

Chapter 4

LONELINESS AND LIFE ORIENTATION AMON OLDER ADULTS

¹Fathima Shonima KP, ³Hasna Suhaib A, ³Fathimmath Raniya

¹1st year MSc Psychology, Lissah College, Kaithapoyil

²1st year MSc Psychology, Central University of Andhra Pradesh

³Alumna KAHM Unity Women's College, Manjeri

&

Ms. Fidha Rahman

Assistant Professor, Bsc Psychology, KAHM Unity Women's College, Manjeri

Abstract

The present study aimed to examine the relationship of loneliness and life orientation among older adults. Many older people can experience loneliness due to living alone or lack of close family relationship. This increased loneliness can lead to negative life orientation. A total of 60 participants were used for the study that are above 60 ages. The tools used for the present study were life orientation scale-revised (Scheier, 1994) and revised UCLA loneliness scale (Russell, 1996). Statistical techniques used were Pearson product moment correlation and T-test. The results of the study revealed that there is correlation between loneliness and life orientation. The current study also found that there is a significant negative correlation between loneliness and life orientation among older adults.

Key words: *loneliness, life orientation, older adults*

Introduction

The term “older adults” is used in the field of social sciences to describe such individuals who are 65 years and older and is a preferred term by social scientists to describe the elderly. The previously used word, i.e., “elderly” had a connotation with being white-haired and physically frail. Since many individuals aged 65 and older do not have grey hair and have an

exceptionally healthy lifestyle, the term “older adult” has a more positive connotation and is therefore used to refer to individuals belonging to this age group. Additionally, the World Health Organization (2001) has defined older adults as individuals who are 60 years and older.

The study of the perceived elderly population is large and growing due to advancement of health care education. These people are faced with numerous physical, psychological and social role changes that challenge their sense of self and capacity to live happily. Many people experience loneliness and depression in old age, either as a result of living alone, or due to lack of close family ties and reduced connections with their cultures of origin. This results as an inability to actively participate in the community activities and that they find it more difficult to initiate new friendships and to belong to new networks. The present study is planned to investigate the effect and relationships among subjective well-being, loneliness and social support in elderly people.

1. Loneliness

Loneliness is a state of mind as people can live rather solitary lives and not feel lonely, or they can have many social relationships and still feel lonely. Loneliness has also been described as the distress due to the inconsistency between ideal and perceived relationships, which, in turn, has a great impact on health and the quality of life. Persistent loneliness is detrimental to the well-being of an individual. Loneliness is found to be a precursor to psychological disorders, mental health problems, depression, and even suicide.

Based on the definition that loneliness is a perceived discrepancy between the quality and quantity of relationships that people *have* versus those that they *want* (e.g., de Jong Gierveld, 1987; Peplau & Caldwell, 1978; Perlman, 2004), it follows that changes to people’s actual and/or desired relationships could cause changes in loneliness (Dykstra, van Tilburg, & de Jong Gierveld, 2005). For example, Dykstra et al. (2005) posited that as people age, they may gain or lose friends and partners as well as opportunities to socialize due to changes in health. At the same time, older people might experience drops in desire for relationships or an increase in the quality of relationships. Aartsen and Jylha (2011) discussed loneliness being caused by losses or gains in personal resources (e.g., health) or social resources (e.g., social activity).

A substantial body of research has linked loneliness to low self-esteem, depression, and physical illness (Hawkey & Cacioppo, 2007; Sorkin, Rook, & Lu, 2002). Risk factors for

loneliness increase with advanced age (Dykstra, 2009; Pinquart & Sörensen, 2001), as relationship losses mount due to the death, poor health, or residential relocation of close social network members and as opportunities for socializing become restricted due to declines in older adults' own health and mobility (Drennan et al., 2008; Rook, 2000). Such findings underscore the importance of efforts to understand the nature of loneliness and the kinds of relationship experiences that give rise to loneliness in later life. In late adulthood, loneliness is associated with sex, marital status, having a migration background, household composition, income and education level, self-reported health, functional status, mental health, volunteering, informal care giving, having a local support network, and the quality of social relationships (Carr et al., 2018; Cohen-Mansfield et al., 2016;).

Types of loneliness some

Important types of loneliness are given below:

1) Interpersonal Loneliness:

Interpersonal loneliness occurs when a person loss a very close person with whom he remained attach. This loss can be in the form of temporary separation or in the form of permanent separation (Buswell, 2013).

2) Social Loneliness:

Social loneliness arises when a person is disqualified or rejected by a group due to a number of reasons which creates a sense of being rejected, unworthy and lonely (Buswell, 2013).

3) Intellectual Loneliness:

Intellectual loneliness occurs when a person is not equal in education or educationally lowers than his friends or peer group. It can also be occurred when a person feels incompetent among his siblings and starts feeling him intellectually low (Buswell, 2013).

4) Psychological Loneliness:

Psychological loneliness is different from other types. It occurs when a person experiences a traumatic event in his life and after that event the person starts feeling himself

different from others and considers that he is the only one who experienced this. It separates him from others and this state is not understandable because it is internal state (Buswell, 2013).

