


Factors Affecting Mental Health in the Elderly: Living Alone

Yaşlılarda Ruh Sağlığını Etkileyen Faktörler: Yalnız Yaşamak

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ABSTRACT

In old age, many obstacles can arise, such as loneliness, neglect, abuse, exploitation, violence, economic problems, and health issues. Individuals who have been living independently and able to care for themselves may become more vulnerable to neglect and abuse as they grow older and become dependent on care. This situation can lead to various physical, psychological, social, and economic problems for them. Losses such as the death of a spouse, job loss, or loss of social status contribute to feelings of anxiety, hopelessness, pessimism, loneliness, isolation, and a decrease in social interactions. Loneliness, another factor affecting mental health, is a significant issue in older adults, especially as it indicates social isolation. Addition to studying the living practices of elderly individuals living alone, their overall support, both from a societal and individual perspective, should be addressed.

Keywords: Elderly, Aging, Mental Health, Living Alone.

ÖZET

Yaşlılıkta yalnızlık, ihmal, istismar, sömürü, şiddet, ekonomik sorunlar ve sağlık sorunları gibi birçok engel ortaya çıkabilir. Bağımsız olarak yaşayan ve kendilerine bakabilen bireyler, yaşlandıkça ve bakıma bağımlı hale geldikçe ihmal ve istismara karşı daha savunmasız hale gelebilirler. Bu durum onlar için çeşitli fiziksel, psikolojik, sosyal ve ekonomik sorunlara yol açabilir. Bir eşin ölümü iş kaybı veya sosyal statü kaybı gibi kayıplar, endişe, umutsuzluk, kötümserlik, yalnızlık, izolasyon ve sosyal etkileşimlerde azalma gibi durumlara sebep olabilir. Zihinsel sağlığı etkileyen bir başka faktör olan yalnızlık, özellikle sosyal izolasyonu gösterdiği için yaşlı yetişkinlerde önemli bir konudur. Yalnız yaşayan yaşlı bireylerin yaşam uygulamalarını incelemenin yanı sıra hem toplumsal hem de bireysel bir bakış açısından bu bireylere verilen genel destekler de ele alınmalıdır.

Anahtar Kelimeler: Yaşlı, Yaşlanma, Ruh Sağlığı, Yalnız Yaşamak.

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INTRODUCTION

The World Health Organization (WHO) defines the old age period as ages of 65 years and over in the context of chronological age (WHO, 2011). Age, old age, and aging are important concepts that have different meanings. Age is a number that expresses the period of time from an organism's birth to its death chronologically. Old age represents a specific period in an individual's life. During this phase, the person carries the experiences and accumulated knowledge from the past, along with various changes. Old age, which holds the experiences and accumulations of a continuous existence from birth, is a unique and rich stage of life for each individual (Beğen & Yavuzer, 2012). Aging, unlike the concept of old age, refers to a process. A person who has grown one year older is considered to have aged, but they are not necessarily in the old age stage yet. This process, which spans the entire lifespan, consists of changes that occur from birth to death, culminating in death. These changes are studied in detail across various scientific fields. It is well known that the elderly population is increasing worldwide and in Türkiye. This increase leads to significant issues in medical, social, and economic fields; it brings not only chronic diseases but also mental health problems (Yıldırım et al., 2019).

In old age, many challenges arise, such as a decline in physical and cognitive functions, loss of independence, health problems, and lack of social support. During this period, individuals may lose their spouse, peers, and loved ones, leading to reduced social interaction and support. Sensory losses, a narrowing of social life due to retirement, intergenerational value conflicts, and loneliness are also common issues. Chronic diseases, changes in interpersonal relationships, hopelessness, economic losses, and limited family and social networks can negatively impact a person's quality of life. Additionally, the narrowing of personal interests and relationships is another difficulty faced in old age (Yerli, 2017; Lök, 2016; Yıldız, 2012).

In old age, many obstacles can arise, such as loneliness, neglect, abuse, exploitation, violence, economic problems, and health issues. Individuals who have been living independently and able to care for themselves may become more vulnerable to neglect and abuse as they grow older and become dependent on care. This situation can lead to various physical, psychological, social, and economic problems for them (Narin, 2019). We can divide the changes that occur during the aging process into three categories:

- Physical factors: These include physical decline and loss, disability, diseases, care needs, nutritional problems, etc. (Şeker & Kurt, 2018).

