An investigative study on social activity/subjunctive well-being in relationship to feelings of loneliness among elderly blacks who are institutionalized

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AN INVESTIGATIVE STUDY ON SOCIAL ACTIVITY/
SUBJECTIVE WELL-BEING IN RELATIONSHIP TO FEELINGS
OF LONELINESS AMONG ELDERLY BLACKS WHO ARE INSTITUTIONALIZED

A THESIS
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

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JULY, 1986
ABSTRACT
SOCIAL WORK

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An Investigative Study on Social Activity/Subjective Well-Being in Relationship to Feelings of Loneliness Among Elderly Blacks Who are Institutionalized

Advisor: Dr. Betty A. Cook

Thesis dated July 25, 1986

The purpose of this study was to examine feelings of loneliness experienced by aged blacks residing in institutional settings. The study attempted to discuss and analyze nine hypotheses in relation to the issue of loneliness. The aim of the research was to test the influence or relationship of significant factors mitigating a feeling of loneliness such as participation in social activities, religious activities, health status, life satisfaction, age, sex, marital status, a family support system and receipt of telephone calls.

The method used for gathering data consisted of an interview and questionnaire which were administered to forty-one males and females residing in Sadie G. Mays Nursing Home and the Imperial Health Care Center in Atlanta, Georgia. The questionnaire covered areas concerning loneliness, participation in social activities, life satisfaction, physical health and interpersonal relationships.

The overall findings of the study indicated that there was a direct relationship between loneliness and all of the independent variables under study. The results also indicated that a lack of activity involvement among elderly nursing home residents may contribute to loneliness and isolation.
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ACKNOWLEDGEMENTS

The writer greatly appreciates the guidance and support of instructors who made possible the completion of this study. Special thanks to family and friends who provided me with the emotional support and encouragement. To Dr. Betty Cook, Professor Rita Morgan, Professor Naomi Ward and Professor Amos Ajo for making necessary criticisms and recommendations throughout the process of this research.
CHAPTER I

INTRODUCTION

One of the most serious problems for the elderly adult is loneliness. Current research suggests that people age 65 and over tend to perceive loneliness as a major personal problem. Loneliness for the aged may be caused by the relocation of siblings or the decease of spouse, brother, sister or close friend.¹ The state of loneliness for some elderly individuals can be a painful, frightening experience and may have harmful effects on the general well-being of those elderly individuals, in particular, who are institutionalized.²

According to Creecy, Berg and Wright (1985) loneliness is a personal problem for elderly adults which affects from 12 per cent to 40 per cent of the total population of the aged, depending upon age and sex. Based upon a national survey conducted by Harris and his associates, loneliness was categorized as fourth among twelve areas viewed as serious problems for the elderly adult. It is surpassed only by poor health, financial hardships and fear of crime.³

Previous research has identified a number of factors which are associated with feelings of loneliness among the institutionalized elderly. Almost all the studies done in the area, however, are based on white populations. As a matter of fact, there is relatively little data about loneliness among the black elderly who are institutionalized. Most of the previous research on aged blacks has focused mainly on their socioeconomic
conditions and were not related to the processes of aging. Although in recent years the amount of literature on aged blacks has increased, much investigation is still needed on older blacks who are isolated away from family members and close friends. It may also be recognized that for older minorities who are admitted to nursing homes or long-term care facilities loneliness can be a serious problem.

Unlike their white elderly counterparts in the United States, aged blacks were inadequately represented among nursing home and personal care residents based on their proportions in the general population in 1977 (U.S. Department of Health, Education and Welfare, 1979). Even though blacks accounted for 8% of the general population over 65 years of age, they made up only 3% of nursing home and personal care residents in 1977.

The dependent variable for this study (i.e., loneliness) has been selected for three reasons. First, the study of loneliness among elderly blacks is still an undeveloped area of gerontological study. Secondly, current data on the problems elderly blacks encounter when placed in long-term care facilities is fairly limited. Thirdly, with regard to social work practice, this area of study provides social workers with the opportunity to document and understand the complexity of planning programs to meet the needs of senior Americans.
CHAPTER II

STATEMENT OF THE PROBLEM

Research associated with feelings of loneliness among the black institutionalized elderly have, for the most part, remained uninvestigated. The question of whether activity programs will reduce the amount of loneliness experienced by this particular group will be examined. This study will attempt to show that if a select group of black elderly nursing home residents are provided with a routine pattern of daily activities the amount of loneliness experienced will be reduced.

By the year 2000, the Census Bureau estimates, over 3 million blacks 65 years and over will increase the older black population. This trend suggests that by the year 2050 nearly a fifth of all aged persons will be non-white. Thus, with respect to race and ethnicity, the trend is clearly toward greater diversity of the aged population.

As a minority group, elderly blacks tend to experience multiple jeopardy because of the effects of both racism and ageism. America's one million elderly blacks continue to face discrimination, and most live in poverty. According to Dr. Jacquelyn Jackson (1980), who is a pioneer in the field of minority aging, about one-fourth of all aged blacks are probably affected by serious limitation of their activities or mobility. Such conditions create special problems for them and, in certain instances, for their relatives and friends. For many, the fear of crime, as do poor health and inadequate finances, reduces them to a life of involuntary
social isolation, as a result causing feelings of loneliness. Other problems associated with aging are inadequate physical facilities, dependence on others for personal care and, more recently, the growing need for institutionalization.

There is a general assumption by many health-care providers that aged blacks almost always reside in households containing extended families. In addition, the belief that aged blacks are always taken care of by their relatives is another misconception. As a result, care modalities are planned around these generalizations without considering the changing trends of black subcultures. That can truly be a special problem for some aged blacks, who in certain instances during discharge are actually placed with relatives or friends without prior assurance that these persons can or desire to provide such care.

Recent studies clearly indicate that well over one-third of all aged blacks now live alone. That number is steadily increasing. Even if relatives reside in the same city, the distance between elderly blacks and their relatives appear to be widening.

For most elderly people the decision to enter a nursing home is distinctly a struggle. That choice is usually due to inadequacy in finances, health, social supports, emotional strength or ability to cope. Blacks in particular tend to undergo a period of uncertainty in view of nursing home placement. According to Jacquelyn Jackson, "Many Blacks have actually witnessed old Blacks dying in deplorable circumstances in various facilities through the years and a number believe that one would increase the possibility of dying in a degree of dignity and such death may best come by remaining at home." Thus, there is a sentiment among elderly blacks which is summarized in a simple statement: "There was nothing else
to do."¹³

When most elderly persons are admitted to a nursing home facility, social and psychological aspects of their lives have undergone as much transformation as their physical condition. From the viewpoint of respect, leadership and decision-making, the nursing home resident is placed in a powerless position where he/she no longer controls the family money, their opinion is no longer sought, he/she is most likely a widow, and their children are away from home living separate lives,¹⁴ thereby, leaving the elderly person physically and almost completely dependent upon someone else's care. That fact suggests that a number of blacks who already have had a lifetime of changing circumstances with which to cope, may experience some degree of loneliness in a long-term care facility.

It is the belief of this researcher that activity provides various role-supports necessary for affirming one's self-concept, for on the one hand, the greater the activity the more positive one's self-concept is likely to be. On the other hand, the greater the role-loss the less the positive self-concept. A major advantage of activity programs is socialization, without which older persons tend to withdraw and become more concerned with their ailments. Thus, in the absence of warmth, stimulation and the security of companionship, confidence can dwindle and an incentive to live declines.

