International Journal of Psychology and Behavioral Sciences 2015, 5(2): 49-52
DOI: 10.5923/j.ijpbs.20150502.01

Anxiety and Loneliness in the Iranian Older Adults

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Abstract Aging is a delicate part of our life and taking care of the subsequent problems and needs is a major social necessity. This study aims at determining the relationship between anxiety and loneliness among the Iranian older adults. In this correlational study, 200 older adults in Qom, Iran, were selected through the convenience sampling method. To gather the data, the Geriatric Anxiety Scale (GAS) and the UCLA Loneliness Scale (version 3) were used as well as a questionnaire containing demographic variables. The sample consisted of 66% male, 91.5% of whom were married and aged from 60 to 93 (Mean: 68.32, SD: 7.1). Analytic findings showed that the GAS total score and three subscales were strongly correlated with the UCLA-LS score. Loss of interpersonal relationship leads to loneliness, fear of losing and anxiety due to separation at the end. According to the results and due to the high level of loneliness of the elderly in this study, it is suggested that through increasing social relationship and strengthening the interactions in the elderly, one can replace a new interpersonal relation with the lost one to decrease the feeling of loneliness. Therefore it could be a great assistance to reduce the anxiety of separation in the elderly.

Keywords Older adults, Anxiety, Loneliness

1. Introduction

The elderly face a life situation that is often characterized by stressful events such as the loss of loved ones and by progressive health impairment and disability which makes them vulnerable to emotional disturbance. The aged can be regarded as a risk population that is confronted with dependency, social isolation, illness, and the threat of death. Many studies have dealt with hardships, loneliness, and lack of well-being of senior citizens [1-3].

Late adolescence has been characterized as one of the loneliest periods in the life span [4]. If unresolved, adolescents' feelings of loneliness can become an obstacle in the formation of normative social relationships through the development of anxiety and social avoidance [5, 6]. Loneliness refers to an individual's subjective perception that an adolescent lacks close interpersonal relationships [7]. The prevalence of loneliness in older adults is estimated to be 40%, and this figure has been relatively constant over the last 25 years [8]. Zilboorg's theory is reported as the first psychoanalytic exploration into the subject of loneliness where loneliness was described as relating back to childhood attachment issues and resulting in an overwhelming persistent negative [9].

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Published online at http://journal.sapub.org/ijpbs

De Beurs et al. discovered the significant impact of anxiety in older populations. In this community, anxiety symptoms and disorders were associated with decreased physical activity, poorer self-perceptions of health, reduced life satisfaction, and increased loneliness [10].

Anxiety disorders in late-life have received insufficient empirical attention, despite relatively high prevalence estimates and significant impacts on functioning [11, 12]. The serious impacts of anxiety are well documented for adults of all ages. Anxiety in younger and middle age adults is associated with decreased quality of life, work productivity, and financial status, as well as increased use of health care services and costs to both individuals and society [13-15]. The empirical literature on anxiety prevalence suggests that it has become a widespread problem in late life. With prevalence estimates ranging from 1.2% to 15% in community samples of older adults [16, 17], and from 15% to 56% in clinical samples [16, 18], it is more common than depression.

In Iran, the population of older adults is increasing rapidly. The Iranian national census in 2011 indicated that 8.2% of the Iranian population are over 65 years old [19]; and the percentage has been estimated to rise about 19% in 2030 [20]. A study conducted in Iran by Foroughan et al. demonstrate that one third of outpatients coming to psychological clinics are suffering from a kind of psychological disorder in which anxiety disorders (12%) is one of the most common ones [21]. In addition, other studies show a prevalence of 23% for anxiety disorders

among the elderly [22, 23].

In spite of many studies in this area, it should be noted that limited studies are available on investigating the relationship between anxiety and loneliness among the Iranian older adults, and this has motivated the present study.

2. Materials and Methods

This is a correlational study carried out in Qom, Iran. The study sample was made up of 200 community-dwelling older adults. They were selected using convenience sampling method from public space, usually parks.

Collected demographic information included age, gender, marital status, number of children, having insurance, type of insurance, education level and income, recorded based on participants self-report.

Anxiety was measured by the Geriatric Anxiety Scale (GAS), a 25-item scale that measures current anxiety in older adults. Participates rated their current feeling based on the 4-point Likert-type scale ranging from not at all (0) to all of the time (3). The GAS includes three subscales: somatic symptoms, cognitive symptoms, and affective symptoms. The number of items for each subscale ranges from 8 to 9. Scores range from 0 to 75; higher scores indicate greater anxiety [24]. This measure was translated into Persian and it has shown good construct validity, high test-retest and inter-rater reliability [25].

The UCLA Loneliness Scale (version 3), developed in 1996 by Russel, in order to measure individuals' general levels of loneliness. The UCLA-LS consists of 20 (11 negative and 9 positive) statements to which responses are given on a 4-point Likert-type scale ranging from 1 (never) to 4 (often). The UCLA-LS scores range from 20 to 80, with higher scores indicating higher levels of loneliness. Alamdarlo et al., determined that the scale had an internal consistency in Iranian older adults [26].

Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS) version 20. The distribution of data was parametric and simple linear regression, and the Pearson correlation coefficient was used to assess the correlation between variables.

3. Results

The age range of the older adults was 60 to 93 (Mean: 68.32, SD: 7.1). The descriptive information of the sample is presented in table 1.

The results also show that mean scores and standard deviations for the GAS and its subscales are as follows: GAS total score (Mean: 17.12, SD: 12.34), Cognitive subscale (Mean: 3.82, SD: 3.68), Somatic subscale (Mean: 7.05, SD: 5.37), and Affective subscale (Mean: 6.23, SD: 4.74). The UCLA-LS range of the sample was 20 to 72 (Mean: 34.80, SD: 9.61).

Table 1. Characteristics of the sample (n = 200)

Variable	N	%
Gender		
Male	132	66
Female	68	34
Marital status		
Married	183	91.5
Widow	10	5
Single	4	2
Departed	2	1
Divorce	1	0.5
Educational level		
Basic	165	82.5
Junior High School	20	10
Diploma	7	3.5
Academic	8	4
Occupation		
Employed	90	45
Retired	98	49
Housekeeper	12	6
Having insurance		
Yes	138	69
No	62	31
Kind of insurance		
Public care	39	19.5
Social care	73	36.5
Military care	10	5
Rural care	16	8
Not	62	31
Income [a]		
< 118	82	41
118-236	80	40
> 236	38	38

[a] $

The GAS total score and three subscales were highly correlated with the UCLA-LS score (table 2).

Table 2. Correlation matrix for the UCLA-LS total, GAS total and GAS subscales

	GAS total	Cognitive	Somatic	Affective
UCLA-LS	0.603 **	0.606 **	0.494 **	0.534 **

Notes. ** $Pv < 0.001$ (2-tailed)

As the regression analysis illustrated in table 3, a significant linear regression between the UCLA-LS, the GAS total score and its subscales. By adding one score to the UCLA-LS, the total GAS score increased to 0.770.

Table 3. Regression analysis of the effect of the UCLA-LS score on the GAS total score and its subscales

Predictor	Outcome	R	R^2	t	β	*Pv*
UCLA-LS	GAS	0.601	0.361	10.587	0.601	< 0.001
	Cognitive	0.606	0.367	10.722	0.606	< 0.001
	Somatic	0.494	0.244	7.994	0.494	< 0.001
	Affective	0.534	0.285	8.870	0.534	< 0.001

4. Discussion

The purpose of the current study was to determine the relationship between anxiety and loneliness in Iranian older adults. Consistent with findings by Barg et al. [27] and De Beurs et al. [28], we found a significant positive relationship between loneliness and anxiety in older adults. Considering separation in the context of an interpersonal relationship, as mentioned above in a psychoanalytic aspect, normal separation anxiety corresponds to an individual's painful sense of fear when an affective relationship with an important person in one's circle is threatened with interruption or is actually interrupted. The interruption may result from loss of the affective link (loss of love), or it may be due to the actual loss of the important person. Individuals usually tend to use the word `separation` for a temporary interruption and `loss` if it is permanent. However, phantasies of separation tend to be confused with ones of loss, and separation is then experienced as a loss.

The research results also indicated a significant positive relationship between anxiety subscales, namely psycho-somatic and emotional syndrome with loneliness. This supports the findings of past studies by Kvaal et al. [29] and Singh & Kiran [30]. Separation anxiety is usually expressed in affective reactions in which we experience - and can describe - our feelings in relation to the person from whom we feel separated. For instance, the feeling of being abandoned and alone, sad or angry, frustrated or desperate. The affective reaction to separation also may include a wide range of emotions, depending on the degree of anxiety. These reactions may be minor, such as worry or grief, or severe involving major manifestations which may be mental (depression, delusion or suicide), functional - somatic (affecting the functions) or psychosomatic (giving rise to organ lesions).

These findings strongly support the idea of high feelings of loneliness not only predicts poor subjective health evaluations but also transforms the impact of increasing age and anxiety on health [31, 32].

We recognize a limitation in this study. As this study was correlational, it cannot be proven if one variable causes a change in another one. However, more research on this topic needs to be undertaken to make the association between anxiety and loneliness more clearly understood.

5. Conclusions

Loneliness, fear of losing and anxiety are the common symptoms of losing interpersonal relationship.

Increasing social relationship and fortifying the interaction among the elderly are recommended to decrease the feeling of loneliness regarding to this study's results and the high level of loneliness in Iranian older adults. By providing such a situation a senior citizen could have more opportunities to create a new interpersonal relation. Consequently, they would be able to deal with the anxiety of separation and reduce it effectively.

ACKNOWLEDGEMENTS

We are very grateful to Dr. Yadollah Abolfathi Momtaz for reviewing the original article. Appreciation is also expressed to the elderly people who took part in this study.

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