- Psychological factors: These involve depression, anxiety, dementia, delirium, fear of death, sleep problems, etc. (Ağar, 2020).
- Social factors: These include poverty, changes in family structure, role and status changes, loneliness, transportation difficulties, challenges adapting to urban life, intergenerational conflicts, negative attitudes toward old age, age discrimination, lack of social participation and integration, social security policies and practices, spatial arrangements, housing, and more (Muammer & Közleme, 2017).

The combination of these factors lowers the quality of life of elderly individuals and creates a foundation for the development of mental disorders (Tamam & Öner, 2001). According to the World Health Organization (WHO), mental health problems that are difficult to treat or incurable can lead to outcomes such as premature death and general health deterioration. Among the most common psychiatric disorders in the elderly are major depression, dementia, and delirium (Tel et al., 2020). Undiagnosed and untreated mental disorders can negatively affect not only the psychological health of the elderly but also the progression of physical illnesses. This situation can significantly reduce the quality of life of the elderly and can negatively affect not only the elderly individual but also their family and society. All these factors are interacted within each other. Focusing on the concepts of loneliness and living alone when we look at the literature can help us reduce other negative effects. The aim of this study is to elaborate on loneliness and living alone, which are among the factors affecting mental health in the elderly.

FACTORS AFFECTING MENTAL HEALTH

The economic challenges associated with aging, along with lifestyle changes, significantly affect mental health and increase the risk of depression. Individuals who are unable to achieve their life goals and, as a result, fail to find self-fulfillment are considered to be at higher risk for mental health issues. Losses such as the death of a spouse, job loss, or loss of social status contribute to feelings of anxiety, hopelessness, pessimism, loneliness, isolation, and a decrease in social interactions (Bilge et al., 2017). The loss of loved ones can lead to feelings of loneliness, anxiety, hopelessness, and pessimism. Other factors that contribute to the negative effects of mental health in the elderly include age, gender, social security, low education level, unhealthy lifestyle, loss of social support, substance use, addiction, violence, fear of death, chronic diseases and nutrition (Özden et al., 2010).

Physical illnesses and disabilities in the elderly can significantly impact their mental health, particularly when they start losing independence in daily activities, leading to a noticeable loss of autonomy (Aslan & Hocaoglu, 2014). While physical diseases affect mental health, untreated mental health conditions can worsen the severity and prolong the course of diseases. For example, Parkinson's disease, adrenal thyroid dysfunctions, strokes, cancers, and neurodegenerative diseases can directly lead to depression. Some medications used in the treatment of these conditions can also cause depression. Medical disorders and medications that are likely to cause mental health issues or depression include hypovitaminosis, endocrinological diseases, trauma, infections, malignancies, metabolic disorders, neurological disorders, and drugs that induce depression (Çetin, 2008).

For elderly individuals, being able to carry out self-care activities without difficulty is crucial for maintaining a normal life and overall well-being (Çavuş, 2013). As people age, the risk of functional decline in daily activities increases. Therefore, early intervention in health services for the elderly plays a critical role in preserving the quality of life (Covinsky et al., 2003). Moreover, negative perceptions about the elderly, such as the preference for youth over old age or seeing older adults as weak, ill, or useless, are common in society. In modern society, stereotypes and negative images of aging are becoming more pronounced. These behaviors can lead to the social exclusion and disrespect of elderly individuals (Bytheway et al., 2007; Boissonnault, 2008; Kalinkara, 2011; Onur, 2011; North & Fiske, 2013; as cited in Müftüler, 2018). Such stigmas vary across cultural contexts. In traditional societies, aging is often evaluated based on chronological age, while today, many factors unrelated to age contribute to a more flexible understanding of aging (İçli, 2010). These social perceptions or social exclusion of the elderly in different societies may adversely affect the mental health of individuals. We can say that social perception and independence are an important factor for the elderly.

Generational issues are also common, with elderly individuals often complaining that younger generations do not understand them or that they cannot communicate effectively with them. Generational conflict is a phenomenon observed in all societies (Canatan, 2008). Communication issues related to generational conflict can exacerbate organizational and everyday life problems, particularly as the elderly population increases. This leads to intergenerational communication problems, especially between the younger generation, who have grown up with technology, and the elderly, who often feel left behind (Uysal, 2020). For this reason, research in gerontechnology is increasing, and active solutions are found in the

literature. Communication problems can also negatively affect family bonds. The accompanying issues of lack of affection and hopelessness also negatively impact mental health. Other feelings, such as helplessness, worthlessness, guilt, and thoughts of suicide, often accompany hopelessness (Dağcı, 2020; Bozkurt, 2003; Aslan & Hoccoğlu, 2017).