It is essential that social scientists focus on the use of leisure time by nursing home residents. The result of such an analysis could help in preventative as well as developmental programming and in services geared specifically to the institutionalized elderly.
General Overview of Proposed Study

This study is an attempt to answer these basic research questions:

1. Is loneliness a problem for the black institutionalized elderly?

2. What is the relationship between loneliness and participation in social activities?

3. What is the relationship between loneliness and life-satisfaction?

4. What is the relationship between loneliness and health?

5. What is the relationship between loneliness and a family support network?
CHAPTER III

LITERATURE REVIEW

The existing literature on loneliness among older minorities who are institutionalized is scarce. More empirical data is needed in examining the major problems which elderly blacks experience, especially those residing in institutional settings. Previous research has identified a number of factors which are associated with feelings of loneliness in old age; however, the study of loneliness among black Americans is an undeveloped area of social investigation.

In a review of gerontological and related literature, loneliness was commonly associated with feelings of loss, distress, separation and isolation.

The quality of loneliness, like that of many other psychological states, is difficult to define. In general, loneliness is usually associated with certain feelings or symptoms that are used to distinguish certain characteristics of the condition.15

Creecy, Berg, and Wright (1983), quotes J. B. Hoskisson, who describes loneliness as:

A conscious experience of separation from something or someone desired, required or needed. It is solitariness, for there the separation may not be felt, nor is it lack of physical or social contact, for as we know the presence of people does not necessarily assuage it. So there must be experienced a need, a desire for contact, and an inability to make it.16
Here the definition implies that there are different levels of loneliness among elderly adults. It is suggested that feelings of loneliness may occur even when there has been no apparent change in the individual's circumstances or condition.

Tunstall (1966) describes loneliness as not merely a term in general popular use, but a word with strong emotional overtones which inevitably produce its complications. He suggests that when researching feelings of loneliness among the elderly the investigator may think that some old people are denying feeling lonely out of pride or for other reasons; however, since loneliness is not an observer's category but rather one within which the old person is lonely if she or he states that he or she is lonely, and not otherwise. Furthermore, he states that complications may arise when old people tell their children that they are lonely but inform the researcher that they are not lonely. Thus, such a contradiction illustrates the complexity of loneliness among the aged.

 Poor health is another factor which contributes to loneliness among the aged. Loether (1975) suggests that men who are poor in health are from four to eight times as likely as men in good health to report that they are often lonely. Women in poor health are from three to eight times as likely to be lonely. He states that because poor health tends to deprive people of the opportunity to interact with others it contributes to a general feeling of despondency.

 Jackson (1979) identifies the special health problems of aged blacks. She stated that contemporary aged blacks do have special health problems, but that few, if any, of them are racially unique. Those opposing this view usually have economically or politically vested interests, best advanced by
unfairly categorizing elderly blacks monolithically, in addition ignoring the tremendous social changes in recent years concerning the availability of health services to aged blacks.\textsuperscript{19}

Jackson (1979) states that some of the special health problems of aged blacks too ill to maintain themselves include access to day-care centers or to nursing homes. According to Jackson, many critics of health-care facilities for aged blacks have focused heavily upon inadequate institutionalization. Most of this criticism has been unjustified, mainly because those critics determined that racial discrimination was operative and detrimental to aged blacks.\textsuperscript{20}

Rice and Payne (1981) indicate that 5 per cent of the elderly resided in long-term care institutions, which implies that the vast majority were living alone or in families. Although there have been efforts in the past to provide meaningful support services to the elderly, there will be an even greater demand for service for the elderly in the future. They suggest that more public policy support will be needed to aid the family unit, which is considered as the largest provider of health-care for the aged. This has special implications for black families who, because of generally lower incomes, often do not have financial or other resources to maintain an elderly person in the home.\textsuperscript{21}

There is relatively little data about feelings of loneliness among institutionalized aged blacks. Many, due to poor health, seldom participate in leisure activities, such as occasional overnight or weekend visits with relatives or friends, or in religious activities. The special problems which may exist when institutionalized blacks have relative who refuse to visit remain unknown. Loneliness may be experienced by those who have
outlived their friends or relatives.\textsuperscript{22}

Creecy, Berg, and Wright (1983) cited a study conducted by Harris and his associates. In this study, correlates of loneliness among a national sample of noninstitutionalized black elderly were examined and assessed. The findings of this study indicated that perceived poor health and perceived financial inadequacy were directly linked to feelings of loneliness. In addition, negative assessments of health and personal income tend to reduce mobility and prevent the black elderly from venturing beyond their residential areas to participate in activities and social groups that may contravene feelings of loneliness.\textsuperscript{23}

Watson (1984) performed a case study on the subjective well-being of older blacks in the Southeastern United States. This study focused primarily upon six correlates of subjective well-being among older blacks between 60 and 92 years of age. The categories for the study consisted of the following: an absence of feelings of loneliness; feelings of being useful; feelings that things were getting worse as one grew older; a sense of satisfaction with one's life-situation; and not having a lot to be sad about. This study found that increasing frequency of visits was positively associated with an increasing interest in participation in social activity and reduced reports of having a lot to be sad about. However, there was no relationship to loneliness and feelings of uselessness.\textsuperscript{24}

With reference to subjective well-being measured by its association with loneliness, the findings indicated that participation with friends in church-going activities was significantly associated with reduced feelings of loneliness, in addition to the receipt of telephone calls.\textsuperscript{25}
Another aspect of institutionalization is the involvement of aged persons in activities. It is well known that activity programs in nursing homes play a vital role in reducing loneliness and isolation among the elderly.26

Studies have shown that as people mature into old age there is a decrease in their ability to show emotional responses. Based upon a study on aging and the decline of emotional responses, Dean (1962) examined four specific emotions: anger, irritation, boredom and loneliness. The design of this research was based on two specific questions: (1) As people move from middle to old age, do they report a higher or lower incidence of these four emotions?27 (2) As people grow older, do they attribute any different meanings to these four emotions? In the case of loneliness, the result of this study indicated that there was an increase in felt loneliness over the age range from the fifties to the eighties.28

Interestingly, loneliness conformed to Dean's expectations, in that it increased with age, but it also was viewed differently with increasing age. For the middle-aged, loneliness was seen as an absence of interaction, while among the old loneliness was perceived as an absence of activity.29

Yurick (1984) defined activity as the physical processes of expending energy to perform a function or to produce an effect, a basic human need. The level of activity for an elderly person is correlated with adaptation to the aging process. It is theorized that activities reduce or delay the effects of aging. Thus, the more physically active an elderly person is, the less signs of aging will occur.30

For this particular study, literature was reviewed on the activity programs used in nursing homes to reduce feelings of loneliness among older
residents.

Forbes and Fitzsimons\textsuperscript{31} (1981) suggest that people need people, and when interaction with another person is not possible, alternative outlets such as pets, hobbies, television and radio may be used as substitutions. Based upon recent studies, the value of pets for the older adult is considered very therapeutic. Pets provide the aged person with companionship and someone to talk to, so that the aged person can hear his own voice. Also, pets have been found to reduce potential suicide and improve the person's self-image.

Hobbies are also useful in reducing loneliness. Involvement in hobbies such as cultivating plants, watching spiders spinning a web, bees building a hive, or ants transporting food, can fill lonely hours in addition to being a fascinating source of entertainment for the aged person.

