

THE EXPERIENCE OF LONELINESS AND THE SOCIAL SUPPORT TO ELDERLY WOMEN

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ABSTRACT. This study aimed to investigate the feeling of loneliness in elderly women, and the role of social support networks as they experience this phase of their life cycle. It counted with the participation of five women aged on average 71.2 years old, living in a city in the state of Minas Gerais. This is a collective case, qualitative and cross-sectional study. A sociodemographic questionnaire, a semi-structured interview and the Convoy of Social Support were used. Their social support network was basically composed of relatives, friends, neighbors and religious groups. As for loneliness, the elderly women considered this feeling – negative to them – as different from the experience of being alone, which represented an enriching and encouraging moment for them to be in contact with their own individuality and to perform pleasant activities without the presence of other people. They reported that they did not feel loneliness at this phase of their lives, but affirmed that such feeling may grow stronger with age. The maintenance of social relationships and activities constituted a protective factor in relation to loneliness.

Keywords: Loneliness; elderly people; aging.

A EXPERIÊNCIA DE SOLIDÃO E A REDE DE APOIO SOCIAL DE IDOSAS

RESUMO. Este estudo teve como objetivo investigar o sentimento de solidão em idosas, bem como o papel da rede de apoio social na vivência dessa fase do ciclo vital. Participaram cinco mulheres com idade média de 71,2 anos, residentes em uma cidade do Interior do Estado de Minas Gerais. Trata-se de um estudo de casos coletivos, de caráter qualitativo e corte transversal. Foram utilizados um questionário sociodemográfico, entrevista semiestruturada e diagrama de escolta. A rede de apoio social foi composta basicamente por familiares, amigos, vizinhos e grupos religiosos. As idosas avaliaram a solidão ora com um sentimento negativo, como a experiência de estar só, ora como algo que enriquece e impulsiona para uma vida agradável, por propiciar um contato com a individualidade e atividades prazerosas realizadas sem a presença de outros. Relataram não sentir solidão nesta etapa da vida, mas afirmaram que este sentimento pode aumentar com a idade. A manutenção de vínculos e atividades sociais constituiu-se como um fator protetivo em relação à solidão.

Palavras-chave: Solidão; idosos; envelhecimento.

LA EXPERIENCIA DE LA SOLEDAD Y LA RED DE APOYO SOCIAL DE PERSONAS MAYORES

RESUMEN. Este estudio tuvo como objetivo investigar el sentimiento de soledad en las personas mayores, así como el rol de la red de apoyo social en la vivencia de esta fase del ciclo de vida. Participaron de la investigación cinco mujeres con edad media de 71,2, años, residentes en una ciudad del interior del Estado de Minas Gerais. Se trata de un estudio de casos colectivos, de carácter cualitativo y corte transversal. Fueron utilizados cuestionario sociodemográfico, entrevista semiestruturada y diagrama de escolta. La red de apoyo social se compuso básicamente por familiares, amigos, vecinos y grupos religiosos. En cuanto a la soledad, las ancianas diferencian este sentimiento, considerado por ellas como algo negativo, de la experiencia de estar solas, que presentó una función enriquecedora e impulsora por dar un contacto con la individualidad y las actividades placenteras realizadas sin la presencia de otros. Relataron no sentir soledad en esta etapa de

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la vida, pero afirman que este sentimiento puede aumentar con la edad. Mantener vínculos y actividades sociales constituyó un factor de protección en relación a la soledad.

Palabras-clave: Soledad; personas mayores; envejecimiento.

In *Developmental Psychology*, aging has been increasingly investigated, no longer as a period of crises, decay and losses, but as a phase of acquisitions and transformations, full of meanings and possibilities that attribute a new status to the elderly in contemporary studies (Almeida & Maia, 2010; Alves-Silva, Scorsolini-Comin, & Santos, 2013; Couto & Salles, 2013; Ferreira & Barham, 2011; Macedo, Oliveira, Gunther, Alves, & Nóbrega, 2008; Santos, Tura, & Arruda, 2013). However, increased longevity is not a guarantee of good living; there should be investments in policies that promote, for this population, autonomy, participation in several social contexts, and others (Veras, 2009). Certainly, many difficulties faced by the elderly may derive from typical changes in the aging physiological process and from losses occurred during this phase (Py & Oliveira, 2012; Ramos, Andreoni, Coelho-Filho, Lima-Costa, Matos, Rebouças, & Veras, 2013).