Sexual issues also affect mental health in the elderly. Changes that occur in old age and physiological decline due to illness can impact sexual health. However, there is a prevalent belief in society that old age is a time when sexuality no longer exists. This belief prevents elderly individuals from discussing their sexuality and makes it difficult for them to seek help for sexual issues. Often, healthcare professionals also neglect or overlook the sexuality of older adults, as shown in several studies (Reyhan et al., 2018).

The problem of adaptation to social life may arise as a result of decreases in attention, perception, memory and execution functions. In this age group, retirement, widows, death of loved ones, the fear of illness and death to adapt to life changes and communication is a vital process (Şişman and Kutlu, 2016).

Loneliness, another factor affecting mental health, is a significant issue in older adults, especially as it indicates social isolation. Understanding the importance of social networks is crucial for reducing loneliness and improving the quality of life of elderly individuals. Strengthening social connections can alleviate feelings of loneliness and improve their health (Kalinkara & Sarı, 2019).

LİVE ALONE

The impact of changes occurring during old age is also reflected in individuals' lifestyles. For individuals who continue to live in their own homes, the concept of living alone becomes evident, particularly when the spouse passes away. People's desire to live in their own homes during their younger years influences their preference for living alone in later life. Tewss refers to this phenomenon as the individualization of old age (Tufan, 2003; cited in Tewss, 1999).

In Western societies, individuals tend to prefer living alone more. Between 1900 and 1980, the proportion of elderly people living with their children decreased from 60% to 15%. This change over 80 years is attributed to the elderly's desire to maintain their independence (Onur, 2000; cited in Çoban, 2005). Living alone is examined from different perspectives. The shift in traditional societal structures has also influenced individuals' preference to live alone. In this transformation to a nuclear family structure, elderly individuals prefer living

independently to avoid being a burden on their children. However, since elderly people do not plan where, with whom, or how they will live, and they do not want to be a burden to their families, they often struggle with the decision-making process (Aközer et al., 2011).

The concept of loneliness is addressed in the literature in two ways. The emotional feeling of loneliness and living alone are distinct concepts. At various points in their lives, individuals may find themselves living alone either by choice or due to factors such as the death of a spouse, never having been married, or their children migrating from rural areas to cities. According to Weiss (1973), loneliness can emerge as a combination of personal inadequacies (in social skill deprivation/deficiencies) and conditions (for example, divorce, social mobility). Page and Scanlan (1994) state that loneliness can occur in the presence of social relations and in the absence of the existence of social relations. In addition, especially individuals who choose to be alone may not experience loneliness, while individuals with a wide social environment may have problems with loneliness (Betts & Bicknell, 2011). Living alone is also a factor that affects an individual psychosocially. The medical and social aspects of aging are crucial. An individual's physical health, social relationships, social status, experiences, financial situation, and living alone are all factors that influence mental health. Problems encountered in these areas can lead to depression in the individual (Alexopoulos, 2000; cited in Keskinoglu et al., 2006).

Cultural, historical, religious, ethnic, and geographical factors in society often lead to the imposition of specific gender roles. In Türkiye, as in many other cultures, certain responsibilities are traditionally assigned based on gender—women are often expected to take on domestic duties, while men are tasked with work responsibilities outside the home (Akbay, 1998; Vefikuluçay et al., 2007). The cultural characteristics of the society to which an individual belongs have a significant impact on their perception of their quality of life. Cultural capital is related to the satisfaction an individual gains from setting and achieving their goals (Görgün-Baran, 2008).

According to Ökten (2009), gender defines the status of women and men within society and shapes their roles accordingly. Living alone can create different lifestyles, concerns, social activities, and social relationships depending on gender. Individuals who are divorced or widowed may prefer to remarry, but society judges this differently depending on gender. In general, men who have lost their spouses tend to remarry, while women who lose their husbands face societal pressure against remarrying. There is no societal judgment for widowed men, but widowed women are categorized as being in a "widowhood" status (Çoban, 2005). We can say that women face economic hardships after the death of their

husbands. The impact of gender roles is clearly observable in individuals who live alone. Research by Sever and Başibüyük revealed that women react more emotionally to issues related to marriage compared to men. Women tend not to remarry or even consider remarriage. In contrast, men have to take on roles themselves (Sever & Başibüyük, 2009).

Changing demographic and social structures have facilitated individuals' transition from traditional to modern societies, leading to changes in lifestyles. In these lifestyles, where individuality is emphasized, the understanding of the extended family has been replaced by the nuclear family model under the influence of globalization. Culture is seen as a key factor that influences social structures and lifestyles. Although elderly people living alone encounter problems while continuing their lives, it is evident that they do not wish to disrupt the routines they are accustomed to. Having their own routine, maintaining independence, and having a private life are important to them (İçli, 2002; cited in Çoban, 2005).