Inanimate objects which are personal possessions may represent memories of a loved one. These objects are a part of the time-frame of the individual's life. They may activate reminiscences and pleasant events and be a symbol of past accomplishments. It is suggested that these objects possess an aura of familiarity, thus making interaction very easy.

Watching television serves as a therapeutic role for the housebound older adult. The aged person has fictional people and situations to identify with and problems to help them solve. The person often becomes familiar with the fictional characters and internalizes their problems, expresses empathy, and has a new group of friends with whom to interact and even dislike.

The radio is a long-time acquaintance of the older adult. As a source of entertainment, many older persons have a favorite station and
disc jockies who provide a source for personal contact. In addition, there are some stations with ethnic music that report the news in the older person's native language. A radio may take the place of many silent hours and is inexpensive company for the resident (Forbes and Fitzsimons, 1981).

Other sources of interaction for the older adult to overcome loneliness is the use of a telephone and friendly caller services. These therapeutic-style verbal communications allow information to be shared back and forth between two or more persons to foster a sense of comprehension and mutual cooperation between parties.

Summary

The literature review indicated that the study of loneliness among older black Americans who are institutionalized still warrants further social investigation. Loneliness, which has a wide variation in meaning, may be difficult to define when researching the aged. There is a general tendency for the aged to deny that they experience loneliness to family members out of pride or for the other reasons.

Also, a number of factors can cause a feeling of loneliness, such as poor health, financial inadequacy, infrequent visits by family members and a lack of activity involvement. Most of the literature further indicates that the activity program provided in nursing homes reduces feelings of loneliness. It is suggested that alternative outlets such as pets, hobbies, television and radio may be used as substitutions.

The social worker can be instrumental to the aged by encouraging family members to be involved in the elderly person's total care.
CHAPTER IV

STATEMENT OF THEORY

To be black and elderly in the United States now means that one will probably experience double or multiple jeopardy based upon race and age. The concept of loneliness among older blacks who are institutionalized is an important variable for gerontological investigation. Due to a diversity of sociodemographic indicators, older blacks are considered one of the most severely disadvantaged groups in America. Compared to white aged, black elderly adults are more likely than any race-age group to be subjected to inadequate housing, have income below the poverty level, suffer more illnesses and earlier deaths, and overall have a less satisfying quality of life. In addition to these disadvantages, older blacks historically have had limited access to formal societal supports due to discrimination in the areas of education, health-care and the labor market.

Due to a variety of methodological and substantive limitations, theories about the aging process, although numerous, do not provide any specific concepts related to loneliness among aged minorities. Therefore, it is felt by this researcher that concepts from social systems theory and activity theory most appropriately apply to the dependent variable.

Based upon a psychosocial approach to human behavior, systems theory expresses the viewpoint of man as a human system who interacts with larger systems external to himself. As human systems, aged persons must establish their state of equilibrium and identity among the social systems of which
they are a part. In their study, Anderson and Carter cite Erik Erickson (1968), who states: "Man as a psychosocial creature will face, toward the end of his life, a new edition of an identity crisis which is stated in the words, I am what survives of me." According to Erickson, what remains are the human systems one has been related to, such as persons, families, groups, organizations, communities, societies, and cultures. During this stage of the life-cycle the older person desires to consolidate, protect and hold on to the ego-integrity he has accrued over a lifetime.

In terms of loneliness, certain aspects of the social system tend to perpetuate social isolation of the aged from the rest of society. First, the emphasis on self-reliance in the United States has influenced older people to live alone and provide for themselves, rather than to rely on relatives or friends who could provide assistance and companionship. Secondly, due to negative stereotypes of the aged shared by young people, many young adults choose to alienate themselves from old people, thus reinforcing the separation which already exists between them.

Loether (1975) identifies as a serious problem in general for the elderly, and especially for those who are widowed, the experience of loneliness. He states that loneliness may be mitigated by the companionship of relative or friends. Therefore, feelings of loneliness are most likely to linger and to be more of an enervating problem for those who are without such companionship.

Life-experiences common to the aged are described through Erik Erickson's eight stages of human development. In their study, Yurick, Robb, Spier and Ebert (1984) outline Erickson's eight stages of development as follows:
* Developmental stages of childhood
  Basic trust vs. mistrust
  Autonomy vs. shame and doubt
  Initiative vs. guilt
  Industry vs. inferiority
  Identity vs. identity diffusion

* Developmental stages of adulthood
  Intimacy and distance vs. self-absorption
  Generativity vs. stagnation
  Integrity vs. despair

For the older adult Erickson's stage of integrity vs. despair has particular importance, for it is a culmination of all stages. Achieving integrity involves the acceptance of significant events in one's life without any feelings of regret that things might have been different. For the older person who has not achieved integrity in his life, feelings of despair may be experienced. In spite of the fact that this stage is the least well defined, it seems to suggest a correlation between feelings of loneliness and despair. As an illustration, depression may be worsened by strong feelings of guilt among older individuals who have a strong belief about their own responsibility for their lives. This intensifies feelings of loneliness and bitterness. As a result, the anxiety of depression is a part of the pessimistic outlook and hopelessness experienced by the aged.

The activity theory postulates a positive relationship between an individual's level of participation in social activities and his/her life-satisfaction. In addition, it is believed that the greater the role-loss, the lower the life-satisfaction.

Yurick, Robb, Spier and Ebert (1984) describe activity as any regularized or patterned action or pursuit that is regarded as beyond routine or personal maintenance. Major proponents of the activity theory assert that
elderly people have the same needs as middle aged people and that activities associated with the middle years are of equal value to those persons in their older years. This theory holds that older individuals try to deny the reality of old age as long as possible. Older people are stigmatized as being disorganized if they project behavior other than that which is appropriate for the middle-aged person, including a low morale.42

Arguments against this particular theory suggest that older persons who are unable to maintain the standards of the middle-aged are categorized as being old.43

With regard to loneliness among aged blacks who are institutionalized, imprecise data prohibits generalizing about the effects of activity or disengagement among older minorities.44 However, reiterating the theory that continuing activity is necessary for satisfactory adjustment to later adulthood, that assumption may also apply to members of racial minorities who have been generally active during most of their lives.45

Jackson (1980) states that one can only speculate about the effects of institutionalized problems associated with minorities. In view of their life-chances for educational and occupational mobility, restrictions on their level of activity during old age may increase their psychological and psychiatric problems when placed in institutional settings.46

This researcher believes that there is a significant relationship between levels of activity and feelings of loneliness among older blacks who are institutionalized. Feelings of loneliness are usually associated with decreased contact with relatives and close friends, and the inability to form desired relationships may also be considered as a primary cause of
loneliness.

The research hypothesis for this study will be to examine:

1. The relationship between level of participation in social activities and loneliness.
2. The relationship between involvement in religious activities and loneliness.
3. The relationship between life satisfaction and loneliness.
4. The relationship between age of resident and loneliness.
5. The relationship between marital status and loneliness.
6. The relationship between perceived health and loneliness.
7. The relationship between sex and loneliness.
8. The relationship between support network and loneliness.
9. The relationship between level of communication and loneliness.

