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THE IMPACT OF NEGATIVE EMOTIONAL STATES IN THE DEVELOPMENT OF LONELINESS IN THE ELDERLY

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Loneliness is an unnatural state for humans, it is a manifestation of poor adaptability, being either a social, or personal problem. The sample of the ascertainment research consisted of 200 elderly people aged between 65-90 years. The analysis of the results revealed that 78.5% of the elderly marked a level of loneliness from very high to a moderate level. The feeling of loneliness in the elderly is preceded by a series of harmful factors such as retirement, widowhood that cause negative emotions: stress, depression, anxiety. The study showed that 68.5% of the elderly attest to a very severe level of anxiety: 22.0% of respondents marked a very severe level of stress, 24.0% a high level of stress, 18.5% a moderate level of stress. On the depression scale, we found that 31% of the elderly scored very high; 26.0% attest to a high level; 21.0% find a moderate level of depression. The study confirmed that the negative emotional states of stress, depression, anxiety correlate significantly positively with the high scores that elderly people get on the loneliness scale.

Keywords: *loneliness, elderly, negative emotions, stress, depression, anxiety, retirement, widowhood.*

IMPACTUL STĂRILOR EMOȚIONALE NEGATIVE ÎN EVOLUȚIA SINGURĂTĂȚII LA VÂRSTNICI

Singuratatea este o stare nefireasca pentru oameni, este o manifestare a slabei adaptabilitati, fiind fie o problemă socială, fie personală. Eșantionul cercetării constative a fost format din 200 de vârstnici cu vârsta cuprinsă între 65-90 de ani. Analiza rezultatelor a relevat că 78,5% dintre vârstnici au marcat un nivel de singurătate de la un nivel foarte ridicat la un nivel moderat. Sentimentul de singurătate la vârstnici este precedat de o serie de factori nocivi precum pensionarea, văduvie care provoacă emoții negative: stres, depresie, anxietate. Studiul a arătat că 68,5% dintre vârstnici atestă un nivel foarte sever de anxietate: 22,0% dintre respondenți au marcat un nivel foarte sever de stres, 24,0% un nivel ridicat de stres, 18,5% un nivel moderat de stress. Pe scara depresiei, am constatat că 31% dintre vârstnici au avut scoruri foarte mari; 26,0% atestă un nivel ridicat; 21,0% găsesc un nivel moderat de depresie. Studiul a confirmat că stările emoționale negative de stres, depresie, anxietate se corelează semnificativ pozitiv cu scorurile mari pe care le obțin persoanele în vârstă la scara singurătății.

Cuvinte-cheie: *singurătate, vârstnici, emoții negative, stres, depresie, anxietate, pensionare, văduvie.*

Introduction

Psychological research on the third age began at the end of the XXth century in some European countries, North America, Asian countries where a longevity of the population after 65 years was found. These researches are conditioned by the aggravation in this age of some mental illnesses and the aggravation of psychosomatics–affective disorders. The most widespread of them are mood disorders, depression, anxiety which in turn can stimulate the development of more serious disorders, such as dementia [12].

Every conscious person, reaching the age of 60-65, makes a critical assessment of the years he has lived, analyzes the meaning of his own life, looks for his own contribution. The crisis in the third age is determined by the comprehension of the meaning of life: why he lived, what he achieved. The conclusion that the person makes for himself that life has been lived intensely or that it has been lived in vain, is recognized by the person and often it is difficult for him to come to terms with some segments of life or situations he

has gone through. The mistakes committed and the virtues accumulated make this crisis so significant for the following years of life, give it such emotional intensity and despair.

