Bespreking

Intrapersonal expressions of loneliness –

Losses and longing

Passive coping strategies - Repetitive thoughts

Active coping strategies – Gaan uit, wees besig, bid ens

Emotions of rejection

Interpersonal expressions of loneliness –

Verhoudingskonteks

Gereëelde kontakt

Verskeidenheid verhoudingsinteraksies

Effektiewe interpersoonlike style

Onëfektiewe interpersoonlike style

Residensiele omgewing en verhoudingskonteks

Onveiligheid verhoudingskonteks

Ongestimuleerde omgewing

Comment [U50]: Hardie behe kort – of dit het ok is jou en na daar gelyk en dan nog wys op die interpersoonlike aspekte – verwysing van mens.
The experience of having too much time and not enough stimulating activities, were a shared experience by most participants, accompanied by intense feelings of boredom and entrapment. One participant expressed, "Me, in a little house, or in a room. Locked up in a little room... All I do is eat and sleep." and another mentioned, "I am used to quite a variety of things I should do, sing and art and that type of thing, which I can’t do here... I can’t do anything about it. I’m actually stuck doing nothing...you can’t get out. So it is a thing of eating and going to your room, you just lie on the bed...". Therefore, the participant’s experiences of a non-stimulating environment can be seen as not being exposed to activities facilitating the forming of interpersonal relationships. Moreover, contributing to their experiences of boredom and entrapment and thus supporting the unsafe environment due to them seeking something exciting to tell to others in the attempt to receive gratification.

Discussion

Loneliness is expressed and described in terms of interpersonal relationships. Loneliness is subjectively experienced due to the loss of previous meaningful relationships and the current unavailable meaningful relationships. The loss of previous relationships and loneliness is widely supported by literature (ADD NOG BRONNE; Roos & Klopper, 2010). The experiences of relationships that are currently unavailable seemingly emerged from older peoples unwillingness to engage with one another as well as an inability to engage in meaningful relationships. In terms of the unwillingness, the context in which the relationships are embedded is described as an unsafe context.

The inability of people to engage in meaningful relationships seems to be related to the preferred interpersonal styles that some of the older people display in their relationship with other people. The interpersonal style of people who interact with other people in a controlling manner, give and receive no empathy or positive acceptance from other people. Their rigid manner of engaging with other people seem to elicit rejection from other people. In the reciprocal interactions with other people, their needs for recognition and confirmation remains unfulfilled and ultimately they become isolated individuals. This isolation is experienced in relation to people from a close social network as well as in relation to peers with whom they share a different relational context. They receive no acknowledgment that they are worthy,
broadening the gap even further from forming interpersonal relationships between themselves, their children and other residents.

In contrast, the older people who indicate that they experience meaningful interpersonal relationships described regular contact with other people and a variety of interactions. The relational qualities that are prominent in the description of meaningful relationships are empathy for other people, confirmation of other people, the ability to express their needs effectively and to make themselves more visible in the interpersonal contact.

The interpersonal context in which the interactions take place is described as unsafe, careless and non-stimulating. People feel emotional unsafe because they experience a lack of confidentiality of their personal information. Evidently, some people seek the attention of the manager in the residential care environment by using confidential information as a way to get attention. Consequently, people in this environment experience violations of their trust. Flowing from this, the implications are that even if the older people had the capacity to establish meaningful and effective interpersonal relationships, the environment in which the relationships takes place, appears to be threatening and unfavourable for meaningful relational interactions. Emotionally, the environment is perceived to be dangerous to risk to become visible towards each other and to establish meaningful interpersonal relationships. Coalitions are formed to deal with the relational distrust and those who are not included experience isolation and loneliness. The non-stimulation environment lacks stimulation group activities and provides fertile ground for boredom.

Eerste poging van bespreking...

The emotions associated with losses were intense feelings of longing, frustration and depression, which were also confirmed in the literature (Roos & Kopper, 2010). The loss of meaningful interpersonal relationships contributes to emotional isolation (Weis, 1973).

Lelanie hier baie herhaling en die gedagtes van verlies. Skryf eers na jou hoofgedagtes neer.
kyk of jy die geou draad kan volg en dan NNB sit jy vleis hy.
The older persons also experienced loneliness with regards to interpersonal relationships in general, as having a lack in interpersonal relationships. Loneliness has shown to be the cause of older persons within the institutional care facility not showing the necessary care and...
interest with regards to others experienced loneliness. This prevented older persons with the need to express their feelings regarding loneliness, to not communicate and form supportive interpersonal relationships, causing a great lack in the availability of supportive interpersonal relationships. From the literature it is clear that older persons depend on the support from members of their social network in providing them with the necessary needs (Victor, Scambler & Bond, 2009). Reeds gese.