5) Existential or Cosmic Loneliness:

Existential or cosmic loneliness is related to death. When a person is near to death due to chronic disease or a person face the death of loved one, it creates a sense of loneliness in this person. The fear of being dead or loss someone socially isolates that person who experienced it (Buswell, 2013).

Theories of loneliness

One theory of loneliness posits that perceived social isolation is tantamount to feeling unsafe, and this sets off implicit hyper vigilance for (additional) social threat in the environment. Unconscious surveillance for social threat produces cognitive biases: relative to non-lonely people, lonely individuals see the social world as a more threatening place, expect more negative social interactions, and remember more negative social information. Negative social expectations tend to elicit behaviors from others that confirm the lonely persons' expectations, thereby setting in motion a self-fulfilling prophecy in which lonely people actively distance themselves from would-be social partners even as they believe that the cause of the social distance is attributable to others and is beyond their own control. This self-reinforcing loneliness loop is accompanied by feelings of hostility, stress, pessimism, anxiety, and low self-esteem and represents a dispositional tendency that activates neurobiological and behavioral mechanisms that contribute to adverse health outcomes (Cacioppo et al., 2006). Some other theories of loneliness are as follows:

1) Psychodynamic Models:

A psychodynamic understanding of loneliness is based on the infant's attachment to the mother. Through this attachment the child experiences emotional bonds and how to connect with others, but also the feeling of loneliness when significant others are out of sight. Loneliness, which is the exceedingly unpleasant experience connected with inadequate discharge of the need for human intimacy, for interpersonal intimacy. It begins in infancy with an integrating tendency that we only know by inference from pathology material later, a need for contact with the living (Sullivan, 1955).

2) Roger's Phenomenological Perspective:

Roger (1961) explains loneliness in the context of his "self-theory". He explains that loneliness occurs when a person thought that his real self is unloved or rejected from society. These thoughts and fear keep peoples to have an empty sense of self and to be locked in their loneliness. (Roger, 1961).

3) The Interactionist View:

An Interactionist approach is based on loneliness being multidimensional, meaning that there are different kinds of loneliness, including emotional- and social loneliness. Loneliness is caused not by being alone but by being without some definite needed relationship or set of relations... In many instances it is a response to the absence of provision of a close, indeed intimate, attachment. It also may be a response to the absence of the provision of a meaningful friendship, collegial relationship, or other linkage to a coherent community (Weiss, 1973).

4) General System Theory:

General system theory says that loneliness is the feedback of our internal mechanism for making optimal social contacts that is useful for the well being of society and individual (Flader, 1982).

5) Discrepancy Model of Loneliness:

Perlman and Paplau in 1998 developed discrepancy model of loneliness. Although the experience of loneliness is different for each individual but common elements in loneliness can be identified. Figure 1 presents a model for understanding loneliness and the phenomena associated with it. Central to this discrepancy model is the idea that loneliness occurs when there is a significant mismatch between a person's actual social relationships and his or her needed or desired social relations. A man who longs to be married but who is still single will feel lonely. Loneliness theorists differ in how they conceptualize the nature of this discrepancy.

Factors contributing to loneliness

Cicioppo and Patrick describe (2008) factors of loneliness and it help to understand because feelings of lonely people are combination of three factors.

1) Vulnerability:

A human being has many instincts and has a different genetic inclination for certain things. Like every person has different standard and need for social connection. Some people are more social than others. If a person has high tendency for social connection, there are many difficulties to fulfil that need which results into loneliness (Ciccioppo & Patrick, 2008).

2) Ability to Regulate the Emotions Associated with Feelings of Isolation:

Everyone has an innate need for social connection, if that need remain unfulfilled; it causes distress to person. The person starts to remain alone, remain detach from social gatherings. If this isolation continues for long time, it becomes a cause of upset mood for the person who is experiencing it. Then this constant sad mood leaves negative impact on person and he became unable to access correctly other people concerns for him. The person perceives other people are distant from him and they do not care for him. But it is only because of his wrong perception (Ciccioppo & Patrick, 2008).

3) Mental Representations as Well as Expectation and Reasoning about Others:

It does not mean that the person who is feeling lonely has lack of social skills. But when a person feels lonely, this feeling stops him to use that skill. He perceives that he is unable to start or maintain relationships as well as what he doing for others is useless and other are not responding his efforts. This causes frustration in him and result in low mood. He started blaming himself or others if someone disapproves his act (Ciccioppo & Patrick, 2008).

Life orientation

Life Orientation Life orientation defines as the tendency to view and interpret the events in life in positive or negative terms. In other words, it stands for an individual's disposition and learned responses to exhibit an optimistic or pessimistic approach towards life. Research has shown that life orientation can be better understood in relevance to dispositional optimism. It is viewed as the positive psychology construct that is inborn and contributes towards the well-being and psycho-social functioning of individuals (Monzani, Steca & Greco, 2014; Vecchioine, Alessandri, Caprara & Tisak, 2014). It has also been found that life orientation encompasses social support, optimism and life satisfaction. It is critical to note that life orientation of an individual has a considerable amount of impact on the psychological well-being and life satisfaction among individuals. Another definition of life orientation is that it is the explanatory

style (positive vs. negative) that an individual uses in relevance to the different areas of life. Apart from these definitions, life orientation has been studied in relation to the attribution styles of individuals which can be internal or external (Monzani, Steca & Greco, 2014; Vecchioine, Alessandri, Caprara & Tisak, 2014).