The crisis at this age proceeds satisfactorily for people who have realized the main meaning of life in a family where mutual understanding, support and emotional closeness reign, family members are engaged in creative activities, from which they receive satisfaction. Thus, their purpose in life was fulfilled [12]. According to the teachings of A. Maslow, these are self-realized individuals, those who have found their purpose in life, satisfied with themselves and the life they live [5]. The meaning of their life and the activities carried out coincided with their real abilities, individual characteristics, and therefore the tasks were performed by them at a satisfactory level and can determine their lifestyle, whether he became a world-renowned scholar, head of an enterprise or fulfilled the triad of vital tasks: educated the children well, planted a tree, built a house. The contribution made for descendants, regardless of their number, is an important factor in stabilizing the course of the old age crisis. The elderly, however, who are desperate and come to the conclusion that they “lived in vain”, did not achieve their aspirations or set unattainable goals, become depressed, anxious, isolate themselves, conclude that they are neglected by those close to them and by society [10].

Loneliness is the most complex social phenomenon that requires interdisciplinary analysis. There are various philosophical currents and psychological schools that considered loneliness as the only possible basis of human existence, an unnatural state for humans, a pathology and a manifestation of poor adaptability, being either a social problem or a consequence of the development of modern social forces. [4]. The concept of loneliness characterizes the state of a person’s emotional sphere at a certain moment in time (or a period of his life). Loneliness is a state that does not necessarily occur when a person is alone. There is probably no person who has never felt lonely being among people, and the phrase “loneliness in the crowd” has become a kind of cliché in relation to those people who experience psychological discomfort in social interaction. However, it would be more appropriate to consider loneliness as a more complex and multifaceted state that can be accompanied by various experiences [3, 7].

L. E. Peplo, M. Miceli and B. Morash offer the following view on the phenomenon of loneliness and consider that „loneliness is a complex feeling that takes over a person as a whole – his feelings, thoughts, actions” [3].

The purpose of the research is to identify the relationship between negative emotions: stress, depression, anxiety and the evolution of the feeling of loneliness in the elderly.

In this research, we started from the assumption that people of the third age repeatedly experience the state of stress and psychotrauma generated by a series of traumatic factors such as: retirement, estrangement from the loved ones through separation or their loss through death and exacerbation of chronic diseases. These life events, in turn, lead to social isolation and the development of feelings of loneliness [10].

The stress caused by the change in social status, retirement, for many elderly people leads to social isolation and the development of depression and feelings of loneliness. Episodic stress, according to H. Selye, has a positive impact on the person. It is an important phenomenon for body and soul, making a correlation between the brain, the endocrine and the nervous system. Stress, in the first stage, of alarm, and in the second, of resistance, stimulates, mobilizes, energizes, amplifies the body’s internal sources [11]. During episodic stressa, man can be successful in his activity, he finds various useful solutions faster in solving some problems. Specialists in the field explain this phenomenon by the fact that during stress, more adrenaline and noradrenaline are eliminated, which in turn positively influence mental activity – due to which this hormone is called the „hormone of intelligence”. In the case of the attacked organism, these hormones produce physiological changes throughout the organism, amplifying the person’s powers to save his life or to obtain what he aspires to, but if these hormones are not exhausted, depression, indifference and stagnation in thinking intervene [8].

In the case of the elderly, the stress is repeated and the discomfort is maintained for a long time. In this sense, Hans Selye, as early as 1925, experimentally demonstrated that distress is at the origin of various mental and somatic disorders, thus having a destructive impact on human health. Selye demonstrated experimentally that psychological, emotional, as well as informational distress is reflected in different forms of behavior: impulsivity, aggressiveness, inertness, causing somatic disturbances, negative transformations

in the quality of psychic processes, changes in the structure of the motivational sphere, disturbances in behavior and communication. Thus, distress generates emotional explosions, disturbances in the emotional, cognitive, somatic spheres and in the conduct of the person, stimulates passivity, apathy, indifference to activity, depression, aggression towards those close to you or self-aggression, up to suicides [11].

We would like to mention that one and the same stressor affects people differently depending on their individual characteristics, moral values, type of temperament, etc. For some people, the source of stress is when he becomes the „scapegoat" in the group where he works or in the family, he endures the daily aggression of colleagues and family members; for another, the stress is caused by the raised voice of the colleague (parents, manager) or their non-tactical observation, and for the third – the conflict situation in the family, the breakup of the family through divorce, the loss of a loved one (through death, divorce, incarceration, going abroad borders for a long period of time), frequent alcohol abuse of one of the family members, the stress following the daily sufferings in the family where one of its members is mentally ill, etc. [10].

