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AN EXPLORATION OF THE INTERPERSONAL EXPERIENCES ASSOCIATED WITH LONELINESS IN A RESIDENTIAL CARE FACILITY

MANUSCRIPT FOR EXAMINATION

An exploration of the interpersonal experiences ^{of} ~~associated with~~ loneliness ^{by older people} in a residential care facility

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Abstract

From existing literature it was found that older persons experiencing feelings of loneliness are more prone to depression when living in institutional facilities. The purpose of this study is to explore older people's experiences of loneliness in the context of an institutional setting. Data were gathered by means of the Mmogo-method, exploring the underlying subjective experiences and Graphic Family Sculpting, exploring the available social interactions visually within the context, amongst 10 white South African older people, aged between 62 and 82 years, male (3) and female (7). The data were analysed through thematic and visual analysis as well as key words in context. The preliminary results showed that experiences of loneliness in the social context that is being described as unsafe to be transparent, so that their needs for effective and meaningful interactions with other people in close proximity can be met. As a result of their economic deprivation they are forced to form relationships with people in their social context. Most literature confirmed experienced feelings of loneliness found in this study, in addition it was found that the social context where interactions are taking place are experienced as unsafe due to sensitive information being revealed to management. Therefore, a greater emphasis on establishing a safe social context within institutions is strongly recommended.

KEYWORDS: Ageing, causes of loneliness, coping with loneliness, crystallisation, emotional loneliness, Mmogo-methodTM, older people, Projective Family Sculpting, social isolation, social loneliness.

An exploration of the interpersonal experiences associated with loneliness in a residential care facility

The interpersonal context within which this research is conducted is contextualized against a growing older population – people older than 60 years of age. It is estimated that there were about 3, 8 million older people in South Africa in 2010 (Statistics South Africa, 2010). This segment of the population constitutes roughly 7, 6% of the total population (Statistics South Africa, 2010). Furthermore, many older people have to be cared for in institutionalized settings due to their weakening health, ~~as well as~~ ^{the migration of} children and grandchildren ~~immigrating to other countries~~, or due to limited financial resources. When older people are placed in nursing homes, they often experience loneliness (ThirdAge, 2008).

Loneliness has significant implications for mental health as well as cost implications for government. According to Booth (2000) loneliness is a condition with various problematic implications regarding mental health, including feelings of sadness, a sense of uselessness and an inability to interact ~~interpersonally~~ ^{personally} with others. As reported by some researchers, there exists a link between the health status of individuals and experienced loneliness (Mullins, Tucker & Longino, 1989). Loneliness can accelerate the breakdown of a person's health status due to the effect on the body's immune system, impacting an individual's mental and physical health (Russel, Cutrona, ~~de la Mora~~ ^{de la} & Wallace, 1997). Thus, with the increased ageing population in South Africa, greater demands in terms of health and related care ~~are required from the~~ ^{will be brought} government. This is generally accompanied by elevated costs, as a result of higher demands on the health care system (Joubert & Bradshaw, 2005).

It is widely accepted that loneliness is closely associated with ageing as a consequence of multiple losses – loss of abilities, loss of and changes in personal relationships, loss of relationships with familiar environments and changed contact with friends and relatives resulting in reduced relationships (Dugan & Kivett, 1994; Joubert & Bradshaw, 2005; Roos & Klopper, 2010). Changes in the relationship with the environment are regarded as a particular loss by older people, especially if they have to rely on institutionalized care and loose contact with familiar social networks and the free association with other people (Roos & Klopper, 2010).

Loneliness according to Sullivan (1953) is an “exceedingly unpleasant and driving

experience connected with inadequate discharge of the need for human intimacy'' (p. 290).

Much research focused on the subjective experiences of loneliness and less on the interpersonal aspects which contribute to the subjective experiences of loneliness (Kleinke, 1991; Meyer, 1978; Nilsson, Lindström & Näden, 2006, Yalom, 1998). Loneliness is ^{defined} considered as the subjective experiences of discomfort due to inadequate social exposure and experience, ineffective interpersonal interactions as well as the lack of social interactions due to relocation or due to death of significant others (Vorster, 2011). (However, the way in which loneliness manifests within an interpersonal context is not clear and requires further investigation.)

Lonely people are isolated people. Weiss (1973) distinguishes between two types of isolation – social isolation and emotional isolation. Both types isolation refers to the interpersonal interactions with individuals. Emotional isolation is associated with the loss or the absence of a significant person or partner, child-parent relationships that are not satisfactory and the absence of intimate friendships. Consequently emotional support is limited and feelings of sadness and longing are expressed and the need for closeness with significant others is frustrated (Kleinke, 1991; Meyer, 1978). Social isolation, experienced as boredom and insignificance, occurs when people feel that they do not belong and that they do not have meaningful connections with supportive networks (Kleinke, 1991; Meyer, 1978; Weiss, 1973).