An individual's overall outlook about life and perception regarding different events, fortunes and misfortunes of life is termed as life orientation. Optimistic individuals have positive outlook about perceptions regarding their life. Individuals experiencing positive life orientation tend to be happier, contented and physically and psychologically healthy while the individuals with negative life orientation experience tough, stressful, perplexing and less contented life (Dean, 2011).

The empirical evidences prove that optimistic people are happier, strong and more contented than pessimistic individuals. Optimistic individuals are characterized problematic life events as temporary, situational, limited in its effects and not entirely their fault. Pessimistic individuals consider the problematic life events as rather permanent, difficult to overcome (Khan, 2006).

Optimism is a generalized positive expectation for occurrence of good things in almost all cases (Seligman, 2007). Scheier and Carver (1992) describe optimism as tendency of expecting the best. According to Turkum (2001), optimism is the basic tendency for perceiving positive rather than negative cases. Optimism is evaluated as an important way for having positive feelings for life, high morale, determination, effective problem solving, academic, military and vocational success, being popular, healthy long life, and getting rid of depression and trauma (Seligman, 2007).

Types of life orientation

There are two types of life orientation i.e., optimism and pessimism.

1) Optimism:

Optimism has been defined as hopeful cognitive pattern characterized by the anticipation of achieving positive outcome (Scheier & Carver, 1985). They tend to expect positive and healthy future despite problems in present life. They tend to use positive explanatory style for previous life events. They believe that they are responsible for leading apposite life in present

and in future. They are high and tend to respond appropriately at positive outcomes (Dean, 2011). Khan (2006) stated that optimism has a strong relationship with other positive qualities and aspects of life. Optimists tend to experience higher well-being, resilience, positive emotions, healthy and adaptive stress management, achievements, adjustment and physical health. Their coping with trauma leads to positive and healthy outcomes and they experience more positive emotions afterwards. Optimistic people experience less health issues. The rate of heart and cardiovascular issues is lower in such people.

2) Pessimism

Second type of life orientation is pessimism. Pessimistic individuals tend to generally think of negative outcomes and perceived present problematic situation in a negative way (Scheier & Carver, 1985). Their negative thinking hinders healthy coping and stop them from actively engaging in actions that yield positive results (Khan, 2006). They are higher risk of developing chronic illnesses and mortality rate is also higher in pessimists. According to previous literature hypertension, anxiety and depressive symptoms are common in such people (Dean, 2011).

Characteristics of Optimistic Individuals:

Optimists are thankful for the blessings they already have. According to Alan Loy McGinnis tough-minded optimists usually predict outcomes in positive way tend to find out constructive solutions to the problems which lead to positive outcomes. They 'control their future and fate'. Even during the darkest hour, they cannot stop imagining success. They explore themselves and believe in self-actualization and tend to reach their maximum level of potential. Optimists believe in love. They are more likely to accept what cannot be changed rather than falling in denial (Trathen, 2015).

Characteristics of Pessimistic Individuals:

Pessimists tend to be less happy despite having less troublesome life. They always find mistakes and negativity in different things. They do not even ignore minor mistakes and also cannot speak about their problems. Future apprehensions regarding health and fear of being sick make it difficult for them to enjoy their present status of health. They always expect that bad

would happen. They even believe that good will always happen with an aversive outcome. They are less thankful for what they have got and often complain about the poor past (Trathen, 2015).

Life orientation theories

There are few life orientation theories which are discussed below:

1) Relational Regulatory Theory of Interpersonal Support:

This theory has been designed to assess the perceived effects of social support and mental health for never married individuals and also for those individuals who have been abandoned by their families. It has been found that perceived social and interpersonal support has direct effects on the mental health of individuals who are never married (Monzani, Steca & Greco, 2014; Vecchioine, Alessandri, Caprara & Tisak, 2014). In this regard, some findings have shown that never married individuals might indicate problems in becoming linked with another person. It might be due to their disruptive attachment styles during childhood, due to lack of availability of a proper partner, due to financial and social constraints etc. It is important to note that loneliness is a depressive and aversive state that results from the inability of becoming connected with someone else and due to the unfulfilled needs of being close to someone or as a consequence of abandonment by another individual. It is also due to insecure attachment styles of individuals due to which they are not able to form, maintain or think about being in a relationship (Goldberg, Muir & Kerr, 2013; Holmes, 2014).

2) Expectancy Model of Life Orientation:

Expectancy value models begin with the idea that the behaviour is aimed at attaining desired goals (Carver, 2001). Goals are final outcomes that are either desired or undesired. People have to modify their behaviour to aim and strive for the desired goals and to avoid the undesired ones. Theoretically, the goal should be realistic and attainable in order to take step in the right direction. The panning to achieve the goals should be realistic. Expectancy means the degree to which the individual believe that the desired goal will be achieved. If they believe is not strong enough, desired action will not be taken by the individual and the goal will not be achieved. The trust in one's own capabilities that the desired goal will be achieved will lead to desired outcomes. Optimistic people have more confident that they will achieve the desired outcome as compared to pessimistic individual (Carver, 2001).