**Definition of Terms**

For this study the following terms are defined:

**Loneliness** - is a psychological state which is operationalized primarily in terms of feelings in which an individual may experience loss, separation or isolation, and recognized that these feelings are a problem.47

**Institutionalized Elderly** - is defined in terms of men and women ages 50 and over residing in a nursing home setting who are experiencing loss or separation from family and friends.48

**Social Activity** - is defined in terms of any regularized or patterned action or pursuit involving others that is considered as beyond routine physical or personal maintenance. One dimension involving social activity is based upon the content of a social network. This dimension refers to categories or persons with whom the resident engaged in activity. These activity partners include: family members, friends and neighbors.49

**Subjective Well-Being** - is operationalized in terms of specific devices purporting to measure happiness, life-satisfaction and morale.50
CHAPTER V

METHODOLOGY

The researcher will conduct an exploratory analysis using a hypothetical research design to test the hypotheses for study.

Data Collection Procedure

The study examined feelings of loneliness among 41 black elderly nursing home residents. The researcher's intent and interest were a) to establish that feelings of loneliness maybe a personal problem for elderly blacks when placed in long term care facilities; b) a loss of social support systems such as the death of a spouse, loss of income, and diminished health and vitality may give rise to feelings of loneliness; c) that these disadvantages viewed both individually and collectively may produce decreased levels of participation in those social activities which are vital for the elderly person's sense of well-being.

The researcher in selecting the sample for this study required that respondents meet the following eligibility requirements:

- Program participant can be either male or female.
- Program participant must be black.
- Resident must be age 50 or over.
- Resident must be residing at the nursing home facility at the time of the study.
- Resident must be determined mentally competent to participate in the study.
- Informed consent must be obtained from each resident.
The 41 residents were between the ages of 53 and 96. There were 18 males and 23 females who took part in the study. The mean age of this group was 68. Only coherent residents who were judged by the staff to be interviewable were included in the sample.

The participants were non-randomly selected from the Imperial Health Care Center and Sadie G. Mays Nursing Home of Atlanta, Georgia.

The Imperial Health Care Center, which has a capacity of 120 residents, is 93 per cent black and 7 per cent white. It is estimated that 95 per cent of the residents are financially indigent, receiving general sources of support such as Social Security and Medicaid. The Sadie G. Mays Nursing Home, which has a capacity of 206 residents, is 90 per cent black and 10 per cent white. It is estimated that 90 per cent of the residents receive Social Security and Medicaid.

The researcher developed a survey questionnaire based upon the OARS Social Resource Scale and the Philadelphia Geriatric Multi-Level Assessment Instrument. This survey questionnaire was tested on ten (10) respondents between the ages of 50 and 85 residing in a institutional setting. The pretest subjects were secured from the Imperial Health Care Center. The results of the pretest served as a basis for modification of the questionnaire instrument, which was to be used with the 41 participants who were non-randomly selected from among two predominately black nursing homes.

The content of the questionnaire, which was comprised of 20 questions, formed the foundation for data analysis and conclusions which enabled the researcher to prove or disapprove the hypothesis of the study.
The questionnaire was administered by an interviewer who asked the questions individually and recorded the response given to each question. The interview was conducted wherever the respondent preferred - lounge areas, resident's room, craft center or activity room. The researcher attempted to interview most respondents in their room to allow for privacy, to limit distractions and to permit the respondent to speak freely.

Description for Instruments

The instruments used in this study were:

The OARS (Older American's Resources and Services) Resource Scale, which is part of a larger OARS battery, is considered to be the best known general measure of social functioning for the elderly. The questions elicit information about family structure, patterns of friendship and visiting, and the availability of a helper if the need should arise. On the basis of responses to the questions, the interviewer rates the social resource of the individual according to a six-point scale, ranging from "excellent social resources" to "totally socially impaired."51

The Philadelphia Geriatric Multi-Level Assessment Instrument is a validated instrument which is widely used in measuring the subjective well-being of the aged. It can be administered either in written or oral form, and is designed to be comprehensible to the very old.52 The test consists of a series of questions on physical health, cognition, ADL, time use, social interaction, personal adjustment and the environment. Because portions of the MAI may be excerpted for special purpose use, questions pertaining to physical health, social interaction and personal adjustment involving morale were chosen for this particular study.53
Data Analysis

The data was analyzed by the use of tables, percentages and the significance of chi square. The chi square test may be used to test a large variety of hypotheses in many areas of comparing the expected results (frequencies) based upon the hypothesis to be tested and the actual results obtained by securing observations.\(^5\)\(^4\)

Limitations of the Study

The author found it difficult to obtain information on loneliness and its effect on aged blacks who are institutionalized. The majority of literature focused primarily on aged white populations. However, there were other limitations which essentially hampered the researcher's study, namely:

First, the sample size was curtailed by the institutional response and the difficulty in obtaining a larger sample of competent participants.

Secondly, the size of the sample did not allow the researcher to make any overwhelming generalizations from the findings.

Thirdly, the limited time frame of the researcher, having to interview each subject individually, was very time-consuming and demanding.

Fourthly, the researcher had to personally administer each test and interview because of the questionable comprehension of a significant number of subjects. This became necessary because of the multiple choice questions and complexity of the wording in others, not due exclusively to the comprehension of residents (although this played a significant factor).

Anticipated Findings

It is the belief of this author that feelings of loneliness experienced by aged blacks residing in institutional settings can be reduced through their participation in activity programs. The researcher contends that
factors such as social activity, religious activity, life satisfaction, age, sex, marital status, physical health, support systems and receipt of telephone calls may all affect the psychological well-being of the aged.

It is strongly felt that most of the hypotheses will be confirmed rather than rejected, because of the great significance of the independent variables. Each major variable and its relationship to loneliness will be discussed separately:

I. Social Activity: This variable is the most important one, simply because it has been found that activity involvement reduces feelings of loneliness and depression.

II. Physical Health: The health status of the nursing home resident is an important variable, for the amount of participation in social activities may depend largely upon the elderly resident's health. In certain instances, poor health may hinder some residents from participating in desired activities, thus causing a feeling of loneliness and isolation.

III. Life-Satisfaction: This variable is significant, for it attempts to measure the degree of happiness, subjective well-being and morale of the elderly resident.

IV. Family Support System: This variable examine the amount of visits a resident receives and how often he/she may communicate with family members or friends by telephone. It is believed that the support of family and friends has a significant influence in the overall well-being of aged residents. Elderly persons who do not have the support of their family often report feeling lonely and, in general, are dissatisfied with their life.
V. Marital Status: This variable is important for it indicates that the married couple is the most frequently represented among residential families 60 years and older. However, with differential longevity between males and females, there is a high incidence of widows and widowers surviving into later years (Watson, 1982). This suggest that for a number of elderly persons who have lost a spouse may experience loneliness in a long term care facility.

VI. Age: Age is an important variable for it characterizes the changes in the elderly members in each society. The aging process can be thought of as the development of a person throughout the life course from infancy through old age (Watson, 1982).

Specifically, the researcher believes that the findings resulting from testing all these hypotheses will indicate clues to better understanding of the complexity of loneliness among the institutionalized elderly and attributing other factors which have been ignored or overlooked. Perhaps these findings will assist social workers in putting together better techniques of intervention and treatment to reduce feelings of loneliness experienced by elderly blacks in long-term care facilities.
CHAPTER VI

RESULTS OF RESEARCH

Relationships and Implications

This study attempts to discuss and analyze nine major hypotheses in relation to feelings of loneliness:

1. The relationship between level of participation in social activities and loneliness.
2. The relationship between involvement in religious activities and loneliness.
3. The relationship between life satisfaction and loneliness.
4. The relationship between age of resident and loneliness.
5. The relationship between marital status and loneliness.
6. The relationship between perceived health and loneliness.
7. The relationship between sex and loneliness.
8. The relationship between support network and loneliness.
9. The relationship between level of communication and loneliness.