Conversely some older persons experienced meaningful interpersonal relationships and reported that they engage continuously with people. They said that they experience having meaningful interpersonal relationships due to regular contact with other residents within the residential care facility and reported having a variety of interactions. Roos and Klopper (2010) support the importance of helping others with daily tasks as an effective way of coping with loneliness as reported by one older person. From the research study it has been found that meaningful interpersonal relationships contribute to effective coping with loneliness as supported by literature (Townsend, 1957; Roos & Klopper, 2010), because it enables individuals to become transparent in their experiences. Furthermore the older persons expressed having a variety of interactions, amongst interactions with family and friends, places and activities of importance, as well as interacting on a religious level. It was evident that these various interactions contribute to the effective coping with loneliness within an institutional care facility, since it provides comfort to older persons experiencing loneliness. The engagement in a variety of interactions amongst older persons experiencing loneliness was supported by Roos and Klopper (2010), in fact focusing on religion as an important strategy for coping with loneliness. Furthermore the importance of taking part in activities that interest older people has shown to contribute to the effective coping of loneliness within the institutional care facility. Onpas vir te veel detail hier – jou bespreking raak te lank en dit is moeilik om jou gedagtes in te voel.

Some of the older persons reported not having existing and effective interpersonal relationships with family, as a result of ineffective interpersonal styles. Cushman & Cahn Jr. (1985) confirms that interpersonal styles that are ineffective can restrict the forming of effective interpersonal styles. The ineffective interpersonal styles include rigidity, which could refer to acting aggressively as confirmed by PSDT Forum (2009). As a result older people are unable to facilitate effective and supporting interpersonal relationships with children and
grandchildren, since the sharing of their needs and feelings are at the expense of others. This causes some older people of being separated from their family, contributing to feelings of loneliness. Moreover some of the older persons reported experienced feelings of rejection and worthlessness. The presence of rejection amongst older persons is supported by Roos & Klopper (2010), although it is not confirmed amongst older persons experiencing loneliness as a result of ineffective interpersonal styles. In addition Di Corpo (2007) confirms that feelings of worthlessness are associated with experiences of loneliness, although the presence of experienced worthlessness in relation to loneliness is not confirmed by the studied literature with regards to ineffective interpersonal styles. Thus, feelings of worthlessness and rejection were reported by older persons illustrating ineffective interpersonal styles, in fact resulting in experienced loneliness.

Some older persons participating in the study illustrated having effective interpersonal styles that contributes to the establishment of supportive, encouraging and comforting interpersonal relationships with friends and family. Pak dit uit, Hoekom? Wat doen hulle? Wat ontlok hulle – onpas vir die oorsaak sevolge skryf anal. According to the PSDT Forum (2009) an effective interpersonal style refers to owning the personal ability to act assertively within interpersonal relationships, thus contributing to the effective shaping of supportive and meaningful interpersonal relationships. Some older persons have indicated that they experience supportive and meaningful interpersonal relationships where others, including family and friends, act in an assertive manner towards the forming of meaningful and caring interpersonal relationships. On the other hand the older persons illustrated similarly returning the favor to others within their social environment, building towards the establishment of close interpersonal relationships. Most of the older person’s experienced having a lack in supportive relationships within the residential care facility, since other residents do not listen and understand what they are saying.

Allport (1954) mention establishing a context in which one can be acquainted, to facilitate empathy by getting emotional close with others. Some older persons illustrated no emotional closeness, moreover contributing to an unsafe environment which creates a context where empathy is non-existent. In brief, the lack in empathy and support within the institutional care facility facilitates the older person’s experiences of loneliness. (Nelson & Prillidcensky 2005) confirms that one’s well-being depends on how healthy the relationship with the person’s community is, thus the older persons illustrate having an unhealthy relationship with their
community in the residential care facility, causing them to experience more intense feelings of loneliness and on the whole reducing their well-being.

The importance of trusting and respectful relationships has shown from the older persons responses to be crucial aspects in the establishment of interpersonal relationships. Older persons emphasized not feeling respected within the institutional care facility, as a result of personal and private information about them being shared with other residents in the institutional care facility. Furthermore, this leads to older persons feeling unsafe within the institutional care facility, because they are not able to trust other residents with confidential and sensitive information about themselves. Baron & Byrne (2003) confirms that more contact between the older persons within the institutional care facility, could contribute to the reduction of preconceptions and disrespect, if the contact between individuals take place under convenient circumstances. However, the circumstances within the institutional care facility are not favorable for overcoming these prejudice and disrespect towards each other, causing the older persons to feel unsafe and therefore preventing them from forming safe and supporting interpersonal relationships, irrespective of their interpersonal repertoire. Consequently, this leads to increased feelings of loneliness, since the older persons do not have the frankness to share their most personal and deepest thoughts with other residents in the institutional care facility, consequently leading to increased feelings of loneliness.

Ek sukkel om die logiese verbande tussen jou gedagtes te volg. Kyk weer en probeer 'n logiese argumentasie/lyk vorm.