1.2 Need and significance

The study on older adults is significant. It is the stage in life they feel lonely and most dependent on others. While most have good mental health, many older adults are at risk of developing mental disorder, neurological disorder or substance. There maybe multiple risk factors for mental health problems at any point of life. Most of their mental disorder are left without diagnosis and treatment. In the case of older adults, they are more prone to mental disorders and have depression, loneliness which can have a negative effect on life orientation. So, it is important to study and make people aware of older adult's mental health and problems. Gender needed to be added as a 'master category' to one's study on loneliness and life orientation since these two variables differ significantly between the genders.

1.3 Statement of the problem

The study is titled as loneliness and life orientation among older adults.

1.4 Operational definition

An operational definition is how the researchers decides to measure the variables in present study. Following are the variables in present study. Following are operational definitions of variables in present study.

Loneliness

Loneliness is reviewed as a complex emotional response to isolation. The lack of social bonds and the lack of interpersonal relations trigger this emotional response.

Life orientation

Life orientation defines as the tendency to view and interpret the events in life in the positive or negative terms.

Method

Research Method is a term used to describe how one goes about conducting a certain scientific study. Each research method is a standardized and acceptable practice. Method and data collection are the tools used to obtain the raw materials of hypothesis testing. The guiding principle of method selection is that it must be detailed enough for other researchers to read it and be able to replicate the study (APA, 1994). The researcher method followed for the present

investigation is discussed in detail in this chapter. Basically, it comprises the section of sample, method of data collection, statistical analysis and ethical issues etc.

3.1 Design of study

The present study was a descriptive study using a quantitative method. A self-administered questionnaire survey was done among older adults using standardized tools to assess significant relationship between loneliness and life orientation among older adults.

3.2 Sample design

In the study a total of 60 participants were selected as the sample. The participants were aged above 60. Purposive random sampling was used for collecting the data.

3.2.1 Inclusion criteria

- The age of respondents must be above 60.
- The respondents must be married.
- The respondents should be a native of Kerala.

3.2.2 Exclusion criteria

- The age of respondents must not be below 60.
- The respondents must not be unmarried.
- The respondents must not be confined to bed.

3.3 Tools of data collection

3.3.1 Revised UCLA loneliness scale

Revised UCLA Loneliness Scale was developed by Dr. Russell in 1996. This is a 20-item measure used for the purpose of assessing subjective feelings of loneliness as well as the variable feelings linked with social isolation. The participants are required to rate each item on a scale of 1 (never) to 4 (often). The scale is a revised version of the original UCLA scale. The revision was done for the purpose of simplifying the wording used.

Reliability and validity

The development of the UCLA Loneliness Scale, a short, 20-item general measure of loneliness is reported. The measure has high internal consistency (coefficient alpha = .96) and a test-retest correlation over a two-month period of .73. Concurrent and preliminary construct validity are indicated by correlations with self-reports of current loneliness and related emotional states, and by volunteering for a "loneliness clinic."

Scoring

In the UCLA Loneliness scale-revised each statement are as follows, never, rarely, sometimes and often and their scores are 1, 2, 3 and 4 respectively. For the items 1,5, 6,9,10,15,16,19 and 20 are reverse scored.

3.3.2 Life Orientation Test Revised (LOT-R)

Life Orientation Test Revised (LOT-R) was developed by Scheier in 1994. This test is a 10-item measure for the purpose of assessing optimism and pessimism. Of the 10 items, 3 are used for measurement of pessimism, 4 are used as fillers and 3 for optimism. The respondents are asked to respond on a 4-point scale 0=strongly agree till 0=strongly disagree.

Reliability and validity

Schemer and Carver (1985) assessed their scale's internal consistency and test-retest reliability. Reliability was assessed by calculating Cronbach's alpha (0.76), revealing an acceptable level of internal consistency. To confirm the scale's convergent validity, Schererville and Carver (1985) tested whether the scale correlated in appropriate directions, with conceptually related scales. Validity correlation scale analyses positively the measure of internal locus of control and self-esteem. The scale negatively related to measures of hopelessness, depression, stress and social anxiety.

Scoring

Each statement indicates strongly disagree, disagree, neutral, agree and strongly agree with scores 0, 1, 2, 3 and 4 respectively. Items 3, 7 and 9 are reverse scored (or scored separately as pessimism measure). Items 2, 5, 6 and 8 are fillers and should not be scored. Scoring is kept continuous, there is no benchmark for being an optimist/ pessimist.

3.4 Procedure

The topic was selected for the study under guidance of the expert. After getting permission from the authority, visited Pakal Veed in Karikkad, Malppuram for the purpose of data collection. Rapport was established with the participants and the purpose of study was explained. After getting their consent the questionnaire containing scales for measuring loneliness and life orientation was given. The participants were requested to answer the questions sincerely and assured them the information collected will remain confidential and will be used only for the research purpose.

3.5 Ethical consideration

Ethical refers to the correct rules of conduct necessary when carrying out research. Research has the moral responsibility to protect research participants from harm. Informed consent with respect to participation was obtained through consent forms which ensured that the participants were willing to participate and could quit the tests at any point. The participants were given a briefing on the subject of the study and any queries they had were duly cleared by researchers before beginning with the test. Confidentiality has been maintained in keeping and not sharing the data. Only necessary demographics were obtained from the participants so that identities were kept hidden. The participants were asked that the data would be used for research purpose only.