Findings

Based on the study, all of the participants were fully alert and oriented, and about two-thirds were completely ambulatory. Their ages ranged from 53 through 96; the mean age was 68. More than one-half (56.1 per cent) were women, three-fourths were widows or widowers, and 15 per cent had never been married. All participants were black. The highest level of education completed by most participants was 7th grade and below. Only 26.9 per cent had gone to college or completed high
The respondents' occupations were basically unskilled labor. In talking with the respondents, many of them informed the researcher that they had had to support their families and had been unable to complete their education. Many of the respondents had no extended family members to assist them if they needed help. Many of the respondent's family members and close friends had either died or had moved away, thereby, leaving the resident absolutely to the care of the nursing staff.

The nine correlational factors in predicting feelings of loneliness are: social activity, religious activity, life-satisfaction, age, sex, marital status, health, support network and receipt of telephone calls. Each of these variables were examined in relation to feelings of loneliness. The results were gathered through observing basic percentages and their significance. More than one-half or (56.1 per cent) of all the residents experienced loneliness, while 43.9 per cent did not. (See Table 1) This was significant, for it supports the premise that elderly blacks when placed in long-term care facilities may experience feelings of loneliness.

The category of social activity was measured by the amount of time the respondent spent (a) participating in a senior citizen's group or community organization; (b) participating in recreational activities and hobbies; (c) socializing with friends and relatives; and (d) doing volunteer work. (See Questionnaire in Appendix) In order to get the overall significance of this variable, scores were combined according to high and low levels of social activity participation. The findings of this variable indicated that 22 or 53.7 per cent of the respondents participated in
social activity, while 19, or 46.3 per cent, did not. (See Table 2) In comparing social activity with feelings of loneliness, it was found to be significant that 20 or 48.8 per cent of the respondents who had a high level of participation in social activity still experienced loneliness. The findings also indicated that 18, or 43.9 per cent of the respondents who had a low level of participation in social activity, did experience feelings of loneliness. (See Table 3) Consequently, hypothesis number one can be accepted based upon two reasons: First, the statistics did not prove overwhelmingly that the respondents who participated in social activities experienced loneliness. Secondly, although the percentage for low activity participation has an indirect significant relationship to loneliness, the statistics supports hypothesis number one, which suggests that a lack of social activity may contribute to a feeling of loneliness. Chi square: $X^2 = 37.15$, df: 1 $P < .0001$. Therefore, hypothesis number one can be accepted on the premise that elderly residents because of low activity participation may feel lonely or isolated.

Religious activity was measured by how often the respondent participated in any church activities, including those provided by the home. The overall responses indicated that approximately 68.3% of the residents take part in religious activities either occasionally or on a regular basis, in or outside the home, when provided. (See Table 4) This observation is consistent with the findings which suggest that aged blacks gain more life-satisfaction from participating in religious activities than the white aged (Jackson, 1980).

In comparing religious activity to loneliness, it was found that 56.1 per cent of the respondents who experienced feelings of loneliness were in the categories of inactive, infrequent or occasional. For
respondents who participated in religious activities on a regular basis, the data indicated that 43.9 per cent of them did not feel lonely. (See Table 5, Chi square: \( \chi^2 = 31.63, \text{df: } 3 \ P<.0001 \).) Thus, hypothesis number two can be accepted.

In terms of life-satisfaction, it was discovered that 51.2 per cent of the residents were not satisfied with their life, while 48.8 per cent reported that they were satisfied. (See Table 6) This observation is consistent with other findings which suggest that a lack of life-satisfaction for the nursing home resident may depend largely on the type of support systems, overall health, and financial status (Creecy, Berg and Wright, 1985). Life-satisfaction compared to loneliness indicated that 51.2 per cent of the residents who felt lonely were dissatisfied with their life, while 48.8 per cent of the residents who did not feel lonely were satisfied with their life. (See Table 7, Chi square: \( \chi^2 = 14.14, \text{df: } 1 \ P<.0002 \).) This results indicates that hypothesis number three may be accepted.

Based upon the category of age, 48.8 per cent of the respondents were between the ages of 50 and 70. The study revealed that the majority of the respondents were 71 and above, or 51.2 per cent. What was significant about this category was that the ages of respondents who were 71 and above were much higher than those 50 to 70. (See Table 8) In relation to loneliness, it was found that 56.1 per cent of the elderly between the ages of 50 and 70 experienced feelings of loneliness, while 43.9 per cent of respondents between the ages of 71 and above did not feel lonely. There seems to be a direct relationship between younger residents and feelings of loneliness. (See Table 9, Chi square: \( \chi^2 = 30.14, \text{df: } 1 \ P<.0001 \).) Therefore, hypothesis number four can be accepted for younger
residents, but not for older residents, in relation to loneliness. One possible reason for this assumption is that for many elderly persons who have resided in a nursing home for an extended period of time loneliness may not be perceived as a personal problem, whereas for the younger resident who has a period of adjustment to make may experience loneliness to a large degree.

The sex composition indicated that 43.9 per cent of the aged were males, in comparison to 56.1 per cent of females, in the study. (See Table 10) This category was most significant for it supports the fact that there are more elderly females than elderly males in the general population. Recent findings suggest that this imbalance is less marked for elderly blacks than for elderly whites. In other words, the ratio of elderly blacks may be higher due to more males than females at any age above 65 having been included in the census. (Yurick, Robb, Spier and Ebert, 1984)

Sex in relation to loneliness indicated that 56.1 per cent of the males respondents experienced feelings of loneliness, while 43.9 per cent of female respondents reported not feeling lonely. (See Table 11). There seems to be a direct relationship between loneliness and elderly male residents. This particular finding may be supported by the fact that because elderly black men have spent most of their lives working, gauging their self-worth through work and providing for their families. Few took the time to develop other relationships or learn a hobby to occupy their time. (Waller and Griffin, 1984) Chi square: X^2 22.03, df: 1 P<.0001. Therefore, hypothesis number five may be accepted as having a direct relationship to loneliness.
The marital status composition indicated that 14.6 per cent of the respondents were either single or married, while there was a small percentage (2.4 per cent) who were divorced. What was significant about this category was the 43.9 per cent of respondents were widowed. (See Table 12) This observation is consistent with other findings which suggest that widows and widowers are often susceptible to feelings of loneliness. Thus, for many aged widows between the ages of 50 and 60, loneliness can be devastating, (Erickson, 1985) Concerning loneliness, it was discovered that 12, or 29 per cent, of the respondents who were either single and married reported feeling lonely. Under the category of separated, 10 or 24.2 per cent felt lonely. What was most significant about this category was that 12 or 29.2 per cent of those respondents who were widowed reported that they did feel lonely, verses 6 or 4.6 per cent of those who were widowed did not feel lonely. (See Table 13) This suggest for the overall category that a number of aged residents who are still working through the resolution of grief and guilt associated with life-changing experiences such as the death of grown children and spouse, the suicide of a spouse, rape in late life or abandonment by their children may experience some degree of loneliness. (Waller and Griffin, 1984)

Chi square: \( \chi^2 14.02, \text{df: 1} P<.0002 \). Thus, hypothesis number six can be accepted as having a direct relationship to feelings of loneliness.

