Experiences of the old people living alone: arrangements, choices and challenges

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Abstract

Objective: to analyze reports about the experience of the old people living alone. *Method:* a clinical-qualitative trial carried out with 18 old people in a city in the countryside of Rio Grande do Norte, Brazil, from September to December 2016. For data collection, a semi-directed interview was carried out with open questions, free observation, and self-observation simultaneously. The material produced was analyzed using the qualitative content analysis described by Turato. *Result*: Four categories were developed, namely: 1) Happiness and misfortunes of living alone: choices or impositions? 2) Redefinition of family arrangements: what is the place of the old person? 3) Sociability and health care: strategies for coping with loneliness?, and 4) Desire for transcendence and the exercise of spirituality: mechanisms of resilience? The categories helped identify feelings and experiences of the old person about living alone, how family relationships go, in addition to the care perspectives they cultivate, possible situations of need, or dependence. *Conclusion*: the experiences of the old person living alone directly reflect the adaptations and challenges permeating the aging process, whether in making individual choices, combining family relationships, the daily experiences of sociability and interpersonal interaction, or even the intersubjective production of self-care. The need for greater

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attention and sensitivity on the part of health professionals and services to this group is understood, as well as their feelings, perceptions, and experiences as a strategic element to guarantee psychosocial care for the old person.

INTRODUCTION

The phenomenon of human aging is understood as a complex and multidimensional process contextualizing several factors, among them, the biological, psychological, social, and cultural ones[1]. This broad perspective on aging associated with demographic and epidemiological changes brings new configurations of production and spatial organization to social groups.

In the past, family groups had several generations living in the same house, but today there is a growing number of old people living alone[2]. In some situations, the choice of living alone may reflect the search for autonomy and privacy, not necessarily meaning being away from the family contact and care. When an old person forms a single-person household, a set of interests and needs converge linked to their personal history, social relationships, and the various decisions made during their life.

On the other hand, living alone can stress the problem of abandonment or the lack of an option to live with other family members, which can lead to greater health risks and social isolation, less social support, and low quality of life[3].

Old people living alone face complex situations in their daily lives, such as difficulty in carrying their household chores, dealing with the physiological limitations of the body, family relationships, faltering memory, and fixed income that sometimes decreases, among others. At the same time, they live with social demands related to behavior and functional independence[4].

Circumscribing the scenarios and challenges of the old people involving the intersubjective process of aging and its reflexes on living alone, the following research question was outlined: *what are the perceptions and experiences of the old person about living alone?* It is understood that the experiences of this group can help health professionals and services to implement psychosocial care for the old person to promote healthy aging. Also, few studies are exploring the reasons for these housing arrangements and the formulation of strategies to overcome them[3].

Thus, the present study aims to analyze reports on the experience of old people living alone.

METHOD

The method adopted was the Clinical-Qualitative Research (MCQ), which Turato[3] describes as based on the appreciation of the researcher's clinical, psychodynamic, and existentialist approaches. Then, the MCQ assumes that data collection is carried out by semi-directed interviews with open, in-depth questions, and free observation and self-observation simultaneously[5]. Thus, the guiding question of the study was, "what are the perceptions and experiences of the old person about living alone?

An acclimatization and acculturation phase was carried before data collection with frequent visits to the healthcare service as a way of knowing the care routines, as well as accessing information to map the old people living alone.

After this first stage of identifying the subjects, the Community Health Agents (CHA) started to monitor them during the first home visits and established the first link with this population. Subsequently, an agenda of at least two home visits carried out individually was established as a strategy to strengthen the ties with the old person and apply the constitutive criteria of the sample. The survey carried out at the healthcare service pointed to a total of 64 old people living in a single-person household in the urban area of the municipality of Portalegre, RN, Brazil.

Sampling was established by the exhaustion criterion consisting of approaching all subjects eligible for the study. The inclusion criteria adopted

were individuals aged 60 years or over who lived alone 24/7, registered in the Family Health Strategy in the urban area of the municipality of Portalegre, RN, with adequate physical, emotional, and intellectual conditions that would not impair the validity of the information expected for clinical-psychological interviews. That is, if there were difficulties in verbalizing, incessant weeping, and changes in the thought processes expressed in disconnected speeches, the interview would be discontinued and the symptom considered by the researcher, but it did not happen.

When the visits started, 35 participants had some kind of company (day or night), 2 were alcoholics, and 1 had a diagnosis of mental disorder, being therefore excluded from the research. During the acculturation stage, 4 old people traveled and 2 moved to the rural area of the same municipality, so they were also excluded, which resulted in a total of 20 potential respondents; of these, 2 refused to participate in the research. In the end, a sample of 18 participants was obtained.