Inhoud is hier – dit is net te veel verpak en iv spring roud tussen gedagtes.

In addition, the experienced disrespect has shown from the study to facilitate serious confidentiality issues within the institutional care facility. Some older persons reported that sensitive information about residents is spread to various managing personal, including the security and nurses within the institutional care facility. It was found that the spreading of confidential and sensitive information about residents to authority figures, bring about a sense of prestige to some residents. The acquiring of prestige for the retell of confidential information about others within the facility can be regarded as part of the social identity theory as
confirmed by Duckitt (1992), in order to obtain a positive social identity from the authority figures. Yes, dit is die kern – stel dit sterker!!! Equally, the way in which the authoritarian figures respond towards the communication of confidential and sensitive information, maintains the medical model of residents not being able to trust one another with their deepest experiences, resulting in increased experiences of loneliness within the institutional care facility. Thus, within this institutional care facility there exists no sense of being part of a community, because the residents are not able to trust one another and receive the desired respect and empathy from other residents. Hence, preventing residents from forming trusting interpersonal relationships as confirmed by Nelson & Prilleltensky (2005). The absence of sense of community within the institutional care facility contributes to the older persons experienced loneliness, consequently influencing their mental health, for they don’t demonstrate a sense of care towards each other through establishing interpersonal contact as confirmed by Royal & Rossi (1997).

Some older persons illustrate having the interpersonal repertoire to facilitate the forming of supporting and trusting interpersonal relationships helping them deal with their experienced loneliness. However some older persons experience a loss and lack in these supportive interpersonal relationships, causing increased feelings of loneliness. Nevertheless, the study has found that the environment within the residential care facility are experienced as unsafe and non-stimulating, preventing older persons from forming trusting interpersonal relationships in an attempt to deal with their experienced loneliness. Van jou recommendations af sebring - dit maak meer sin hier.

The older people in addition, experienced the interpersonal relationships within the residential care facility as not being stimulating, due to a lack in activities to take part in during the day. In addition is was clear from the older persons that a lack in stimulating activities contributes to the experience of loneliness, since the older persons don’t have the opportunity to engage with one another as part of interactive activities made available by the institutional care facility. As previously mentioned by Roos & Klopper (2010) engaging with life, including activities of interest, contribute to the effective coping of loneliness. Nnb dit moet ook deel van die aanbevelings wees. Thus, the opportunity to establish interpersonal relationships within the institutional care facility is limited to such an extent that even if the older people demonstrate the interpersonal repertoire for establishing these relationships, the possibility of forming these relationships, engage with people in different context, are greatly limited. This is equally
demonstrated by experienced feelings of boredom and entrapment expressed by some older persons within the institutional care facility. The presence of feelings like boredom and entrapment due to insufficient activities are partly confirmed by Roos & Kahl (2010) stating that loneliness can be associated with being isolated from others causing feelings of being trapped. The literature studied did not specifically mention boredom as a result of being institutionalized, although it has been found from this study that it plays a key role in the experiences of loneliness amongst the institutionalization of older persons.

Limitations and recommendations

The findings within this study are limited to a group of white group-of-older persons living in Johannesburg, South Africa. It can be said with great certainty that the older person's within the institutional care facility who participated in this study, experience diverse and intense feelings of loneliness. The shared experiences of these older persons could possibly be shared by other communities with similar circumstances. Some older persons illustrate having the interpersonal repertoire to facilitate the forming of supporting and trusting interpersonal relationships helping them deal with their experienced loneliness. However, some older persons experience a loss and lack in these supportive interpersonal relationships, causing increased feelings of loneliness. Nevertheless, the study has found that the environment within the residential care facility are experienced as unsafe and non-stimulating, preventing older persons from forming trusting interpersonal relationships in an attempt to deal with their experienced loneliness. However, the results only describe the experiences within this specific residential care facility, thus the findings from this study cannot be generalized to other institutions caring for older persons. It is recommended that authority figures within institutional care facilities are made aware of their impact on maintaining an unhealthy medical model and thus supporting the unsafe environment facilitated by acting on confidential information shared by residents. In addition, more emphasis should be focused on enabling older persons to take care of each other with regards to experienced feelings of loneliness, by respecting one another and focusing on the establishment of trusting interpersonal relationships.

Conclusion

Older persons living within institutional care facilities experience loneliness as not being able to foster trusting and supportive interpersonal relationships since the circumstances are unsafe within this environment. This leads to older person’s not becoming transparent towards
each other, because sensitive information are shared with other residents and management, consequently putting them at risk for further prejudice. On the other hand older persons illustrated not having the sufficient interpersonal repertoire to foster effective interpersonal relationships. Nevertheless, even if an older person possesses the interpersonal repertoire to foster effective interpersonal relationships, the unsafe circumstances will prevent one from forming these interpersonal relationships, again taking the risk of being rejected by others.