There is a complex, bidirectional relationship between stress and depression. Liu and Alloy (2010) investigate this relationship, reaching the conclusion that distress leads to the onset of depression, but, on the other hand, depression, once established, increases the individual's sensitivity to stressful events [9].

Depression is a disease with a profound change in the thymic state, mood in the sense of sadness, moral suffering and psychomotor difficulties. The depression caused by moral suffering is particularly intense. It is accompanied by a loss of self-esteem and is manifested by the presence of thoughts about death, suicidal thoughts, negativism (lack of hope in relation to happy experiences and events in the future), lack of self-worth, problems making decisions or problems concentrating , suicidal thoughts, etc. Regarding socioeconomic factors [8, p. 12]. Depressed people are convinced that everything that happens to them is horrible and they cannot get joy from anything in life. In reality, not everything is bad in their life, but it depends on the person's attitude towards what is happening and their way of interpreting things. Major depression, generalized anxiety disorder, and social anxiety disorder increase the risk of developing loneliness in middle and late adulthood.

Nervous depression, predominantly specific for the elderly, [6, p. 23-26] can be caused by:

a) self-blame – the mistaken thinking that you are the worst person on earth and that everything bad, even if you were not treated to the level of your expectations, is your fault;

b) self-pity - you complain of pity at any small failure, you are systematically in the position of victim;

c) compassion for others - you are affected by the troubles of others on the same level as your own (it affects you that the house of a person in Africa was burned to the same extent as if it were yours, without having solutions to solve the problem).

Loneliness is directly proportional to increased social isolation and higher rates of depression and anxiety over time. The relationship between depression and loneliness is bidirectional, and these constructs are closely related. However, depression and loneliness are not the same. Depression causes people to withdraw socially, which can lead to preferred isolation.

Loneliness is not a core diagnostic feature of depression, but it can be an associated symptom. Depression is commonly seen as a gateway to loneliness [6]. Loneliness is both a predisposing factor and an outcome of depression, and people with depression, who have poor social networks, have poorer recovery rates.

Anxiety is defined as a feeling of uneasiness, of fear without having a real cause as the trigger, the object of fear is poorly differentiated from a cognitive point of view. People experiencing anxious states cannot recognize and define the trigger. Anxiety always targets the future, it is related to what could happen [4, p. 97]. Anxiety can be found in several forms:

Generalized anxiety is characterized by the constant and accentuated manifestation of states of concern about general events such as the financial situation, the relationship with the family or uncertainty about the future. It affects the person's ability to integrate into society and often leads to isolation. This often occurs together with other anxiety or depression disorders and/or: increased nervousness, fatigue, insomnia, concentration problems, etc.

Separation anxiety – occurs when the person in question feels a constant fear of losing contact or the relationship with a loved one.

Social anxiety is a fear of negative judgment from others in social situations or public appearances. Social anxiety includes a range of feelings, such as stage fright, fear of intimacy and fears about humiliation and rejection. Social anxiety can cause people to avoid public exposure and human contact to the point where everyday life becomes extremely difficult.

Post-traumatic stress disorder. It can develop after a shock or psychotrauma suffered in the past. The event is relived with heightened anxiety and nightmares. The traumatic experience that triggers this form of anxiety can be determined by a variety of events such as: military service, accidents, sexual abuse or other abuse suffered in childhood, etc.

Anxiety in the elderly is manifested by states of worry vis a vis the near future, the financial situation, the quality of the relationship with the family of origin, states of nervousness and agitation, sleep disturbances and nightmares, lack of energy, etc.

The hypothesis of the research: the higher scores obtained by the elderly for negative emotional states: stress, depression, anxiety, correlate significantly positively with the high scores they attest to the loneliness scale.

Tools used for data collection:

1. ***DASS self-assessment tool,*** developed by Lovibond and Lovibond (1995). This instrument is composed of three subscales, each with the role of distinctly assessing the subjects' negative states: the depression scale, the anxiety scale and the stress scale [1, 2].