Among experiences in old age, losses that may lead to a feeling of loneliness are common. Psychology experts consider that loneliness is an emotional reaction of dissatisfaction, triggered by a lack of or deficiency in meaningful relationships that include some type of isolation (Pinheiro & Tamayo, 1984). It is also defined as a burdensome and painful feeling that stems from a need for the presence of other people (Py & Oliveira, 2012).

According to Fernandes (2007), loneliness presents itself as a serious issue in elderly subjects. The presence of the feeling of loneliness may cause mental health decay, and may be linked to depression, consumption of illicit substances and suicide attempts; the latter has been increasing among this population, making the elderly the age group with a higher risk for self-annihilation (Cacioppo & Patrick, 2010; Minayo, Cavalcante, Mangas, & Pinto, 2010). Investigating the loneliness matter in old age has its importance in the attention to elderly people's health, because, if this feeling is

treated, a more serious situation, such as depression or even suicide, can be prevented.

Loneliness, therefore, would be responsible for worsening the individual's state of abandonment, leading the elderly to perceive themselves as excluded from their families and from society. According to Fernandes (2007), feelings of distress, exclusion and dissatisfaction may be experienced by people feeling alone. However, some of the elderly speak of being alone as a positive experience that can allow for a greater independence to a person, guarantee privacy and be a moment for them to turn their attention to themselves (Coimbra, 2008). Some psychoanalysis theorists understand loneliness not only as an expression of distress and nostalgia for something lost, but also as a possibility of a creative experience emerging from it. Winnicott (1990) and Dolto (2001) comprehend the capacity of being alone as something positive, that shows emotional maturity. In addition to being fundamental in an individual's life, these periods are essential so that people can look at and dedicate some time to them, reanalyze their lives, and enhance themselves.

We observe that the idea of loneliness depends on an individual's satisfaction with his or her relationships, not specifically with the amount of bonds established, but rather of feelings linked to the perception of lack of some types of specific relationships (Zapata & Arredondo, 2012). Investigating the feeling of loneliness goes beyond the assessment of objective aspects of physical health, incorporating subjective aspects that depend on the perception or evaluation the elderly make about their relationships (Ferreira & Barham, 2011).

One of the changes that may occur due to the aging process is the reduction of social contacts (Coimbra, 2008). Some losses in physical and intellectual capacities of the elderly may cause them to be left on the background, no longer recognized as a reference for their families, and may lead them

to distance themselves from friends and relatives (Fernandes, 2007). The distancing from relatives may promote, though, a closer relationship with friends, and the expansion of their social networking (Almeida & Maia, 2010). The need for bonding follows human development. Our ancestors depended on bonds established by them so that the species procreated and they could be safe. Since then, one of the purposes of feelings of loneliness was to alert humans that their affective ties were weak, which could cause a change of behavior in individuals for them to search for other connections (Cacioppo & Patrick, 2010).

The first contacts made between children and their caregivers are fundamental in the configuration of future affective bonds and so that they, the children, can have a health development (Cacioppo & Patrick, 2010; Winnicott, 1990). The quality of established ties, the need for subjective bonding – met or not –, among other initial experiences, may influence the way that an individual will react to new bonds. However, people's conquests during adolescence and adulthood can stabilize or destabilize initial bonding conditions as well (Benghozi, 2010; Verdi, 2010).

Based on these studies about bonding and loneliness, and with the guidance of developmental processes occurred in the period called third age, some questions were identified: (a) how are the elderly living and signifying loneliness?; (b) do the elderly experience loneliness as a bothersome feeling resulting from the lack of meaningful bonds, or are they living loneliness as an experience capable of promoting gains and personal growth? In view of this, this study aimed to investigate the feeling of loneliness in elderly women, as well as the role of the social support network in this phase of their life cycle.

METHOD

Participants

Five women participated in the study, all aged between 62 and 80 years ($M = 71.2$ years old), identified with fictitious names; they will be presented in detail in the Results and Discussion section. The participants were selected in accordance with the following

criteria: being 60 years old or over, with preserved verbal comprehension and communication ability, and being a user of the Basic Health Unit defined as the place for data collection, in a medium-size city in the state of Minas Gerais. Socioeconomic level, marital status, children, diagnosis of diseases or medical treatment did not constitute exclusion criteria. The choice of investigating only women resumes studies that point disparities between the genders in this phase of the life cycle, according to which the elderly population is predominantly female (Peixoto, 1997). Moreover, said option is in agreement with investigations on gender, which highlight that such perspective is an important historical and cultural indicator about how women have been developing, interacting and becoming the target of scientific researches seeking to evidence their characteristics and demands. Aging, thus, has been increasingly investigated as a feminine question, towards the comprehension of different social expectations that lead the way of these women (Figueiredo et al., 2007; Santos, Tura, & Arruda, 2013).