3.6 Statistical analysis

The statistical techniques were selected based on the objectives and hypotheses formulated. The statistical techniques used are as follows.

3.6.1 Pearson product moment correlation

The Pearson product-moment correlation coefficient (or Pearson correlation coefficient, for short) is a measure of the strength of a linear association between two variables and is denoted by r . The Pearson correlation coefficient, r , can take a range of values from +1 to -1. A value of 0 indicates that there is no association between the two variables. A value greater than 0 indicates a positive association; that is, as the value of one variable increases, so does the value of the other variable. A value less than 0 indicates a negative association; that is, as the value of one variable increases, the value of the other variable decreases. In Pearson product moment correlation, the hypothesis used is, there is significant relationship between loneliness and life orientation.

3.6.2 T-test

A t-test is a statistical test that is used to compare the means of two groups. It is often used in hypothesis testing to determine whether a process or treatment actually has an effect on the population of interest, or whether two groups are different from one another. Using the formulas values are calculated and compared against the standard values. The assumed null hypothesis is accepted or rejected accordingly. If the null hypothesis qualifies to be rejected, it indicates that data readings are strong and are protected due to chance. The hypothesis used in this t-test is loneliness and life orientation is expected more on females than in males.

Result and discussion

This chapter deals with the result and discussion of the data. The data is statistically analysed to discuss and interpret the results. The statistical methods are based on the objectives of the study. The data are collected from “Pakal Veed” in Karikkad. The main objective is to find out the significant relationship between loneliness and life orientation among older adults. The collected data deals with loneliness scale and life orientation scale. The data were tabulated, analysed and interpreted here.

4.1 Section I

The result is based on the relationship between loneliness and life orientation among older adults and high loneliness and negative life orientation is expected more in females than in males.

Table 4.1: Relationship of study variables.

LOT R Pearson Correlation	1	-.604**
Sig: (2-tailed)	60	.000
N		60
UCLA Pearson Correlation	-.604**	1
Sig: (2-tailed)	.000	60
N	60	

**Correlation is significant at the 0.01 level (2-tailed)

Table-1 Shows the correlation between loneliness and life orientation among older adults. In reference to the table there is high correlation between loneliness and life orientation. There is negative correlation among the loneliness and life orientation. As loneliness increases life orientation decreases (pessimism) and as the loneliness decreases life orientation increases (pessimism). So the hypothesis “there is significant relationship between loneliness and life orientation.

4.2 Section II

Table 4.2: Mean, Standard Deviation, t value among male and female on loneliness and life orientation.

Variable	Group	N	Mean	SD	t value	Significant (2-tail)
Loneliness	2 Male	30	49.57	10.321	0.956	0.343
	1 Female	30	48.87	11.530	0.956	0.343
Life orientation	2 Male	30	12.03	3.709	0.936	0.353
	1 Female	30	12.90	3.458	0.936	0.353

Table 2 shows the standard deviation, Mean and t-value of loneliness from this table it can be seen that there is no significant difference in loneliness among male and female. The mean and standard deviation of loneliness in male is 49.57 and 10.321 respectively and in female is 48.87 and 11.530 respectively. The t-value of loneliness is 0.956 and significant 2 tailed of loneliness is 0.343.

Overall, the loneliness has no much difference in male and female. Therefore, the hypothesis is “There is significant difference in loneliness among male and female” is rejected. Table 2, also shows the standard deviation, Mean and t-value of life orientation. From this table it can be seen that there is no significant difference in life orientation among male and female. The mean and standard deviation of life orientation in male is 12.03 and 3.709 respectively and in females is 12.09 and 3.458 respectively. The t-value life orientation is - 0.936 and significant 2-tailed is 0.353. Here overall the life orientation has no much difference in male and female therefore the hypothesis “There is significant difference in life orientation among male and female” is rejected.

4.3 Discussion

The aim of the experiment is to find out the significant relationship between loneliness and life orientation. There is significant difference in loneliness among male and female and there is significant difference in life orientation among male and female. The results showed there is significant relationship between loneliness and life orientation. Also, there is no gender difference in loneliness and life orientation. Results also showed there is high negative correlation among loneliness and life orientation i.e., high level of loneliness leads to negative life orientation.

Leary (1990) studied the relationship among loneliness and life orientation. The study was conducted on adults. The result had shown that loneliness leads to negative mental health consequences. Also, such individuals tend to have negative, pessimistic orientation towards life in general. According to this study, there is high correlation between loneliness and life orientation in older adults. Based on the above study also, there is correlation between loneliness and life orientation in adults. So, by analysing it, regardless of the population there is correlation between these two variables. The factors that affect loneliness and life orientation include social support, personality, life orientations, technology and social media use, cultural and societal factors and mental health.

Overall, addressing the various factors that can affect loneliness and life orientation requires a multifaceted approach that consider individual, social, cultural and environmental factors. This may involve interventions aimed at improving social support, building resilience, promoting positive coping strategies and addressing underlying mental health concerns. Rabia

Karim, Mahwesh Aroof Naz (2017) conducted a study on life orientation, fear of negative evaluation and loneliness among women with burn, cancer and serious dermatological issues. The results of the study revealed that life orientation, fear of negative evaluation and loneliness with each other among all three populations. There is inverse relationship. Life orientation has inverse relationship with loneliness and fear of negative evaluation.