The depression scale in the DASS explores aspects such as negative affective mood, hopelessness, devalued appreciation of life, and lack of energy, providing a detailed picture of the degree of depression felt by an individual.

The anxiety scale focuses on measuring anxiety reactions, including autonomic activation, skeletal muscle effects, and the subjective experience of anxious affect, helping to assess subjects' anxiety levels.

The stress scale assesses the degree of stress felt, paying attention to aspects, such as difficulty relaxing, nervous agitation, irritability and impatience, thus providing a detailed picture of the level of stress in the lives of individuals (Oei, Sawang, Goh, Mukhtar, 2013).

2. ***UCLA Loneliness Scale in the Elderly,*** which relates to loneliness as a concept within the Loneliness Discrepancy Theory, according to which loneliness is experienced by a person when there is a difference between the connections they have and those they want, both qualitatively and quantitatively. This scale is unidimensional, which is consistent with the subjectivity of this phenomenon. The UCLA is a widely used test, considered by Weeks and Asher to be the most widely used test for measuring loneliness in adults (2012). In Romanian, the UCLA loneliness test was adapted by Plămădeala V., (2018) [7].

The research sample consists of 200 elderly people aged 65-85. The detailed analysis of the age of the study participants, both as an absolute value and as a distribution by age category, will allow us to assess how loneliness varies by age and to identify any statistically significant differences in this variable.

Table 1. The structure of the sample, according to age.

Age	Frequency	%
Between 65-74 years	152	76
Between 75-84 years	42	21
Over 85 years	6	3
Total	200	100

Research results on loneliness in seniors. To confirm the hypothesis that the high scores marked by the elderly, for negative emotional states: stress, depression, anxiety, correlate significantly positively with the high scores they obtain on the loneliness scale. we applied the UCLA Loneliness Scale and the DASS to the entire research group, consisting of 200 middle-aged respondents.

The results from the UCLA loneliness scale are reflected in figure 1. As can be seen from figure 1 of the total number of respondents – 18.5% marked a very high level of loneliness, 32.5% confirm a high level of loneliness, 27.5% attest to a moderate level of loneliness and only 21.5% of the elderly experience a low level of loneliness.

Next we present the results from the DASS 21 **Depression, Anxiety and Stress Scale**. For the DASS21-R Depression, Anxiety and Stress Scale, we tested the normality of the data with the Kolmogorov-Smirnov test. For each scale, we obtained p values > 0.05. More precisely, the stress scale has a p = 0.071 value, the anxiety scale p = 0.222, and the depression scale p = 0.177.

The analysis of the results indicates that 68.5% of the elderly attest to a very severe level **of anxiety**; 10.5% of the elderly marked a high level of anxiety; 10% have a moderate level of anxiety; 2.5% showed a mild level of anxiety and only 8.5% of the elderly show a normal level of anxiety (see fig. 2).

Fig. 1. The level of loneliness in the elderly.