Instruments

The instruments used in this study were:

- (a) *Sociodemographic questionnaire*: Instrument adapted by the researchers based on model proposed by Rosa Novo (2000, quoted by Couto, 2007). It was intended to collect identification data that contributed to the characterization of the group of elderly women that composed this study.
- (b) *Convoy of Social Support*: proposed by Kahn and Antonucci in the 1980's (Kahn & Antonucci, 1980, quoted by Paula-Couto, Koller, Novo, Sanchez-Soares, 2008), it was adopted to investigate the interpersonal network of the elderly women. The presentation form of the convoy used three concentric and hierarchical circles, with the participant represented in the middle by the pronoun I. In the first circle next to I, these women should write (or mention) which people they considered to be the most important and effectively closest ones. In the second circle, they should write which people they considered

important, but not so close. Finally, in the third circle, they inserted important, but more distant, people. After the completion of the instrument, there was a space for a more open conversation about the characteristics of the relationships with the people put in their network.

- (c) *Semi-structured interview*: aimed to investigate the meaning of loneliness for the elderly women, and how they were living or have lived this feeling, with questions about what they understood as loneliness, whether they had already felt loneliness at some point of their lives, during old age, whether they thought that this feeling grew stronger with age, among other questions.

Procedure

Data collection

It occurred after approval by the Research and Ethics Committee of the institution from which the authors were. The recruitment of possible participants took place at a Basic Health Unit where the researchers were already conducting other projects and intervention, favoring the acceptance by the volunteers. Data was collected at the house of each one of the participants, in one single interview, face-to-face, lasting 1h20, on average. Before starting the collection, the researcher presented the Free Consent Form to the volunteer, obtaining her consent to participate in the study. The individual interview began with the applications of the sociodemographic questionnaire and of the convoy of social support, followed by the semi-structured interview script. The interviews were audio recorded upon the elderly women's consent. After the data collection, all interviews were fully transcribed, composing the *corpus* of the research.

Data analysis

This is a collective case study. Data was analyzed based on two perspectives: one vertical, used for deepening the data collected from each elderly woman, and one horizontal, in which differences and similarities are observed between the cases. Content analysis was directed to two guiding elements defined *a priori*, from the objectives of the study, and that

composed the thematic axes of discussion: (a) perception on the support network and (b) meanings and experience of loneliness. These axes were discussed with a support on the main references available in the literature about loneliness and social bonds (Cacioppo & Patrick, 2010; Coimbra, 2008; Dolto, 2001; Neri, 2005; Verdi, 2010; Winnicott, 1990).

RESULTS AND DISCUSSION

The results will be presented according to the two perspective of analysis indicated in the method section. The first part reports information obtained in each interview. Said report enabled a first analysis (vertical) of the specificities of comprehension and experience of loneliness for each elderly woman. In the second part, supported on the categorical analysis of data obtained from all interviews together (horizontal), the results are discussed based on two categories defined from the central objective of the study.

Vertical analysis of the cases

Case 1: Margarida

Margarida, 62 years old, married, catholic, has three children and studied up to the second grade of Elementary School. She is currently living with her husband. About her health, she reports only "*hypertension problems*". Her main leisure activity is watching TV. She seems to be a sensitive and kind person, very attached to her family. Her social support network is mostly composed of relatives, with only one female neighbor; 17 people were mentioned in total, including children, husband, grandchildren, great-grandchildren and her neighbor. She reports being in touch with them on a monthly basis. As for the type of assistance received, she feels the support from all people within her network, but her husband is the one who helps her in case of disease. Margarida declares feeling safety in these relationships and, during the interview, when referring to her family, she cried and said that remembering it moved her. She tells that whenever possible she and her husband get together with their family.