The concept of living alone presents many challenges in performing daily life activities and ensuring the continuation of life. Arslan and Gökçe-Kutsal (1999) defined basic daily living activities as the ability of an individual to perform tasks like eating, using the toilet, dressing, bathing, and moving from one place to another without assistance. Instrumental activities of daily living, on the other hand, include tasks such as cooking, doing simple housework, using the telephone, and shopping independently. Living alone implies that an individual manages most of these daily activities on their own within their home. According to the study by Çivi and Tanrıkulu, dependency in daily activities is more common in individuals over 75 years old (Çivi & Tanrıkulu, 2000). A 2009 study by Güler and colleagues revealed that elderly individuals face difficulties with daily activities such as climbing stairs, eating, physical activity, and using the bathroom (Güler, Güler, Kocataş & Akgül, 2009). The fear and thought of becoming bedridden are more common among elderly individuals living alone compared to those living with family (Aközer et al., 2011). Today, under the "home care service" programs provided by civil society organizations or municipalities, elderly individuals receive support for certain daily living activities by home visits, often with the aid of transportation. Home care services, which have been widely used in European countries for many years, are starting to spread in Türkiye as well. These services allow individuals to remain in their homes while receiving help with daily living activities, facilitating easier management of their day-to-day routines (İçağasıoğlu, 2005).

Another consequence of social change and transformation is the growing importance of social support networks for elderly individuals. Elderly people whose children have migrated to the city, especially those who have also lost their spouses, face the concept of living alone. The

process of adapting to this change has become more difficult, and elderly individuals living in rural areas are at a disadvantage due to limited access to resources. It is not only the acquisition of new social support networks that matters, but also the continuity of relationships from the past. According to continuity theory, social relationships and participation in society are factors that significantly affect the quality of life and life satisfaction of elderly individuals. The physical, mental, and social health of elderly individuals contributes to their ability to lead a free and fulfilling life (Görgün-Baran, 2008).

When elderly people live alone and are also distant from their children, their first line of support tends to be neighbors. According to a study by Aközer and colleagues, elderly individuals living alone have limited communication with their children. An increase in the number of family members has been shown to strengthen communication with children. Elderly individuals in extended families tend to have more advantageous familial relationships compared to those living alone (Aközer et al., 2011).

In addition to not expecting support, there are also elderly individuals who believe they cannot receive support. However, when they are unable to get help from their families and are in need, they view friends and neighbors as sources of support (Aközer et al., 2011). As noted by Görgün-Baran (2007), social networks, relationships, and communication are crucial for elderly individuals to feel confident and valued (Görgün-Baran et al., 2007).

As life expectancy increases, improving the quality of life is directly linked to the suitability and effectiveness of social services. Measures should be taken to ensure adequate income for the elderly, provide suitable living spaces and equipment, meet physical needs, establish healthy family relationships, and increase social support. Rather than focusing solely on institutional care for the elderly, solutions that facilitate living and caregiving at home should be prioritized. Therefore, supporting families and providing social assistance are crucial. Ultimately, society and the state must not ignore their responsibilities toward the elderly during their later years (Yerli, 2017).

Social policies should address issues related to income, employment, health insurance, a developed healthcare system, family and child welfare, ensuring elderly rights, and necessary reforms in the social service system. There is a link between social isolation and socioeconomic status in older age. To mitigate these risks, opportunities and resources should be provided in the following areas: income security, social services, learning and development opportunities, rest and rejuvenation opportunities, participation and cooperation opportunities, and the maintenance and development of social support networks. Each of these areas should be considered as key categories to be elaborated upon (Tufan, 2014).

CONCLUSION AND RECOMMENDATIONS

In conclusion, elderly individuals living alone need support in physical, psychological, and social contexts. It is essential to increase research on this topic and identify the specific needs that arise from living alone in older age. Policies and initiatives should focus on improving the living conditions of this demographic. Efforts should be made to ensure that elderly individuals are informed about the services available to them. It is unrealistic to expect them to seek out services they are unaware of. Gender considerations should not be overlooked when planning services for elderly people living alone. Particularly, the psychological and social support needs of elderly individuals who have lost their spouse should be thoroughly assessed. Differences in cultural structures, habits, and educational levels between urban and rural areas should be considered in planning services. As a result, risky elderly (living in the institution, those who lose their spouses, social interaction, economic difficulties, those with economic difficulties, health problems, health problems, health problems) should be followed in terms of social insulation and loneliness, and the health team that works for this group should create treatment and care programs.

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