For the purpose of this study, loneliness is regarded as a relational phenomenon, and the theory of complex responsive processes of relating will be used as the theoretical framework for this study (Suchman, 2005). People are open systems and communicate continuously. They have private conversations within the internal environment of older persons' and also engage in public conversations (Stacey, 2000). Private conversations refer to the gestures and responses within a person while public conversations involve other people. Suchman (2005) maintains that the gestures and responses in public conversations originate from the subjects of private conversations and vice versa. Thus, the way in which the private conversations within a person are constructed, influences the perceived public conversations that people have with one another.

When one has certain limitations and conflicts within their private conversations, this could consequently limit them from taking part in public conversations. Furthermore, this inability to take part in public conversation due to certain limitations within people's private conversations, could possibly contribute to the experiences of loneliness, because they are not interacting with

the perceptions of
What are older people's who experience loneliness,
of what they regard as important in their lives.
environment?

others. The aim of this article is to explore the interpersonal experiences associated with loneliness within a residential care facility.

Research Method and Design

An exploratory research method was used to explore older people's experiences of loneliness in their natural settings in an attempt to understand the interpersonal experiences that are associated with loneliness (Denzin & Lincoln, 2005). Qualitative research methods enable participant-generated meanings to be heard in conversations or text (Snape & Spencer, 2003; Willig, 2008). Evidence gathered through qualitative methods can be used to explain the meaning that older persons attach to their experiences of loneliness (Ritchie, 2009). These experiences can provide the researchers with a better understanding of their lived experiences explored by descriptive qualitative research methods. This in-depth information can be provided through shared life experiences (Denzin & Lincoln, 2005). *Interacted*

A case study design was used as the strategy of inquiry. Creswell (1998) refers to a case study as an exploration of a human functioning in a constrained context. The institutional home care facility is the place where the research was conducted and also serves as the place and setting of exploration.

Research Context and Participants

The research was conducted in a residential care facility in Johannesburg, Gauteng Province. This facility can be described as an economically deprived residential care facility with limited resources and a lack of financial resources. The facility provides services for frail older people as well as independently functioning older people. There are not many opportunities to engage in activities since many of the activities have been terminated due to lack of interest. Residents have to share accommodation. *Subsiding criteria*

The group of older people, who was purposively selected for the study was cognitively able to participate in the research activities and was able to communicate in either English or Afrikaans, in addition they were willing and prepared to take part in the research study. The group consisted of 10 older persons (female (7) and male (3)), with ages ranging between 62 and 82 years of age. 70 % of the participants are widowed, with one being single, one divorced and one married. Most of the participants have an average of two children with only two participants not having any children. Nine of the participants are dependent on their pension funds with only *3 RCF*

one participant being supported by family. The participants mentioned participating in various activities on their own, including painting, photography, singing, needlework, knitting, reading, sewing and listening to music. Only one participant indicated that he does not participate in any activities on his own. It was also observed that only three participants are involved in community organisations such as the SAVF (South African Woman Federation), whereas the rest indicated that they have no involvement with community or welfare organizations.

Procedure

The social worker at the residential care facility requested an assessment of the experiences of loneliness of the residents. Willing older people who complied with the selection criteria met with the researchers to explore their experiences of loneliness. On the day of the data collection, the participants were informed about the objectives of the research and their involvement. They were also informed about the methods in which the data would be gathered that entailed that the older people were required to make a visual representations of their experiences of loneliness using a visual projective data gathering instrument, the Mmogo-methodTM (Roos, 2008; in press). The Mmogo-methodTM required participants to use clay, beads and sticks and based on an unstructured statement: *Please make a visual presentation with the materials provided that can tell us more about how you experience loneliness*, they constructed visual representations. The Mmogo-methodTM is a method used by social researchers to gain a deeper understanding of people's social life experiences, perceptions and behavior by means of projections (Roos, 2008). The participants are grouped around a table and they construct their visual representations simultaneously. After all the participants have completed their visual representations they share what they have made and what the meaning of the visual images. Usually the other participants also engage in the informal discussions and provide the researcher to obtain additional information and to verify the provisional findings of the data with the participants.

The participants then engaged in another activity, whereby they were requested to draw visual images of anything in their lives that they regarded as important. The question that was posed to the participants was the following: *Please make a visual presentation of yourself and anything of importance in your life by using circles*. This technique can be compared with the Graphic Family Sculptures (Venter, 1993), where participants use paper and a pencil to draw

circles representing themselves and people or things of importance. The drawings were shared with other participants and explorative questions were asked by the researchers to grasp a better understanding of their projections, such as: 1. What do the circles represent for you? 2. Can the important things that you have indicated in the circles be used to assist you to deal with your loneliness? Please motivate. According to Venter (1993), individuals can come into contact with their emotional experiences about family issues and reveal, in the course of the research, anything else of importance in their lives.