As we can see from the above study, there is high negative correlation among loneliness and life orientation along with a third variable fear of negative evaluation. Life orientation has high negative correlation with fear of negative evaluation. Loneliness has high correlation with fear of negative evaluation. From the above study and the study conducted by us, we can clearly see that regardless of population, loneliness always had a high negative correlation with life orientation. The reason for inverse relationship is that life orientation is a positive variable whereas loneliness is a negative variable. Fear of negative evaluation is also a negative variable. So, the relationship of a positive and negative variable is always inverse.

So, from the above mentioned two studies and the study conducted by us, we can clearly see that loneliness is always having a negative correlation with life orientation. The inverse relationship is because the life orientation is a positive variable and loneliness is a negative variable. Then according to the results of second hypothesis, there is no significant difference in loneliness among male and female. While loneliness is experienced by all who walk on this earth, the literature is unequivocal as to how it is experienced by males and females. Loneliness is expected to be influenced by early life experiences, experiences in adulthood and by the individuals present in the situation.

Studied found that when other factors such as marital status, health, age, living arrangements are controlled, there is no significant agenda difference in loneliness experience. However, when loneliness was explored indirectly, it clearly indicated that men were lonelier than women (Aartsen and Jylha, 2011). Once again, men's reluctant to admit here by lonely, is used as an explanation to those conflicting results. This Aartsen and Julha claiming "was found in all age groups, men were more socially lonely than women or put differently, it was easier for men to admit to a lack of social contacts than to emotions of missing contact. It was also found that woman one more emotionally lonely than men in the two oldest age groups (50-64 & 65-81), which would be expected, since women generally lose their partner easily than men and live

alone for a longer time (P.251) Dong and Chen (2017) stated that most of the research suggested that older women were more likely than men to experience loneliness. Piquart and Corsen(2001) found that older women experience had more loneliness than older men. It was explained by observing that since women enjoy a longer life than men, they are more prone to remain widowed and thus experience more loneliness. In contrast other studies found that no significant gender difference in loneliness among older adults (Singh and Misra, 2009, Wison & Moulton, 2010), while still others found that loneliness is more prevalent in older men than women (Wang elal, 2011). In participants without a partner, Beutel etal (2017) found, loneliness was more pronounced in women who lived alone, and without children. According to the study conducted by our group, there is no gender difference in loneliness. Individual experience of loneliness can vary greatly and factors, such as age, relationship status and social support can all play a role in how lonely someone feel. Additionally, societal expectations and gender roles may impact how men and women perceive and express loneliness.

Then, according to the third hypothesis, results showed that there is no gender difference in life orientation. While some research has suggested that there may be some gender differences in life orientation, it is important to note that individual differences in life orientation can vary widely and are influenced by a variety of factors beyond the gender. Personal experiences, social support and cultural norms can all impact an individual's overall outlook on life. Additionally, measures of life orientation may not capture the full complexity of an individuals, beliefs and expectations about their future. Overall, while there may be some gender differences in life orientation, these differences are likely influenced by a variety of factors and may not be consistent across all individuals or cultures.

Sadia Yasmin, Sadia Firdous, Sheeba Saqib and et al conducted a study on fear of negative evaluation, loneliness, and life, orientation of never married men and women. It was hypothesized that there would be a significant relationship among those variables and there would be gender differences among the participants. Results show that there is significant positive relationship between fear of negative evaluation and loneliness and a significant negative relationship between loneliness and life orientation. Result also showed that there is gender difference among participants for loneliness and life orientation.

From the above study, we can see that there is gender difference in loneliness and life orientation in never married men and women. But the study conducted by our group shows that there is no gender difference in loneliness and life orientation. So, from both studies the gender difference in variables change by changing the populations. Also, the gender difference on the variables may depend on various factors.

‘Thanal Maram’ is an initiative by the Kerala Government for the elderly population. It aims at providing leisure activities and engage with people of the same age. It aims at providing consistent social engagement, so they wouldn’t feel left out from the society. We collected the samples from ‘Thanal Maram’ of different areas. This elderly people were relatively enthusiastic, energetic and welcoming. As the samples were collected from them the loneliness word comparatively lower, and life orientation was comparatively higher from other elderly people. Also, despite the gender difference all of them were active and equally engaged in various leisure activities. So, there was no gender difference in loneliness and a life orientation.

4.4 Conclusion

The first hypothesis “There is no significant relationship between loneliness and life orientation”. The results show there is high negative correlation among loneliness and life orientation.

The second hypothesis is “There is significant difference in loneliness among male and female”. The results showed that there is no significant difference in loneliness among male and female.

The third hypothesis is “There is significant difference in life orientation among male and female”. The results showed that there is no significant difference in life orientation among male and female.

Summary and conclusion

This chapter mainly deals with major findings, tenability of the hypothesis, implications of the study and suggestions for future

5.1 The major objective of the study

To find out the relationship between loneliness and life orientation among older adults.

The major hypothesis of the study is

H1: There is a significant relationship between loneliness and life orientation.

H2: There is significant differences in loneliness among men and women.