Margarida says it is hard to define loneliness: *“to be honest, I do not know”*. Despite that, a deeper analysis of the report of her interview indicates that her idea of loneliness may be related to the condition of being alone and having nothing to do during this period, when she says *“sometimes I love being alone, I turn on my radio, my TV.”* She also suggests that being alone can be a moment for personal investment, that is, she can use this time to do things she likes. She says that she has never felt loneliness, and believes that this feeling may increase with age. Margarida also related loneliness to disease: *“... talking about loneliness only if a person is ill”*. To her, a disease may somehow affect social relationships and distance that person from his or her ties.

Case 2: Rosa

Rosa, 80 years old, catholic, lives alone since she widowed. She has seven children, and some of them live near her. About her health condition, she reports having hypertension and labyrinthitis. The leisure activities she practices more often are walking, reading and TV watching. This elderly woman called our attention for her low and calm voice, which in some moments sounded like weakness and tiredness. The religious side of the interviewee also appeared, since she always referred to God and religiosity in her answers. With this, it is possible to perceive that, sometimes, religion is Rosa's point of support, which helps her not to feel alone, and often gives her strength in a variety of situations. Her support network is composed of 18 people of her family, such as children, grandchildren, son-in-law and daughter-in-law, characterizing family as her main social support network. The frequency of Rosa's contact with most of her relatives is weekly or daily. She says she feels safety in her family relationships, and mentions that in diverse situations, like moments of uncertainty, and when talking about her health, she says she can count on all of the people mentioned in her convoy. Only in cases when she needs attention due to disease, she mentioned a daughter.

Rosa understands loneliness as a result of the experience of staying alone at home *“without anything to do”*. To her, feeling alone

could also lead to loneliness. The elderly woman reports she has never felt loneliness, *“no, I am always in the company of other people, I do not stay alone”*. To her, loneliness does not grow stronger with age. Being alone is a moment she uses to invest in pleasant things that make her feel good, *“sometimes I stay quiet, I pray”*. She also says that when a person is alone, he or she should do something like reading a book, watching TV and listening to the radio. This can show that she believes that, when one is alone, he or she should invest in things that make them feel good and give them pleasure for them to avoid loneliness.

Case 3: Dália

Dália, 75 years old, widowed, has four children and is currently living with a grandson. About her health, she reports having hypertension and high cholesterol. The leisure activities she practices more often are walking, reading and TV watching. This elderly woman stands out for her energy, appearing to be a very active, happy person, used to attach to other people. Her clarity in communication is interesting as well; even though she has never gone to school, she seems to be a very curious person, searching for personal growth. She mentions 17 people in her support network: 13 relatives and four female friends. Thus, her main social support network is family. The frequency the interviewee relates to most of the people mentioned in her network is daily and monthly. To her, loneliness is a serious case, *“something really hard”*, and means being alone, without people around, *“lack of companionship, absence of people”*. To the elderly woman, the feeling of loneliness increases with age, because things change.

Dália felt loneliness when she widowed, and when her niece left her (a year after her husband died). At that moment, she stayed physically alone and missed her husband. Today, Dália reports no longer feeling loneliness, *“today, I am really fine, now I am alone, I turn on the TV, I do not care, and I do not feel loneliness anymore”*. To her, being alone is a moment for personal investment, because she fills her free time, saying *“I do not have time for loneliness”*, which may show that this is a way of Dália *“moving away”* the feeling of loneliness.

Case 4: Amarílis

Amarílis is 68 years old, married and has two daughters. As for her health, she says she has thyroid disorders and glaucoma. The leisure activities she practices more often are walking, reading and TV watching. Amarílis is intriguing for her joviality; she did not present any physical difficulty. It was also interesting to see her taking care of her grandson, activity she performs during the period in which her daughter works. The interviewee put in her convoy 25 people: 10 were family members, and 15 were friends. The frequency of contact between Amarílis and the people mentioned in her network was well distributed into daily, weekly, monthly and yearly frequency.

To Amarílis, being alone is not a synonym of loneliness, because if you are alone, but thinking about God, or doing other things, you would not feel loneliness. Amarílis also seems to use the time she is alone to invest in things that please her: *"I have many friends, you know, sometimes I stay here alone, but then I go out, I pray or I call them and they call me"*. However, this elderly woman considers that loneliness is a feeling that would come together with depression *"I think people feel really lonely when they are depressed"*. She also believes that the feeling of loneliness increases with age because she feels that people become more sensitive, and this may affect their personal relationships. She reports she has already felt loneliness when she went through a tough time in her job, when she ended up distancing herself from people, and then from her marriage, when she fell into depression. She says that today she no longer feels loneliness.

