loneliness is not only an individual issue but also a societal concern requiring collective action. Understanding the dynamics of loneliness in this context is essential for developing effective strategies to address it..

2. Methodology

The qualitative research was conducted using structured interviews to gain a deeper understanding of the experiences of loneliness among elderly individuals, drawing from Robert S. Weiss's dimensions of loneliness. Two participants were selected based on specific inclusion criteria, such as age (60 years or older), self-reported feelings of loneliness, and willingness to participate. The interviews were carried out at Puskesmas in Malang, ensuring a comfortable and quiet setting to foster open and honest discussions.

Each interview lasted between 30 to 45 minutes. A set of carefully crafted questions, aligned with Weiss's dimensions, was used to guide the conversations. These questions focused on key areas such as *Emotional Isolation* (e.g., "Do you have someone to share your feelings with?"), *Social Isolation* (e.g., "How often do you meet with friends or family?"), *Cognitive Discrepancy* (e.g., "Do you feel your current social relationships are sufficient?"), *Social Integration* (e.g., "Do you participate in group activities?"), *Subjective Loneliness* (e.g., "Do you feel lonely even when people are around?"), and *Relationship Quality* (e.g., "Are your relationships with family and friends satisfying?").

These interviews allowed the participants to express their personal experiences and perceptions of loneliness, including their social interactions, emotional well-being, and the quality of their relationships. The collected data were then analyzed thematically to identify common patterns and themes, offering valuable insights into the loneliness experienced by the elderly participants. Ethical standards were carefully observed throughout the study, ensuring informed consent, confidentiality, and a respectful, supportive environment for all participants.

3. Results & Discussion

3.1 Results

The qualitative interviews conducted with two elderly participants, referred to here as Participant A (78 years old) and Participant B (65 years old), reveal significant insights into the different dimensions of loneliness as proposed by Robert S. Weiss. Both participants provided detailed responses regarding their personal experiences with loneliness, which reflect a range of emotional, social, and relational challenges they face in their daily lives.

1. **Emotional Isolation**: Both Participant A and Participant B shared similar sentiments of emotional isolation, despite having family members or people around them. Participant A mentioned that although he had someone to talk to, he felt that the attention was insufficient. Participant B expressed that he did not feel truly understood by others, which led to a sense of emotional detachment. This emotional isolation indicates that, while these participants are not entirely without social contact, they do not receive the emotional support or understanding that they deeply desire. The lack of emotional connection with others is a key factor contributing to their loneliness.

2. **Social Isolation**: Both participants reported limited social interaction with friends and family. Participant A indicated that his family members were often too busy with their work routines, leaving him with little opportunity for meaningful social engagement. Similarly, Participant B acknowledged that his children, now adults with families of their own, visited less frequently and only when necessary. Although they had family connections, neither participant felt they had sufficient social support or engagement, which aligns with the concept of social isolation. This lack of regular interaction with loved ones and close social circles exacerbates their sense of being isolated from the broader community.

3. **Cognitive Discrepancy**: Both participants expressed dissatisfaction with their current social relationships. Participant A voiced a desire to engage in more frequent conversations with his children, whereas Participant B longed for conversations similar to those he had in his youth. Both participants illustrated a significant gap between their expectations for social interactions and their current reality. This cognitive discrepancy, where the idealized version of social relationships does not align with the present situation, contributes to their feelings of dissatisfaction and further perpetuates their loneliness. Their longing for deeper connections with their family and peers underscores the importance of addressing emotional and relational needs in the elderly.

4. **Social Integration**: Despite their experiences of social isolation, both participants engaged in limited social activities, which provided some degree of connection to others. Participant A participated in a monthly health program, Posyandu, but noted that there were no other activities that allowed him to interact more deeply with others. Participant B, on the other hand, attended a weekly exercise session for seniors in his neighborhood, which allowed him to meet other elderly individuals, though he still felt a sense of loneliness despite the activity. While both participants attempted to integrate into their social environment, they found that these occasional activities were not

enough to significantly reduce their feelings of loneliness. This highlights the need for more frequent and meaningful social interactions to address the issue of social isolation effectively.

5. **Subjective Loneliness**: Both participants admitted to feeling lonely even when surrounded by others. Participant A expressed feeling lonely even though he lived with his wife, who was also elderly and unable to provide much support. Similarly, Participant B noted that while he had family members around, he still felt a deep sense of loneliness, particularly due to a lack of emotional closeness. This subjective loneliness, where the individual feels isolated and disconnected from others, even in the presence of people, is a prominent theme in both participants' experiences. It demonstrates that simply having people around is not enough to alleviate the profound emotional effects of loneliness in older adults.