The interviews were conducted from September to December 2016 at the old person's own home; they all were recorded, transcribed, and underwent a Qualitative Content Analysis following the five steps described by Turato[3]: Initial material preparation; Pre-analysis; Categorization and Subcategorization; External Validation, and Presentation of Results.

Following the ethical precepts of the subjects' autonomy, privacy, and confidentiality as recommended by Resolution 466/2012 of Conselho Nacional de Saúde (CNS - the Brazilian National Health Council), the research project was submitted to the Research Ethics Committee (REC) of Universidade do Estado Rio Grande do Norte (UERN) with a favorable opinion on its execution - CAAE nº 53359416.3.0000.5294 - on May 9, 2016.

RESULTS

The socio-demographic profile of the participants was evenly distributed in terms of gender; eight were divorced, four widowed, and six single; the age ranged from 60 to 78 years; they were all catholic and retired, and the number of children varied from none to 24; most had up to 4 years of study.

After using the technique of Qualitative Content Analysis, four categories emerged, namely:

Happiness and misfortunes of living alone: choices or impositions?

Tranquility and freedom to do whatever you want in a space that is yours alone are the justifications presented by most old people about the advantages of living in a single-person environment, keeping their individuality, autonomy, and independence.

> "I live alone, but thanks to God I am well, I eat well, I don't feel sad. [...] I go out, I go wherever I want, [...] the house is mine, no one will throw me out [...], and so I live." E1

Even with many reports of good acceptance in a single-person environment, some yearn for a company so that the aging process is more pleasant.

> "Once I spent the day hospitalized in another city, I was alone with God. Then how do I feel? It's sad! I live because God wants me to. At the expense of medications. There are days when I cry so much that I feel I will lose my mind. And there are days when I disguise it." E3

> "I don't think living alone is ideal for anyone. [...] What about loneliness? It's too bad to sleep alone. It's nice to have someone to talk to. [...] My luck is that I have a TV to know about stuff." E15

The old people said that living in a single-person environment is difficult/bad, but they have been looking for ways to constantly interact with other people, especially with family and friends (neighbors). However, even those who denied loneliness have admitted to miss having company at certain times in their lives, or having someone who could be present when they were sick or feeling bad.

> "If there's one thing I think is bad in life it is living alone, eating alone, and sleeping alone. [...] The life of people who live alone is bad, they

> have no one to talk to, to sleep with. So, my life is filled with loneliness, I think it's very sad, and it makes me upset." E8

> "These are the negative points: [...] getting sick during the night, and having no one to call, no one to help. [...] We get used to it little by little, or rather, we don't get used to it, it simply happens and we live it." E9

Redefinition of family arrangements: what is the place of the old person?

Family relationships were reported by many old people as good when they can keep active contact with relatives with frequent visits or phone calls expressing concern, affection, attention, and respect for them. These affection relationships are considered as positive and are understood by the old person living alone as a kind of support, helping them face the difficulties of everyday life, thus contributing to withdraw the feelings of loneliness due to the abandonment that can arise in old age.

> "Thank God my children are all good to me. This phone is for me to talk to them at any time. [...] They come to visit me (those who live nearby). And I visit them. If I tell them, *'come live with me'* they do. But I don't want it, they all have children. I have 14 grandchildren [...] sometimes my house is crowded." E6

In contrast to the expression of these good feelings, there were reports in which the feeling of loneliness and abandonment could be clearly perceived when they emphasized the absence/distance of the family, lack of attention, concern, and affection towards them. It seems that family conflicts may be underlying this state of loneliness of the old people, and they are enhanced by other elements.

> "My son only comes here when he is drunk to ask for money." E1

> "I feel very sad because my two children live in São Paulo. I have sisters [...] but they do not get in contact with me, do not care about me. I also do not care because neither is better than the other. [...] I have cousins here, but they don't come to my house. [...] So, I find myself very abandoned by my family. [...] My brother-in-law once said, *'I'd like it so much if you came to our house to spend a couple of days, but your sister is very weird.'* I asked, *'when you arrive from here, does she ask about me?'* He said, *'no.'* [...] One of my grandsons lives on the corner. He last came here about 2 years ago." E3

> "My daughter abandoned me; she left only a note saying, *'mom, I'm leaving you, don't come after me.'* She left me alone in that big house with that boy (the disabled brother, a very tall boy) in my arms. [...] I cried, and he would say, *'don't cry mommy, she left us because she wanted to; she thought it was better to leave than to stay with us.'* [...] After a while, he died [...]. I was not lucky at all; even the handicapped, they all died with me. There was no sister to come and help me when I needed." E4

Sociability and health care: strategies for coping with loneliness?

Without the full support of the family, the old people bet and rely on ties of friendship with neighbors to fill their needs, lack of care, and the feeling of loneliness they have to deal with.