Case 5: Hortência

Hortência is 71 years old, has one son, with whom she is currently living. She reports having high cholesterol, osteoporosis and hypertension. The leisure activities she practices more often are TV watching and physical activities. She stood out for her mood and her interest in talking. In her convoy, she included 15 people and a prayer group. Among them, 13 people were family members, and two were her female neighbors. Thus, her main social support network is her family. To the interviewee, loneliness is to be alone,

physically, with nobody to talk to: *"I think loneliness is when we are alone, without a friendly person to talk to"*. To her, the experience of loneliness grows stronger with age, because people decay, *"oh, it seems we decay, you know, it seems is not the same thing when you do something you have always liked to do"*. The interviewee reported she has never felt loneliness at any point of her life. She also seems to spend her moments alone doing things that please her, as an opportunity for personal investment: *"Oh, because when I start to get kind of lonely, I come up with my means, I try to listen to some music, I try to read a book, I turn on the TV, and then I get distracted and forget"*. In this way, she shows that doing some activities during the period in which she is alone can be a way of letting go of the feeling of loneliness, by staying busy.

Horizontal and integrative analysis of the cases

Perception on the support network

The feeling of loneliness may be linked to questions related to bonding and to the perception of the individual's social support, notably in the third age (Capitanini & Neri, 2008; Coimbra, 2008). Some of these factors are the perception of failure in relationships, impairment in the amount/quality of relationships, losses in the social support, feeling of abandonment and exclusion, among others. All of the interviewees reported that family is the main component of their support networks. Only three of them also included friends, religious groups and neighbors as references of social support. The same result was obtained in a study quoted by Capitanini and Neri (2008), in which children and grandchildren were mentioned as more important relationships in terms of affection, able to weaken the feeling of loneliness. According to these authors, friendship relations with neighbors, religious groups and friends provide socioemotional support to the elderly and contribute to their well-being, for this reason, they are presented as satisfactory relationships, although studies emphasizing friendship relations in third age are scarce (Almeida & Maia, 2010). The results obtained reinforce data according to which the presence

of children and grandchildren weakens the feeling of loneliness.

Fernandes (2007) highlights that family support is necessary for the elderly who have reduced functional capacities. In this situation, family plays an important role in their well-being and in the instrumental support to these subjects. In turn, the informal support of neighbors and friends is more present in the absence of relatives, but it also plays an important role in the support at this phase of life, especially in emotional terms and in moments of difficulty.

We observed a larger number of women than that of men in the support network of these elderly subjects. This shows that these elderly women feel more supported by females. Several studies about caregivers of elderly people indicate that women are the main caregivers (Neri et al., 2012; Rondini, Justo, Filho, Lucca, & Oliveira, 2011). Neri (2005) goes beyond the discussion on gender and affirms that, especially within the family sphere, women are identified as the main caregivers of the other members throughout the years. Such circumstance may lead these relatives to retribute the care to her. This observation may be related to the fact that the elderly women of this study identified more relatives in their convoys than friends and neighbors, since these women may be feeling today this care retributed by their families.

About marital status, the two of the married elderly women in this study reported feeling supported by their husbands, in a variety of situations, such as in case of disease, talks in moments of sadness and uncertainties, among others. According to Sousa, Figueiredo and Cerqueira (2004), during this phase of life, couples tend to be closer and to depend more on each other. When children leave, couples tend to intensify their bonds, and the partner is the main reference in terms of care, companionship and interaction. In this way, the conjugality experience in this phase of life can be understood as a protection factor in relation to loneliness, for offering somebody to listen in moments of increased fragility, distribution of tasks, support in situations of disease and sharing of activities.

Regarding widowhood, Fernandes (2007) mentions that the loneliness that appears after the loss of a partner is another threat before

the changes an elderly person is going through at that moment. The loss of a partner can be unbearable, causing the elderly to have to adapt to this loss and to live alone. Among the widowed elderly women of this study, only Dália reported having felt loneliness after the loss of her husband, for feeling alone and for missing her partner. In this case, said loss caused various changes in her life, but, with time and her adaptation to the new conditions, the feeling of loneliness seems to have gone away.