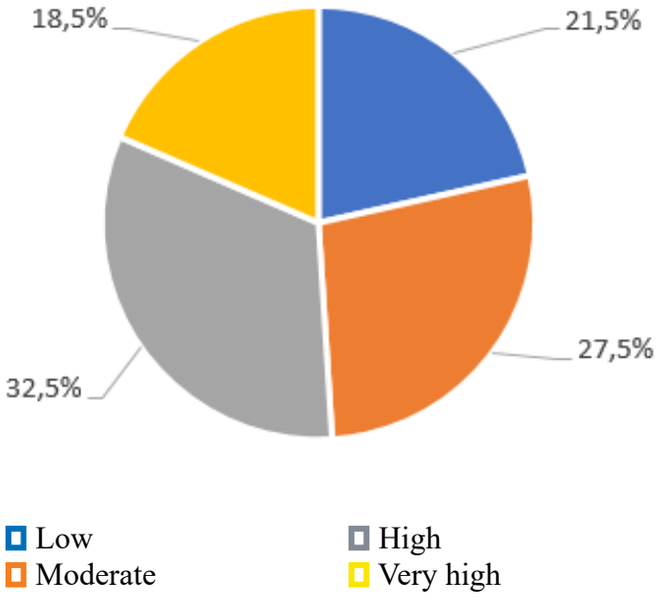
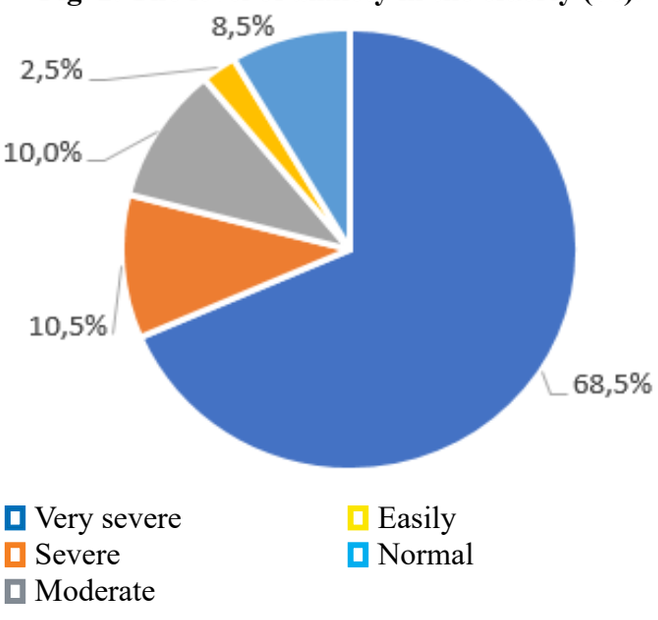


Fig. 2. The level of anxiety in the elderly (%).



The analysis of the results obtained on the *stress* scale revealed that 22.0% of the respondents marked a very severe level of stress, 24.0% a high level, 18.5% a moderate level, 20.5% a mild level of stress and only 22% of respondents marked a normal level (see fig. 3).

On the depression scale, we found that 31% of the elderly scored the depression very high; 26.0% attest to a high level; 21.0% find a moderate level; 11% of the elderly have a mild level; 11.0% of the elderly have a normal depression score (see fig. 4).

Fig. 3. The level of stress in the elderly (%).

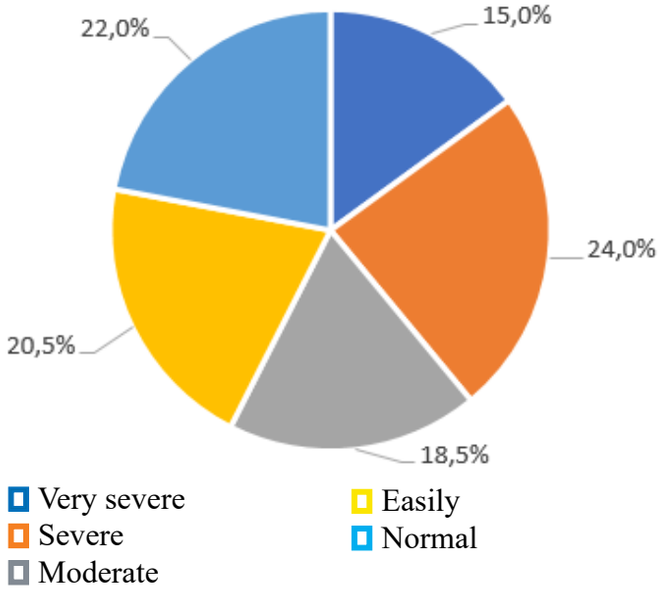
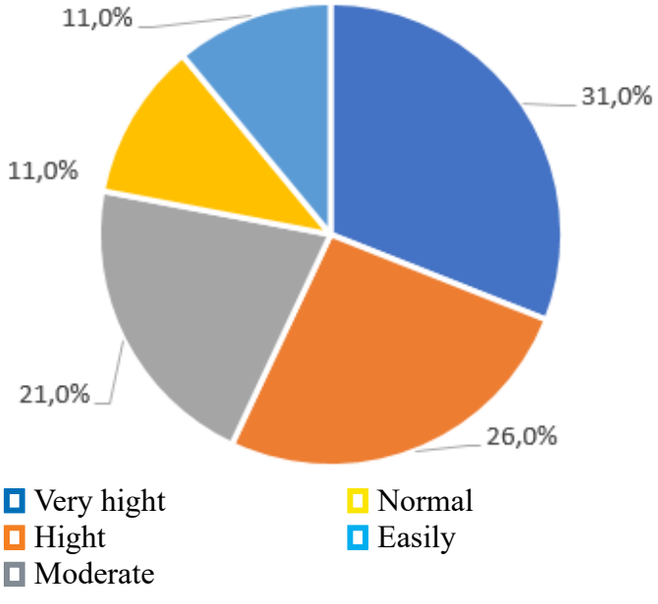