6. **Relationship Quality**: When asked about the quality of their relationships, both participants indicated that their connections with family and friends were not satisfying. Participant A described his relationships as formal and distant, and similarly, Participant B explained that his interactions with others felt superficial and lacked depth. Both participants felt that their current relationships did not fulfill their emotional needs or provide the sense of closeness and intimacy they desired. The quality of their relationships, therefore, plays a crucial role in their overall experience of loneliness. The lack of meaningful, emotionally fulfilling relationships contributes significantly to their feelings of isolation and loneliness.

3.2 Discussion

The findings from the interviews with Participant A and Participant B reveal that while both individuals maintain some level of social interaction, they experience profound emotional and social loneliness. Despite having family members and engaging in occasional social activities, they struggle with emotional isolation, as they do not feel truly understood or supported by those around them (Mail, 2022; Russell, 2024; Schwartz, 2021). This highlights the importance of not only maintaining social connections but also ensuring that these connections are emotionally fulfilling.

Both participants experience social isolation, characterized by limited interactions with friends and family (Pasopati et al., 2024; Tiilikainen, 2023; Weiss, 1975). This is especially true in the context of aging, where family members may become preoccupied with their own lives, leaving older adults with less opportunity for meaningful engagement (Ezquerro & Cañete, 2023; Mail, 2022; Russell, 2024; Wani et al., 2024). Social isolation has been widely linked to negative health outcomes (Donovan & Blazer, 2020; National Academies of Sciences, Engineering, and Medicine et al., 2020; Park et al., 2020), and it is clear that both participants feel a lack of social support in their daily lives, further intensifying their loneliness.

The concept of cognitive discrepancy, where the participants' expectations of social interactions do not align with their reality (Pasopati et al., 2024; Tiilikainen, 2023; Weiss, 1975), is also evident in their responses. Both participants expressed dissatisfaction with their current relationships, illustrating a desire for deeper connections and more frequent interactions with their family members. This discrepancy underscores the emotional gap between what they hope for in their relationships and what they actually experience, which significantly impacts their feelings of loneliness (Akhter-Khan et al., 2023; Seemann, 2022).

Social integration, or the ability to engage in community activities (Pasopati et al., 2024; Tiilikainen, 2023; Weiss, 1975), was another area where both participants found limited success. Although they participated in social activities like health programs and exercise sessions, they felt that these interactions were not enough to mitigate the loneliness they experienced. This suggests that while social activities are beneficial, they need to be more consistent and meaningful to reduce feelings of isolation in older adults (Hoang et al., 2022; Van Orden et al., 2021).

Subjective loneliness, as expressed by both participants, highlights the complex nature of loneliness. It is not simply the absence of people but the lack of emotional connection that leads to feelings of isolation (Pasopati et al., 2024; Tiilikainen, 2023; Weiss, 1975). Even when surrounded by others, both participants felt disconnected, which illustrates that loneliness is a deeply personal and emotional experience that cannot be alleviated by mere physical presence (Candiotto, 2022; Motta, 2023).

The quality of relationships emerged as a critical factor in both participants' experiences of loneliness (Pasopati et al., 2024; Tiilikainen, 2023; Weiss, 1975). Their relationships, though present, were perceived as superficial or formal, lacking the depth and emotional closeness that could alleviate their loneliness. This emphasizes the importance of fostering meaningful, intimate relationships that go beyond mere social interaction, especially for older adults (Malli et al., 2023; McKenna-Plumley et al., 2023).

In conclusion, the experiences of loneliness expressed by Participant A and Participant B reflect the complex interplay between emotional isolation, social isolation, and the quality of relationships in older adults. To address loneliness in the elderly, it is essential to not only encourage social interaction but also foster deeper, more meaningful relationships that meet their emotional needs. Interventions aimed at reducing loneliness should focus on enhancing the quality of social connections and providing opportunities for emotional support and engagement, which are vital in improving the overall well-being of older adults.

4. Conclusion

The findings from this study underscore the complex nature of loneliness among older adults. Despite having family members and participating in occasional social activities, emotional and social isolation remain significant challenges. Both participants experienced a gap between their expectations for meaningful relationships and the reality of their interactions, leading to feelings of loneliness. The lack of deep emotional connections, along with

limited opportunities for social engagement, exacerbated their sense of isolation. This emphasizes the need for interventions that not only encourage social interaction but also focus on fostering intimate, emotionally supportive relationships for the elderly. Addressing loneliness in older adults requires a comprehensive approach that prioritizes quality over quantity in social connections, ensuring that their emotional needs are met and their well-being is improved.

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