The health status of each resident was based upon a self-reported rating. Many of the respondents had rather severe health alterations and limitations. When asked to evaluate their health, however, two-fifths or 41.4 per cent considered that their health was, in general, good for their age, 7.3 per cent considered their health as fair, and 44.0 per cent gave a rating of poor. (See Table 14) In relation to loneliness, it
was found that 18 or 44.0 per cent of the respondents who had poor health felt lonely, while 12 or 29.22 per cent of the respondents who had good health reported not feeling lonely. (See Table 15) There seems to be a direct relationship between good health and feelings of loneliness. This particular category is most significant, for it suggests that poor health may act to inhibit those behaviors that, under normal circumstances, will be contrary to feelings of loneliness. (Creecy, Berg and Wright, 1985) Chi square: $X^2 16.04, df: 3 P<.0002$. Therefore, hypothesis number seven may be accepted.

Support systems of residents involved measuring how often they were visited by relatives and friends. It was found that 51.2 per cent of the residents saw very little of family and friends, while 48.8 per cent indicated that they were visited by family and friends quite often. In relations to loneliness, the statistics indicated that there was a significant relationship between family support and loneliness. Based upon these findings, the greater the support network, the less likely the elderly resident reported of feeling lonely. Chi square: $X^2 30.55 df: 3 P<.0001$ (See Table 16) Therefore, hypothesis number seven is accepted.

The receipt of telephone calls from family and friends examined the number of times during the past week when the resident talked to friends, relatives, or others. (See Questionnaire in Appendix) Although the data revealed that 51.2 per cent of the respondents had not received any telephone calls during the past week, there was a clear indication that increased subjective well-being, as measured by its association with reduced feelings of loneliness, was significant for 19.5 per cent of
respondents who received calls 2-3 times a week or once a day or more.

Chi square: \( X^2 \) 27.17 df: 1 P<.0001 (See Table 17) Hypothesis number nine in this case was accepted.

Summary of Findings

The major findings indicated that all nine hypothetical variables (social activity, religious activity, life-satisfaction, age, sex, marital status, health, support system and receipt of telephone calls) showed a significant relationship to feelings of loneliness.

Although social activity was hypothesized as being by far the most important variable for reducing loneliness, it had a significant indirect relationship to feelings of loneliness. The data suggests that a lack of social activity may contribute to loneliness.

Participation in religious activities proved to be most significant, for it showed a direct relationship to reducing feelings of loneliness. The data suggests that elderly blacks participation in religious activities provides a sense of social fulfillment.

In terms of life-satisfaction, the data showed that the majority of the elderly who were satisfied with their life did not feel lonely. This suggests that a lack of life-satisfaction for the aged may depend heavily on a support system, overall health and financial status.

The categories involving age, sex and health had a direct relationship to loneliness. Accordingly, the study showed that aged residents between the ages of 50 and 70 experienced feelings of loneliness. The sex status indicated that elderly men were more prone to experience feelings of loneliness than elderly women. The finding suggests because elderly men
due to a failure to establish other relationships and cultivate a hobby, are more likely to feel lonely when institutionalized.

In the category of physical health, the study confirmed the researcher's belief that respondents who were in poor health felt more lonely in comparison to those who had good health.

In regard to support systems and receipt of telephone calls, there was a significant relationship to loneliness. It was found that the greater the elderly person's support system and correspondence with family and friends, the less likely loneliness was to be a problem.

In summary, the results of the study indicated that feelings of loneliness among minority nursing home residents may be understood as a complex response to an environment which may not provide for an adequate sense of life-satisfaction or social fulfillment for the aged.
Summary

Conclusion

This study addressed the primary causes of loneliness and its effects on aged blacks who are institutionalized. Loneliness for many aged blacks may be due to their loss of social support systems, lack of income and diminished health and vitality. One major alternative to this problem is to provide supports within the nursing home, as well as in the community to improve the elderly person's sense of well-being.

Moreover, this study shows the importance of close ties with family and friends, visitation, telephone conversation, physical health, religious faith and participation in social activities as factors that help to induce a sense of subjective well-being among aged blacks. While the findings in the literature well documented the importance of family, friends and church participation, the importance of visiting patterns and telephone conversations received much less research attention. However, given the importance of understanding the determinants of objective and subjective well-being with relevance to program planning, closer attention to the significance of visiting patterns and telephone conversations, along with other sources of social supports, will help in developing a broad-based strategy for loneliness prevention within long-term care facilities.
Recommendations

Society must first accept that the forces of ageism affect us all through grandparents, parents, distant relatives and friends, or through expectations of what people will encounter as aging becomes a factor in their lives. Aged individuals in long-term care facilities need some type of recreational activities to release tension, to take the mind off of self, to occupy time and to socialize. In this regard, the following recommendations are made to enhance the resident's feeling of satisfaction and self-worth:

1. Maintain recreational activities in a long-term care facility to permit a close relationship with the outside community.

2. Recognize the elderly resident as a unique individual.

3. Involve the resident in his/her financial affairs.

4. Allow for autonomy and mutual support.

5. Encourage family members to involve the resident in all phases of decision making regarding his/her care.

6. Provide reminiscences to encourage the resident's positive self-esteem.

7. Contact churches within the community to take a resident out to the religious services.

8. Develop a volunteer or workstudy program for local high school and college students to take residents to a library, to a movie or out to lunch.


10. Encourage family members to participate in all phases of the elderly person's care such as assessment, goal setting, planning and implementation of services.

The researcher believes that the findings of this particular research will aide future investigations in developing ideas, questions or hypotheses concerning the problem of loneliness. In addition, it is hoped that the
results of this investigation, although formative, will arouse the interest of clinicians and administrators in examining their program effectiveness and accountability.

Implications for Social Work Practice

In terms of social work practice, it is this researcher's belief that social workers in institutional settings are in a unique position to gather information that can be the basis for advocacy and policy change. An active, ongoing activity program within a nursing home allows the worker to become involved in identifying, planning and applying methods to increase socialization. Such a program also enables the worker to recognize the purpose of activities designed for therapeutic use of leisure time and the promotion of social interaction and entertainment. In addition, social workers are able to observe that, despite planned activities and the constant presence of others, loneliness can occur. Moreover, social workers must learn to be alert to the importance of a strong family support system and the debilitating effect that the lack of this support system may have on residents.
END NOTES


4Ibid.


9Foster, op. cit.

10Jackson (1980), op. cit.

11Ibid.

12Ibid.


15Creecy, Berg and Wright (1985), op. cit.

16Creecy, Berg and Wright (1983), op. cit.


19 Jackson (1980), op. cit.

20 Ibid.


22 Jackson (1980), op. cit.

23 Ibid.

24 Creecy, Berg and Wright (1984), op. cit.


26 Ibid.

27 Incani, Seward and Sigler, op. cit.


29 Ibid.


31 Forbes and Fitzsimons, op. cit.

32 Berghorn, Schafer and Associates, op. cit.

33 Watson, op. cit.


35 Ibid.

36 Loether, op. cit.

37 Ibid.

38 Yurick, Robb, Spier and Ebert, op. cit.

39 Ibid.

40 Ibid.

Yurick, Robb, Spier and Ebert, op. cit.

Ibid.

Jackson, op. cit.

Ibid.

Ibid.

Creecy, Berg and Wright (1985), op. cit.


Ibid.

Ibid.