H3: There is significant difference in life orientation among men and women

The study sample contains 60 samples that are above 60 ages. The participants were randomly selected and the data were collected from Thanal maram. The participants were informed about the purpose of the study and were included in the sample after obtaining their informed consent. They were well informed about the research and given the assurance to each participants about the confidentiality of their identity and obtained result. In the present study following tools were used for collecting the data,

- Life orientation test-revised
- Revised UCLA loneliness scale

As the data were normally distributed the following statistical techniques were used: Karl Pearson product moment correlation and T test.

5.2 Major Findings of the Study

- There is a significant relationship between loneliness and life orientation.
- There is no significant difference in loneliness among men and women.
- There is no significant difference in life orientation among men and women.

5.3 Tenability of Hypothesis

H1: There is significant relationship between loneliness and life orientation. The result revealed that there is significant relationship between loneliness and life orientation. The hypothesis is accepted.

H2: There is significant difference in loneliness among men and women. The result revealed that there is no significant difference in loneliness among men and women. The hypothesis is rejected.

H3: There is significant difference in life orientation among men and women.

The result revealed that there is no significant difference among men and women. The hypothesis is rejected

5.4 Implications of the Study

- Findings of the study is that there is correlation between loneliness and life orientation.
- If this study was conducted on a large population and other than Thanalmaram there would have been gender differences.
- There is a high negative correlation between loneliness and life orientation
- Findings of the research may helpful in Geriatric counselling
- The study may be a reference for the future research on the same topic

5.5 Limitations

- The present study has been conducted only in a small sample size.
- The study was only conducted in a short period of time.
- The samples were only taken from Thanalmaram of different localities.
- Participants of the study included literate and illiterate people.
- The response of the illiterate people may affect the result of research

5.6 Suggestions

- The current study would have been more accurate if the sample size was expanded.
- The study could've been conducted on all around the world.
- If the study has been conducted far long period of time study would've been more accurate and precise.
- A comparative study can be done among adults and older adults.
- More variables could've been included in measuring the relationship among older adults

5.7 Conclusion

The present study was an investigation about the relationship between loneliness and life orientation among older adults. Today most of the people can expect to live into their sixties and beyond. Many older people can experience loneliness due to living alone or lack of close family relationship. This increased loneliness can lead to negative life orientation. Thus loneliness and life orientation among older adults is one of the significant topic. Empirical studies shows that there is a correlation between loneliness and life orientation. The current study also found that there is a significant negative correlation between loneliness and life orientation among older adults.

References

- Aartsen M., Jylha M. (2011). Onset of loneliness in older adults: Results of a 28 years prospective study. *European Journal of Ageing*, 8, 31–38.
- Abella.D.J et al. (2017). Loneliness and depression in the elderly: the role of social network. *Social psychiatric and psychiatric epidemiology*. 52,381-290.
- Aehsan A.D. & Mohammad A.W.(2017).Optimism, happiness, and self-esteem among university students. *Indian journal of positive psychology*.8(3),275-279.
- Ami rokach.(2018). The Effect of Gender and Culture on Loneliness: A Mini Review. *Emerging science journal*.2(2),59-64.
- Andersson, G. (1996). The benefits of optimism: A meta-analytic review of the Life Orientation Test. *Personality and Individual Differences*, 21(5), 719-725.
- Berg, J. H., & Paplau, L. A. (1982). Loneliness: The relationship of self-disclosure and androgyny. *Personality and Social Psychology Bulletin*, 8(4), 624-630.<http://dx.doi.org/10.1177/0146167282084004>
- Buswell, D. (2013). *Amazing ageing*. London: Mx Publishing.
- Cacioppo, J. T., & Patrick, W. (2008). *Loneliness: Human nature and the need for social connection*. WW Norton & Company.
- Carr D. C., Kail B. L., Matz-Costa C., Shavit Y. Z. (2018). Does becoming a volunteer attenuate loneliness among recently widowed older adults? *The Journals of Gerontology: Series B*, 73(3), 501–510.

- Carver, C. S. (2001). Optimism: definition and history. Retrieved from http://cancercontrol.cancer.gov/brp/constructs/dispositional_optimism/dispositional_optimism.pdf
- Chen, Y., & Feeley, T. H. (2015). Social support, social strain, loneliness, and well-being among older adults: An analysis of the Health and Retirement Study. *Journal of Social and Personal Relationships*, 31(2), 141-161.
- Cohen-Mansfield J., Hazan H., Lerman Y., Shalom V. (2016). Correlates and predictors of loneliness in older-adults: A review of quantitative results informed by qualitative insights. *International Psychogeriatrics*, 28(4), 557-576.
- Caitlin E. Coyle, MS & Elizabeth D. (2012). Social Isolation, Loneliness and Health Among Older Adults. *Journal of Aging and Health* .24(8). <https://doi.org/10.1177/0898264312460275>.
- Coyle, E. C. & Dugan, E. (2012). Social Isolation, Loneliness and Health Among Older Adults. *Journal of Aging and Health*. 24. doi.org/10.1177/0898264312460275.
- Crick, N. R., Grotpeter, J. K., & Rockhill, C. M. (1999). A social information processing approach to children's loneliness. *Loneliness in childhood and adolescence*, 153-175.
- Dean, J. (2011). Pessimism vs Optimism. Retrieved from <http://psychcentral.com/blog/archives/2011/03/17/pessimism-vs-optimism/>
- Drennan J., Treacy M., Butler M., Byrne A., Feally G., Frazer K., Irving K. (2008) The experience of social and emotional loneliness among older people in Ireland. *Ageing & Society*, 28, 1113-1132.
- Dykstra P. A., Fokkema T. (2007). Social forms of emotional loneliness among divorced and married men and women: Comparing the deficit and cognitive perspectives. *Basic and Applied Social Psychology*, 29, 1-12.
- Hawkey L. C., Browne M. W., Cacioppo J. T. (2005). How can I connect with thee? Let me count the ways. *Psychological Science*, 16, 798-804.
- Hazer, O. (2010). The examination of the factors affecting the feeling of loneliness of the elderly. *Procedia - Social and Behavioral Sciences*. 9, 2083-2089.