All of the elderly reported feeling supported by and offering support to all of the people mentioned in their network, showing satisfaction regarding the bonds established. The fact that all of the relationships mentioned by them were meaningful and close may be related to the socioemotional selectivity theory, according to which the elderly tend to reduce their more peripheral contacts network and to intensify relationships with people that provide them emotional support more often (Neri et al., 2012). Because they see their lifetime is limited, they choose to invest in aspects that are more satisfactory in emotional terms, that is, in ties with other people (Cacioppo & Patrick, 2010). In this way, even though the number of bonds might be reduced in this phase of life, the support network of the elderly is usually effective regarding the maintenance of their well-being (Neri, 2005).

Still about the satisfaction with the relationships experienced by the elderly, Fontes (2011) discuss that, when it comes to the satisfaction with their mental and physical health, the quality of their relationships is more important than the amount of them. Some factors, as the perception of being loved and cared, of companionship and satisfaction with relationships are predictors of more positive feelings, less loneliness and greater well-being among the elderly (Verdi, 2010). About the elderly women of this study, we can observe that all of them mentioned satisfaction with their bonds; they feel sheltered by the people in their network, and do not feel abandoned.

Thereby, it is possible to see that the elderly women reported feeling satisfaction, support and trust in the relationships maintained by them, presenting the bonds as a help during moments when they feel lonely. The main support network mentioned by them

was family, and some of them mentioned some friends, neighbors and prayer groups. The bonds proved to be a possible resource against the feeling of loneliness, while the perception of dissatisfaction, inability and abandonment they have may be a condition for the appearance of loneliness.

Loneliness meanings and experiences

As already pointed out, finding a definition of loneliness is not a simple task, since such feeling is a subjective experience with a vague character, and may present different meanings. In spite of that, similar ideas of loneliness were identified in the reports of the elderly of this study. All of the elderly women expressed that loneliness is not a synonym of being alone. They indicate that loneliness depends on the capacity each individual has of dealing with the time he or she perceives to be alone. To them, the moments they are alone are situations they use to focus on themselves, that is, periods in which they do activities they like, such as praying, talking to friends, watching TV, and others. According to Winnicott (1990), the capacity of being alone is a fundamental human need and a sign of maturity in the emotional development. Dolto (2001) also considers being alone as a rich moment, when the individual perceives it not as abandonment or exclusion, but as a period when people can look inside themselves, bring back memories, obtain satisfaction in a moment that is theirs only.

This study identified, for two elderly women, spirituality as a resource used to avoiding and dealing with loneliness. Spirituality was observed in the practice of daily prayer as source of support and reflection about life, based on Rosa and Hortência's engagement in their religious communities or prayer groups. Besides spiritual support nourished in prayer, these women build a new circle of relationships and help, reason why one of them mentions a prayer group in her convoy. In this way, this group provides both spiritual and social support. Soriano and López (2012) point associations between religiosity, depression and loneliness; beliefs, prayers, frequent visits to the church and the social support of religious groups assist the fighting against these feelings.

Three of the elderly women indicated that loneliness might be experienced in situations of losses, depression and disease. Dália says she felt loneliness when she widowed, Amarílis, when she fell into depression, and Margarida indicated that loneliness might be present when there is loss of health. According to Py and Oliveira (2012), the occurrence of some disabling disease or even dependence may lead elderly people to a deep state of helplessness, as they reach a subjective state in which they no longer feel capable of managing and controlling tensions before threatening experiences. This aspect can be observed in Margarida's case when she mentions that loss of health may affect personal relationships, causing a distancing from other people and, with this, the possibility of loneliness appearing.

According to Cacioppo and Patrick (2010), loneliness is rarely found as an isolated state in an individual, and the presence of this feeling may be a factor that triggers the decay of the elderly subject's mental health. In this way, depression is associated to elevated levels of loneliness. Among the various differences between loneliness and depression, these authors draw attention to the fact that loneliness is linked to the way that a person feels about his or her relationships; depression, in turn, reflects how somebody feels.

When it comes to situations of loss, as in the case of Dália, in which she reports having felt loneliness after her husband's death, Verdi (2010) discusses that the aging process brings important losses of bonds; elderly people will need solid inner conditions for them to overcome these losses, and they can even maintain stronger friendship bonds than in other moments of their lives, which can make them live well for the rest of their existence. On the other hand, the elderly person who associates aging to decay, abandonment, loneliness, probably will not organize new meaningful bonds, tending to a more pronounced loneliness and physical losses (Ramos et al., 2013). In Dália's case, we can see that loneliness appeared while she was grieving for her spouse, feeling that disappeared when she coped with this situation, changing her perspective on life and receiving support from her social network "*I got*

used to it, I was always going out, I had friends coming over, then I started to change”.