Fig. 4. Level of depression in the elderly (%).



We used the Pearson correlation test to identify the correlation between loneliness and negative emotions: stress, anxiety and depression (table 5). Thus, we observe that between **anxiety** and **loneliness** there is a statistically significant correlation (p = 0.000) and that this correlation is positive, with a medium effect intensity (r = 0.519). Therefore, we can state that a higher level of anxiety experienced by the elderly may result in a more pronounced level of loneliness.

Of the relationship between ***loneliness and stress***, the correlation is statistically significant (p = 0.000), the correlation level is low to medium (r = 0.470), and the direction of the correlation is positive. This correlation suggests that there is an association, but not a very strong one, between how lonely an elderly person feels and the level of stress they feel. In other words, people who feel a higher level of stress tend to feel more lonely, but the connection is not very strong.

Statistical analysis revealed a positive correlation between **loneliness and depression**, which has a statistically significant level (p = 0.000) and a medium level of correlation (r = 0.564). This result suggests that as the level of depression increases, there is an associated tendency for the level of loneliness to increase. The statistical comparison of the results from the negative emotions: anxiety, stress, derision, the Pearson correlation coefficient has a positive value, which confirms that every increase in one of the variables analyzed there is also an increase in the other correlated variable.

Table 5. Correlation between loneliness and negative emotions: anxiety, stress and derision.

		Loneliness	**Anxiety**	**Stress**	**Depression**
Loneliness	Pearson Correlation	1	0,519	0,47	0,564
	Sig. (2-tailed)		0	0	0
	N	200	200	200	200
Anxiety	Pearson Correlation	0,519	1	0,842	0,592
	Sig. (2-tailed)	0		0	0
	N	200	200	200	200
Stress	Pearson Correlation	0,47	0,842	1	0,551
	Sig. (2-tailed)	0	0		0
	N	200	200	200	200
Depression	Pearson Correlation	0,564	0,592	0,551	1
	Sig. (2-tailed)	0	0	0	
	N	200	200	200	200

Table 5 shows the Pearson correlation revealed between loneliness and negative emotions: anxiety, stress and depression. We can say that the higher the negative emotions: anxiety, stress and derision, the higher the loneliness. Thus, the hypothesis assumed by us in the study was confirmed.

Conclusions

1. Seniors face a series of negative factors such as retirement, widowhood, divorce, isolation from loved ones. Retirement and widowhood change the social status of the elderly and may contribute to social isolation. In our opinion, it is not the advancing age, but the stressful and traumatic factors that the elderly go through, after retirement, that aggravate the mental and physical health of the elderly.

2. The statistical analysis of the results in our study indicates a statistically significant positive correlation of medium intensity between anxiety and loneliness. This result indicates that a higher level of anxiety in the elderly may contribute to a more pronounced level of loneliness. In the case of the relationship between loneliness and stress, the correlation is statistically significant and the level of correlation is considered moderate. This suggests an association between loneliness and stress, indicating that older people who experience higher levels of stress tend to feel more lonely, although the link is not very strong. Also, a statistically significant positive correlation was identified between loneliness and depression, at an average

level of intensity. This result suggests that increased levels of depression in the elderly are associated with increased levels of loneliness.

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