- Janet M.M. & Phyllis S. (2003). Loneliness and social uses of the Internet. *Computers in human behaviour*. 19(6),659-671.
- Joan Domènech A. et al. (2017). Loneliness and depression in the elderly: the role of social network. *Social Psychiatry and Psychiatric Epidemiology*.52,381–390.
- Lisbeth F. (2010). Positive life orientation-an inner health resource among older people. *Scandinavian Journal of Caring Sciences*. 24(2):349-56.
- Martin.M.J & Schumacher. P .(2003). Loneliness and social uses of the Internet. *Computers in human behaviour*. 19(6). pp.659-671.
- Melinde C.& Rudolf M.O. (2013).Examining the Mediating Effect of Open Distance Learning Students’ Study Engagement in Relation to Their Life Orientation and Self-Efficacy. *Journal of Psychology in Africa* 2013, 23(2), 235–242.
- Moradi, Azam, & Shariatmadari, Asieh. (2016). The comparison between death anxiety and loneliness among the elderly with optimistic and pessimistic life orientation. *Journal of ageing psychology*. 2(2),133-141.
- Moustakas, C. E. (1961). *Loneliness*. New York: Prentice-Hall.
- O. Hazer & A. A. Boylu. (2010).The examination of the factors affecting the feeling of loneliness of the elderly. *Procedia - Social and Behavioral Sciences*. 9,2083-2089.
- Longitudinal Study. *Research on aging*.27(6).<https://doi.org/10.1177/0164027505279712>.
- Peplau L. A., Caldwell M. A. (1978). Loneliness: A cognitive analysis .*Essence*, 2, 207–220.
- Perlman D. (2004). European and Canadian studies of loneliness among seniors. *Canadian Journal on Aging*, 23, 181–188.
- Perlman, D. & Peplau, L. A. (1982). Perspective on loneliness. In L. A. Peplau & D. Perlman, *Loneliness: A source book of current theory, research, and therapy* (Vol. 36) (pp. 1-18). John Wiley & Sons Inc.
- Perlman, D. & Peplau, L. A. (1998). Loneliness. *Encyclopedia of mental health*,(pp.571-581). San Diego CA: Academic Press.

- Pinquart M, Sörensen S. (2001). Influences on loneliness in older adults: A meta-analysis. *Basic and Applied Social Psychology*, 23, 245–266.
- Rabia Karim & Mahwesh Arooj Naz. (2017). Life Orientation, fear of negative evaluation and Loneliness among women with burn, cancer and serious dermatological issues. *Academic Research International*. 8(4),172-184.
- Russell, D., Cutrona, D., Rose, J., & Yurko, K. (1984). Social and emotional loneliness: An examination of Weiss's typology of loneliness. *Journal of Personality and Social Psychology*, 46, 1313-1321.
- Sadia Yasmin et. Al.(2020). Fear of Negative Evaluation, Loneliness and Life Orientation of Never Married Men and Women. *Journal of Health, Medicine and nursing*. vol 71, 26-51.
- Scheier, MOE, Carver CSV , and Bridges, M W. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A re-evaluation of the Life Orientation Test. *Journal of Personality and Social Psychology*, 67, 10631078.
- Sorkin D. H., Rook K. S. (2004). Interpersonal control strivings and vulnerability to negative social exchanges in later life. *Psychology and Aging*,19, 555–564.
- Sudha R. et. Al. (2015). Life satisfaction and life orientation as predictors of Psychological wellbeing. *The International Journal of Indian Psychology*. 3(1), 20-27.
- Trathen,D.(2015). Characteristics of optimists. Retrieved from <http://drtrathen.com/2014/01/30/12-characteristics-of-optimics>.
- Turkum, A. (2005). Do optimism, social network richness, and submissive behavior's predict well-being? Study with a Turkish sample. *Social Behaviour and Personality: An international journal*, 33(6), 619-628. DOI :<https://doi.org/10.2224/sbp.2005.33.6.619>
- Uğur Gürkan.(2013). The effect of psychological counselling in group on life orientation and loneliness levels of the university students. *Educational research and reviews*. 8(24). 2303-2312.
- Wojciech N.(2021). Do ego-resiliency, self-efficacy and life orientation predict self-esteem of top world magicians? An international study. *Psychological Thoughts*.14 (1), 194-