About experiencing the feeling of loneliness in old age, four of the elderly women considered that it might increase with age. The literature indicates that some events experienced more often in old age may favor the emergence of the feeling of loneliness, such as retirement, widowhood, death of relatives, divorce, unemployment, and others (Coimbra, 2008). However, these elements are not synonym of emergence of loneliness, because this feeling does not occur more in old age than in other period of life.

In spite of that, none of the elderly women reported loneliness in the current phase of their lives. This can be explained by the fact that they are considered active elderly women, engaged in prayer groups, health promotion groups in their basic health unit of reference, and they appear to be very close to their families. Thereby, they already have a structure of support and established social bonds, so they can appeal to them in moments of greater difficulty or even loneliness. Similar results were obtained in a sample of elderly women who lived alone (Capitanini & Neri, 2008). According to it, some structural factors and self-regulation mechanisms of personality may have an influence on the few reports on feelings of loneliness, which has not been assessed in the present investigation.

It is worth highlighting that this study has also identified that some behaviors and attitudes maintained by the elderly women, such as talking to friends, listening to music, watching TV, taking care of their houses, and others, operated as resources they used to prevent and even deal with loneliness. The experience of friendship (Almeira & Maia, 2010), for instance, can bring about positive consequences, both physical and mental, expanding the social support network, and serving as a protective resource in relation to loneliness, because it allows for a contact with other people who experience similar situations and contexts in life, as aging, need for specific attention and even need for being with another person, relating, in addition to building and keeping important ties.

Finally, it should be considered that the feeling of loneliness has not been evoked as something meaningful or linked specifically to

aging. Regarding the bonds, it was possible to perceive that the elderly women of this study feel supported, respected, satisfied and confident about the relationships they have established, especially about their family relationships. Just as they feel this support, they also mention they are always willing to offer it to whomever needs it. In addition, the quality of these relationships, as well as some attitudes and behaviors of the elderly women, such as filling in their spare time, talking to friends, praying, maintaining a close and active support network may have prevented them from experiencing the feeling of loneliness or reporting it as something meaningful in this phase of their life cycle. There was room, then, for the emergence of reports of support and protection and even of transformations in the way of relating, caring and acting in a wider social network, which reveals elderly women not only as receivers of care and attention, but as protagonists of their networks.

FINAL CONSIDERATIONS

Based on the reports obtained in this study, we can see that loneliness proved a theme hard to be defined by the elderly women, differing from the situation of being alone. Loneliness would come together with feelings like abandonment, sadness, in moments when people would be alone, but unable to be alone with themselves, filling this time with nothing of their interest; it can also be present in situations of loss, such as depression, widowhood and disease. The experience of being alone, in turn, is characterized as a moment for personal investment and growth for the elderly women, moments that they fill by doing things that give them satisfaction and pleasure, in addition to being a period for contact with themselves, reflection and relaxation.

Although the experiences reported herein should be carefully analyzed, considering the characteristics of the context investigated (small-sized city, in the interior of the state, with elderly people residing near their relatives, who have frequent social contact, who are not ill or do not have significant physical and psychological impairments), it should be taken into account that this study

has advanced toward giving a chance to these women for them to talk about their experiences and bonds. The fact that they comprehend the experience of loneliness as a space for personal investment rather than one of psychic suffering may lead us to important reflections about the elderly being in contemporaneity. Studies on human development, notably those centered on the figure of the elderly subject as someone fragile who experiences several losses, can be gradually replaced for a perspective that aims more at a positive aging, that is, at the possibility of re-interpretation of this phase of the life cycle. Thus, the experiences narrated are relevant to point aspects related to the feeling of loneliness in old age, as well as guiding some practices and interventions that can be directed to this population, with space for elements considered important in this phase, such as family, conjugality, spirituality and friendships, as emphasized by the interviewees. Further investigations, therefore, can concentrate on these elements as development promoters in this period, like the friendship question.

When trying to comprehend a little more about loneliness in this stage of life, we seek to help professionals of several areas look at these experiences in a broader way, not linking this feeling to a natural experience of old age. By bringing this study to the field of psychotherapies or psychological counseling, we can expand the repertoire of knowledge about the loneliness theme, enhancing interventions supported on the positive aspects of these elderly women, their bonding capacities, their resources and form of re-interpreting what the feeling of loneliness, old age and development are throughout their life cycle.

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