APPENDICES
Table 1

Frequency Distribution of Loneliness for 41 Participants

<table>
<thead>
<tr>
<th>Frequency</th>
<th>N</th>
<th>PER CENT</th>
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<tbody>
<tr>
<td>Feeling Loneliness</td>
<td>23</td>
<td>56.1</td>
</tr>
<tr>
<td>Without Feeling Loneliness</td>
<td>18</td>
<td>43.9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>41</td>
<td>100.0</td>
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Table 2

Distribution of Participation In Social Activities

<table>
<thead>
<tr>
<th>RESPONSE</th>
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<th>PER CENT</th>
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<tr>
<td>Yes</td>
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<td>53.7</td>
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<tr>
<td>No</td>
<td>19</td>
<td>46.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>41</td>
<td>100.0</td>
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Table 3

Distribution of Participation In Social Activities In Relationship to Loneliness

<table>
<thead>
<tr>
<th>PARTICIPATION</th>
<th>High</th>
<th>Low</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Feeling Loneliness</td>
<td>20</td>
<td>18</td>
<td>38</td>
</tr>
<tr>
<td>Without Loneliness</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>22</td>
<td>19</td>
<td>41</td>
</tr>
</tbody>
</table>

Hypothesis one is significant at .01 level = $X^2$ 37.15 df: 1 P<.0001.
Table 4
Percent Distribution of Respondents Participation In Religious Activity

<table>
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<tr>
<th>LEVEL OF ACTIVITY</th>
<th>N</th>
<th>PER CENT</th>
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<tbody>
<tr>
<td>Inactive</td>
<td>5</td>
<td>12.2</td>
</tr>
<tr>
<td>Infrequent</td>
<td>8</td>
<td>19.5</td>
</tr>
<tr>
<td>Occasional</td>
<td>9</td>
<td>22.0</td>
</tr>
<tr>
<td>Regular</td>
<td>19</td>
<td>46.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>41</td>
<td>100.00</td>
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</table>

Table 5
Distribution of Religious Activity In Relation to Loneliness

<table>
<thead>
<tr>
<th>Feeling Loneliness</th>
<th>Inactive</th>
<th>Infrequent</th>
<th>Occasional</th>
<th>Regular</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>With Loneliness</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Without Loneliness</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>TOTAL</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td>19</td>
<td>41</td>
</tr>
</tbody>
</table>

Hypothesis two is significant at .01 level = $X^2$ 31.63 df: 3 $P < .0001$. 
Table 6  
Percent Distribution of Attitude Towards Life Satisfaction  

<table>
<thead>
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<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>20</td>
</tr>
<tr>
<td>Dissatisfaction</td>
<td>21</td>
</tr>
<tr>
<td>TOTAL</td>
<td>41</td>
</tr>
</tbody>
</table>

Table 7  
Distribution of Life Satisfaction In Relation to Loneliness  

<table>
<thead>
<tr>
<th></th>
<th>Satisfaction</th>
<th>Dissatisfaction</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling Loneliness</td>
<td>3</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>Without Loneliness</td>
<td>16</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>TOTAL</td>
<td>19</td>
<td>22</td>
<td>41</td>
</tr>
</tbody>
</table>

Hypothesis three is significant at .02 level = \(X^2 = 14.14\) df: 1 \(P<.0002\).
Table 8
Percent Distribution By Age

<table>
<thead>
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<th>Frequency</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
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<td>PER CENT</td>
<td></td>
</tr>
<tr>
<td>50 to 70</td>
<td>20</td>
<td>48.8</td>
</tr>
<tr>
<td>71 and above</td>
<td>21</td>
<td>51.2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 9
Distribution of Age in Relation to Loneliness

<table>
<thead>
<tr>
<th>Feeling Loneliness</th>
<th>50 to 70</th>
<th>71 and Above</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>3</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Without Loneliness</td>
<td>0</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20</td>
<td>21</td>
<td>41</td>
</tr>
</tbody>
</table>

Hypothesis four is significant at .01 level = X² 30.14 df: 1  P<.0001.
Table 10
Distribution By Sex

<table>
<thead>
<tr>
<th>Frequency</th>
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</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>18</td>
<td>43.9</td>
</tr>
<tr>
<td>Females</td>
<td>23</td>
<td>56.1</td>
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<tr>
<td>TOTAL</td>
<td>41</td>
<td>100.0</td>
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Table 11
Distribution of Sex In Relation to Loneliness

<table>
<thead>
<tr>
<th>Feeling Loneliness</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>18</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>Without Loneliness</td>
<td>0</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>TOTAL</td>
<td>18</td>
<td>23</td>
<td>41</td>
</tr>
</tbody>
</table>

Hypothesis five is significant at .01 level = $X^2$ 22.03 df: 1 P<.0001.
Table 12
Distribution By Marital Status

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>6</td>
<td>14.6</td>
</tr>
<tr>
<td>Married</td>
<td>6</td>
<td>14.6</td>
</tr>
<tr>
<td>Separated</td>
<td>10</td>
<td>24.4</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Widowed</td>
<td>18</td>
<td>43.9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 13
Distribution of Marital Status In Relation to Loneliness

<table>
<thead>
<tr>
<th>Feeling Loneliness</th>
<th>Single</th>
<th>Married</th>
<th>Separated</th>
<th>Divorced</th>
<th>Widowed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without Loneliness</td>
<td>6</td>
<td>6</td>
<td>10</td>
<td>1</td>
<td>12</td>
<td>35</td>
</tr>
<tr>
<td>Widowed</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6</td>
<td>6</td>
<td>10</td>
<td>1</td>
<td>18</td>
<td>41</td>
</tr>
</tbody>
</table>

Hypothesis six is significant at .01 level = $X^2 14.02$ df: 1 P<.0002.
Table 14

Percent Distribution By Health Status

<table>
<thead>
<tr>
<th>Frequency</th>
<th>N</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>3</td>
<td>7.3</td>
</tr>
<tr>
<td>Good</td>
<td>17</td>
<td>41.4</td>
</tr>
<tr>
<td>Fair</td>
<td>3</td>
<td>7.3</td>
</tr>
<tr>
<td>Poor</td>
<td>18</td>
<td>44.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 15

Distribution of Health Status In Relation to Loneliness

<table>
<thead>
<tr>
<th>Feeling Loneliness</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling Loneliness</td>
<td>3</td>
<td>5</td>
<td>0</td>
<td>15</td>
<td>23</td>
</tr>
<tr>
<td>Without Loneliness</td>
<td>0</td>
<td>12</td>
<td>3</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>TOTAL</td>
<td>3</td>
<td>17</td>
<td>3</td>
<td>18</td>
<td>41</td>
</tr>
</tbody>
</table>

Hypothesis seven is significant at .01 level = $X^2$ 16.04 df: 3 P<.0002.
Table 16
Support Network - Seeing Relatives and Friends

<table>
<thead>
<tr>
<th>Frequency</th>
<th>N</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often</td>
<td>20</td>
<td>48.8</td>
</tr>
<tr>
<td>Very Little</td>
<td>21</td>
<td>51.2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Hypothesis eight is significant at 0.1 level = $X^2$ 30.35 df: 3 $P<.0001$.

Table 17
Receipt of Telephone Calls from Family and Friends

<table>
<thead>
<tr>
<th>Frequency</th>
<th>N</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at All</td>
<td>21</td>
<td>51.2</td>
</tr>
<tr>
<td>Once a Day</td>
<td>8</td>
<td>19.5</td>
</tr>
<tr>
<td>2-3 Times a Week</td>
<td>8</td>
<td>19.5</td>
</tr>
<tr>
<td>Once a Week</td>
<td>4</td>
<td>9.8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>41</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Hypothesis nine is significant at 0.1 level = $X^2$ 27.17 df: 1 $P<.0001$. 
INTRODUCTION AND INFORMED CONSENT REQUEST

Hello Mr./Mrs./Ms. ____________________________:

My name is ____________________________. I am a graduate student at Atlanta University School of Social Work. I am interviewing elderly nursing home residents to learn more about the problem of loneliness.