> "Thank God, until now, everyone here knows me, [...] the neighbors are good to me [...] If I need it, [...] if I get sick and need to call one or the other, they will help me, then they will call my aunt." E1

> "My neighbor has a copy of the key. I say, *look, if it is 7 o'clock and I don't wake up nor open the door, you can come in, I may be dead in there.* Because today to die it's enough to be alive. I may have a heart attack, a stroke, anything, and I already have health problems." E3

In addition to the neighbors' support, the old people also mention other significant elements of the single-person environment. TV, radio, the Bible, books, and going to church seem to be strategies for coping with feelings of loneliness.

> "I entertain more with the TV. Sometimes I go to church, not that much, but I go to church. I love soap operas [...] we know it's not true, but while we're watching, we're deluded, right? It's better than just bad news." E9

> "I take care of my plants, my house, my food, I take walks, I go to church, to my sister's house in another neighborhood; [...] all of this helps me spend my time." E11

A frequent concern expressed in the reports is regarding their monthly income, which has proved to be insufficient for their expenses. Thus, the old people consider spending with subsistence, with themselves and with others, and medication priorities, with cultural and leisure activities being at a secondary level.

> "I have to get my retirement because I live alone, and everything I want here I have to pay for: to change a light bulb, paint the house, change the sink, [...] my medicines. The money is almost not enough for so many expenses." E3

> "My late wife's salary pays for some vegetables, and I send it to my children who plant and cannot afford it. Then, the money I get, I send them. [...] And I struggle to survive with mine, and I don't owe anyone a penny. God will help me, why am I going to starve?" E10

The neighbors are also substitutes for a first search in the family. When they are there for the old people, there is a feeling of gratitude for the old person. On the other hand, when the feeling of loneliness is socially perceived, the old person becomes more susceptible to the verticalized, and sometimes authoritarian, power relationships of the health team.

> "Everything I need, I go to the community clinic. But I'm not well served there. Sometimes they are very good, but others that are boring, disgusting. [...] Gosh, boring as hell. Sometimes I even ask, *'aren't you here for that?'*[...] If you get sick, God bless you, but everything has an end, right? (to get sick, to die). Blessed are those who die of a heart attack, it is a lot of happiness. Jesus could give me this blessing. I'm not afraid to die, I'm just afraid of getting sick." E17

Another cause of anguish is the possibility of future dependence for self-care, where expectations of proximity to the family or the remuneration of third parties for this purpose are divided.

> "When I'm older or get sick, let it be the way God intended, the way I deserve it. So many people can't struggle like that. I raised a niece and a nephew, they are the ones who talk to me the most. It is not possible that they will abandon me when I need them." E16

> "What I think the most is that in a while there will be someone to take care of me, to use my card to get the money, these things." E12

Desire for transcendence and the exercise of spirituality: mechanisms of resilience?

Religion has been considered as a potential source of personal meaning and psychological well-being, with a greater emphasis on accepting and overcoming the difficulties that the single-person environment entails. Thus, we can observe in the old people's responses that this practice also contributes to healthy aging.

> "I am resigned to everything, to the life God has given me. [...] My happiness is a chaplet I hold from dawn and dusk, it's my shield. [...] Aging is too good, you've lived, you've experienced, you've suffered, you've enjoyed... I've already enjoyed, I've already partied, I've already played, I've already loved, I've already done a lot. Not bad things, but I have already enjoyed my life so much. But I am no longer at the age to party, I will live my old age, and if God gives me some health and Saint Lucy cleans my eyes, I can live. And I will do very well because I trust them." E8

DISCUSSION

The choice to live in a single-person environment for the old person may be related to situations in their current life context such as the widowhood process, divorce, or even the absence of close relatives. It is understood that changes in the composition and configuration of the family bring direct reflexes among its members, especially when children or others leave home and start living alone.

There are also cases in which the old person has the possibility of living with family members.

However, they choose to live alone. This can be justified by the search for greater autonomy, privacy, and living in an environment of greater tranquility, aspects pointed out by the study participants as the main advantages for them to live alone.

The search for individuality is more successful when the old person has the cognitive function and good performance in daily activities preserved, they have the support of family or friends, with better health conditions, income, access to healthcare services, and their color is white [6,7].

On the other hand, in situations of dissolution of homes due to divorce or separation of the couple (forced or not) as a result of marital crises that end up bringing demotivation to the old person to seek a new relationship, and in most cases they choose to go on without a life partner[2]. In addition to that, negative feelings are identified, as revolt, resentment, sadness, and others that directly interfere with their psychological and emotional state.

Living alone can trigger an increased feeling of loneliness, in some cases leading to a psychopathological condition of depression. Sometimes, the fear of helplessness because of accidents or unexpected illnesses when they are alone at home is identified in the individual, as well as uncertainty about the future, considering the fear of who will take care of them in case of need[8].

One of the main challenges in aging is the individual's ability to adapt to adverse situations and maintain their quality of life. In this context, the family is an excellent point of support, considering the symbolic and cultural value that it represents in all social strata, being responsible for caring and protecting its members, among other responsibilities[9]. For the old people, being cared for by the family is a cultural symbolism present in the idea of generational care historically disseminated as a form of retribution and gratitude for the affection and care offered by them throughout their lives.

It is known that the family influences the monitoring and promotion of healthy aging, whether in encouraging autonomy to perform activities in the old person's daily life or the warmth and support offered for their biopsychosocial well-being[10]. The feeling of being supported by family members is not restricted to the presence or physical contact, but also to "being close" in terms of actions that show concern, attention, or care, such as an unexpected phone call, a message via mobile messaging applications, and calls to smartphones, reinforcing the presence and contact.

Neighbors were also identified by the study participants as important facilitators in the process of sociability. In this sense, the old person's positive perception of support from neighbors and friends is directly related to their good health[11]. Interpersonal integration and coexistence increase the sense of living in a community among people, being an important way of sociability among those involved.

Attention is drawn to the fact that people who live alone get away from family life over time when compared to those who live with other people. However, living alone often favors getting closer to friends and expanding fraternal ties, including neighbors, leading to greater involvement in regular social activities[3,12].

Spirituality is another element with a central dimension in the lives of most old people. As age advances, there is an increase in spirituality, which becomes an important source of emotional support, with repercussions in the areas of physical and mental health[13]. Religious practices and beliefs seem to contribute decisively to the well-being of old age[14].

Added to this scenario is the use of information and communication technologies (ICT) and other media in the daily life of the old person. It is understood that the spread of ICT contributes to decreasing loneliness, favoring access to information, and new possibilities for interaction with other people, being also a source of entertainment in leisure time.

The coexistence group in the third age is another strategy of integration and social inclusion aimed at this age group, being present in most Brazilian municipalities. The group experience encourages the recovery of autonomy, living with dignity and within the scope of being healthy in this phase[15]. However, the old people participating in the present study showed a more fearful attitude to these spaces.

In the context of health care, it is observed that old people with low income have greater difficulties in managing their financial expenses. In general, the monthly income is used exclusively to cover expenses with food, medicine, and other fixed bills; leisure expenses or even self-care (going to the beauty salon, buying clothes, etc.) are not a priority.

When going to the healthcare service or searching for medical assistance, a certain degree of dependence on the part of the old person is identified, requiring someone to accompany them at these times. When the feeling of loneliness is experienced more intensely, dependence becomes more noticeable, thus requiring the figure of another person or company to give attention, affection, and support in carrying out basic daily activities, such as cooking, doing the laundry, chatting, and even taking their medicines at the right time[16].

Even with family support in situations of fragility or dependence due to illness, most old people fear the moment when they will not be able to live in a single-person household. If, on the one hand, there was an expectation regarding being cared for by a family member, having to hire a caregiver, or even go to a retirement home, on the other hand, the feeling of uncertainty towards the future was identified, although everyone hopes to continue living a healthy life[17].

In the scenario of public health policies in Brazil aimed at the old person, challenges and distortions are still evident in the field of State responsibilities and support for this age group that ends up being assumed from an individual or family perspective[18]. Among the study participants, there were reports of poor service and lack of care by professionals in the healthcare services of the community network.

The need for greater awareness of professionals in the scenario of care for the old person who lives alone is reinforced given the specific needs of this group, seeking to strengthen the health care tools related to active and qualified listening, the creation of ties, home care, and psychosocial care, which are essential in promoting healthy aging[19].

As a limitation of the present study, the findings are not generalized. However, the findings obtained raise new ideas on the theme, with possibilities of application to other groups of this age group experiencing realities close to those of the participants.

CONCLUSIONS

The single-person household arrangement in the context of old people is a complex and multifaceted social phenomenon considering the intersubjective aspects present in individual experiences throughout life. It was observed that living alone for the study participants directly reflects the adaptations and challenges faced in the aging process, whether in making individual choices, combining family relationships, the daily experiences of sociability and interpersonal interaction, or even the intersubjective production of self-care.

Although single-person households can represent an achievement in terms of autonomy and independence with advancing age, old people living alone become more vulnerable in terms of health and illness. Researching this reality allowed us to know more comprehensively the meanings and experiences of this particular group, identifying the different ways to deal with this phase as well as the conditions related to health and self-care.

It is understood that the elements found in the present study bring important discussions to health professionals, and reinforce the need to promote more appropriate and sensitive care to the needs of old people in a single-person household and to pay attention to the psychosocial aspects involved. Due to the negative psychic impacts for people who age living alone in the reality studied, it is recommended to develop future studies to analyze this phenomenon more comprehensively using psychometric instruments to account for the intended scope, as well as the influence of the social class and race in that group.

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