I have a "permission sheet" here that tells you all about the study. I am interested in the information given and no names will be used. It will take about 20-25 minutes of your time.

Would you be willing to help me out by answering a few questions?

_____ YES

If "yes": Thank you. Please sign here.

_____ NO

If "no": Do you have some concerns about the study?

If patient agrees to participate, have him/her sign consent form, you sign as witness.
INFORMED CONSENT TO ACT AS A RESEARCH SUBJECT

AN INVESTIGATIVE STUDY ON SOCIAL ACTIVITY/SUBJECTIVE WELL-BEING IN RELATIONSHIP TO FEELINGS OF LONELINESS AMONG ELDERLY BLACKS WHO ARE INSTITUTIONALIZED

I hereby consent to act as a participant in the research study on feelings of loneliness among elderly blacks who are institutionalized. I understand that this study seeks to understand the factors which lead to feelings of loneliness among older blacks who are isolated away from family members and close friends.

I understand that my participation in the research project involves answering questions pertaining to loneliness, social activities, family support networks, morale, physical health, activity and life satisfaction. I understand that these questions will be asked of me while I am in the nursing home and that it will take about thirty minutes of my time.

The purpose of the study and the questions have been explained to me by the researcher. If I have any questions about the study, I may call the Principal Investigator, Sheila M. Shanks, Atlanta University School of Social Work, 681-0251.

I understand that this study seeks to increase knowledge about the factors leading to feelings of loneliness among elderly blacks who reside in nursing homes. There is no direct benefit to me; however, I may benefit in that future services that I and others receive may be affected by the results of this study. There are no risks, inconveniences or discomforts for me other than those involved in answering questions for about thirty minutes.

I understand that every possible effort will be made to keep my identity private and confidential. Greatest care will be taken when reporting the results of the study to preserve confidentiality by use of numbers instead of names and by reporting results for large groups of people rather than individually. I understand that I may withdraw from participation in this study at any time if I wish to do so, and that this will not influence the services and care I receive in any way.

I understand that there will be approximately 41 subjects involved in this study.

Witness ___________________________ Signature of Resident ___________________________

Date and Time ___________________________
INTERVIEW QUESTIONNAIRE ON
SOCIAL ACTIVITY/SOCIAL WELL-BEING IN RELATIONSHIP TO
FEELINGS OF LONELINESS AMONG ELDERLY BLACKS
WHO ARE INSTITUTIONALIZED

Number ___________________ Adm. Date _____________________
Nursing Home ____________________ DOB _____________________

In order to compare the results of this study with people from different groups and situations, I'd like to ask you some questions about your background.

1. AGE ________
2. SEX ________
3. MARITAL STATUS (What is your marital status?)

   A. Single, never married
   B. Married
   C. Divorced
   D. Separated
   E. Widowed

4. EDUCATION

   A. What is the highest grade of regular school that you completed?

      1. Graduate School
      2. College Graduate
      3. Some College
      4. High School Graduate
      5. Some High School
      6. Junior High School Graduate
      7. 7th Grade and Below

5. OCCUPATION

   A. What type of work have you done for most of your life?

      1. Executive/Professional
      2. Manager/Owner
      3. Administrative/Semi-Professional
      4. Clerk/Sales/Technical
      5. Skilled Worker
      6. Semi-Skilled Worker
      7. Unskilled Worker
6. RELIGIOUS PREFERENCE

What is your religion?

1. Protestant (Specify)
2. Catholic
3. Jewish
4. Baptist
5. Other (Specify)
6. None

7. PARTICIPATION IN RELIGIOUS ACTIVITIES

How often do you participate in religious activities?

1. Not at all (inactive)
2. Once or twice a year (infrequent)
3. About monthly (occasional)
4. Weekly (regular)

8. OARS SOCIAL RESOURCE SCALE

Now I'd like to ask you some questions about your family and friends.

A. In the past year about how often did you leave her to visit your family and/or friends for weekends or holidays, or to go on shopping trips or outings?

1. Once a week or more
2. 1-3 times a month
3. Less than once a month or only on holidays
4. Never
5. Not answered

B. How many people do you know well enough to visit with in their homes?

1. None
2. One to two
3. Three to four
4. Five or more
5. Not answered

C. About how many times did you talk to some friends, relatives or others on the telephone in the past week (either you called them or they called you)? [IF SUBJECT HAS NO PHONE, QUESTION STILL APPLIES.]

1. Once
2. 2-3 times
3. Once a day or more
4. Not at all
5. Not answered
D. How many times during the past week did you spend some time with someone who does not live with you; that is, you went to see them, or they came to visit you, or you went out to do things together?

1. Once
2. 2-6 times
3. Once a day or more
0. Not at all
Not answered

E. Do you have someone you can trust and confide in?

1. Yes
2. No
0. Not answered

F. Do you see your relatives and friends as often as you want to, or are you somewhat unhappy about how little you see them?

1. As often as wants to
2. Somewhat unhappy about how little
Not answered

G. Is there someone outside the nursing home who would give you any help at all if you were sick or disabled; for example, your husband/wife, a member of your family, or a friend?

1. Yes
2. No
0. Not answered

(If "yes" ask a. and b.)

a. Is there someone outside the nursing home who would take care of you as long as needed, or only for a short time, or only someone who would help you now and then (for example, taking you to the doctor, or fixing lunch occasionally, etc.)?

1. Someone who would take care of subject indefinitely (as long as needed)
2. Someone who would take care of subject for a short time (a few weeks to six months)
3. Someone who would help subject now and then (taking him/her to the doctor or fixing lunch, etc.)

b. Who is this person?

Name

Relationship
Philadelphia Geriatric Multi-Level Assessment Instrument

9. How would you rate your health at the present time?

_____ Excellent
_____ Good
_____ Fair
_____ Poor

10. Would you say that your health is better, about the same, or not as good as most people your age?

_____ Better
_____ Same
_____ Not so good

PARTICIPATION IN SOCIAL ACTIVITY

11. Based upon the following frequency codes of (1) Never, (2) 3 times a year or less, (3) 1 time a month, and (4) 1 time a week, how often in the past year have you:

_____ a. participated in a senior citizen's group or community organization?
_____ b. participated in recreational activities and hobbies?
_____ c. socialized with friends and relatives?
_____ d. done volunteer work?

MORALE

I would like to know how you feel about a number of things. You can just answer "yes" or "no."

12. Do things keep getting worse as you get older?

_____ Yes
_____ No

13. Do you have much pep as you did last year?

_____ Yes
_____ No

14. How much do you feel lonely?

_____ Not much
_____ A lot
15. Do little things bother you more this year?
   _____ Yes
   _____ No

16. Do you see enough of your friends and relatives?
   _____ Yes
   _____ No

17. Do you feel that as you get older you are less useful?
   _____ Yes
   _____ No

18. Do you have a lot to be sad about?
   _____ Yes
   _____ No

19. Do you take things hard?
   _____ Yes
   _____ No

20. Would you say that you are satisfied or dissatisfied with your life.
   _____ Satisfied
   _____ Dissatisfied
BIBLIOGRAPHY