Data Analysis

Thematic analysis. The collected data were analyzed by using thematic analysis and key-words-in-context. Thematic analysis consists of six phases in the analysis of data sets (Braun & Clarke, 2006). The data were read and reread and categorized into broad themes (Heppner & Heppner, 2004). The first step in data analysis involves familiarization with the data (Braun & Clarke, 2006), which includes reading and re-reading the data as well as noting key ideas. The second step involves generating initial codes where features of the data are identified through codes (Braun & Clarke, 2006). Henning (2004) states that qualitative coding means that the data are divided into small units of meaning and then grouped in categories. In addition, the themes are driven more by the data than by theory (Braun & Clarke, 2006). The third phase involves the search for themes (Braun & Clarke, 2006). Durrheim et al. (2006) argue that one should try to move beyond merely summarizing content and also organize principles that naturally underlie the material. Furthermore, one should analyze the different codes and consider how the codes can be combined to form an overarching theme. During this phase, the visual representations are used to sort the different codes into themes, and the codes are presented through a mind-map. The fourth phase involves reviewing and refining the themes (Braun & Clarke, 2006). The themes should meaningfully link together so that they can be identified and distinguished from each other (Braun & Clarke, 2006). The fifth phase involves defining and naming themes. It is important to identify the essence of each theme and to determine the specific aspect of the data each theme captures (Braun & Clarke, 2006). During the naming of the themes, the story each theme tells should be captured in order to consider how it fits into the overall story (Braun & Clarke, 2006).

Key-words-in context-method (KWIC). The descriptions of loneliness in terms of the

interpersonal aspects were analyzed by using the key-words-in context-method (KWIC). KWIC refers to viewing words that are of interest to the researcher by identifying the words used before and after the key phrase (Leech & Onwuegbuzie, 2007). These words are then considered within the specific context of the research project instead of being separately interpreted. The transcribed data are read and keywords of phrases that occur regularly or in a strange manner in relation to the interpersonal experiences of loneliness are identified. Leech and Onwuegbuzie (2007) state that these identified words or phrases should then be listed in a table format. The words that fit with the particular phrases are noted on the left and right side of the phrase as formulated in the original text. An appropriate interpretation of the words can be written on the right side of the columns. This interpretation should be compared with the interpretations of other phrases to identify underlying relations and recursive relationships between the concepts in order to ensure that a phrase illustrates the most intended meaning. Together with thematic content analysis, this method will help ensure the trustworthiness of the study.

Trustworthiness

Crystallization is a methodological framework for bringing together different forms of data and analysis as well as different genres and forms of sense making within interpretive methodology. Through crystallization, the researcher makes sure that the clearest possible picture of the research topic has been constructed (Henning, 2004). Multiple forms of analysis are combined in crystallization where multiple genres of representation fit into a coherent text. Through this process, more detailed and rich presentations of a phenomenon can be constructed (Ellingson, 2009). The underlying meanings from different data sources can be discovered by crystallization due to the fact that the method allows the interweaving and blending of data, producing a more descriptive understanding through the different ways of expression.

This study used various crystallization techniques to ensure that the findings reported from the data are trustworthy. The researcher used two different qualitative data-gathering methods including the Mmogo-methodTM and ~~Graphic Family SculpturesTM~~, which provided a descriptive explanation of how older people experience loneliness and how they interact in social relationships and networks. The study also made use of various qualitative analysis methods including 'key words in context' (KWIC), thematic analysis and the Mmogo-methodTM in order to construct a clearer understanding of the research phenomenon. The researcher attempted to

stay as ~~objective~~ as possible during the research process in order to ensure that findings are not romanticized and biased. In addition, the researcher strived to eliminate perceptions and preconceived ideas regarding the participants and their experiences regarding loneliness, by ~~maintaining objectivity~~ during all the phases of the research, to prevent influencing the trustworthiness of the data gathered during the research study. As part of the research report, images have also been included to contribute to a more descriptive understanding of the phenomenon, consequently adding up to ensuring trustworthiness.

Ethical Issues

Ethical approval for the proposed research project was obtained from the North-West University, Potchefstroom Campus. The guidelines as laid down by the Health Professions Council of South Africa for Psychologists (Health Professions Act 56 of 1974) were followed during the study. Ethical approval from the participants was obtained by means of written consent. The participants will be informed about the aims of the research project; what will be expected from them; what the data will be used for; the termination of their participation in the study; confidentiality; the safekeeping of records, material and recordings. All records, material and recordings will be treated as private and confidential and kept safe by the North-West University. The participants were be told about the various phases during the research project and their right to terminate their participation at any time for any reason.

Results and confirming literature

The researchers identified two main themes from the data describing loneliness as experienced by older persons in institutionalized care facilities. The table below contains a summary of the two main themes and sub-themes that emerged from the data analysis.

Table 1

Themes and sub-themes of the participant's experiences of loneliness

THEMES	SUB-THEMES
Experience of Interpersonal relationships	Unavailable interpersonal relationships Loss of meaningful relationships Loss of a Absence of current meaningful relationships Meaningful interpersonal relationships

Loneliness → lack of + related intpers.
How they engage with

experiences as well as what they regard as important in their lives. The institutionalized situation of the participants is what they do not like with whom they interact.

AN EXPLORATION OF THE INTERPERSONAL EXPERIENCES ASSOCIATED WITH LONELINESS IN A RESIDENTIAL CARE FACILITY

Interpersonal styles	Regular contact Variety of interactions Ineffective interpersonal styles Effective interpersonal styles
Experience of Interpersonal relationships within the residential care facility	Unsafe environment Careless environment Non-stimulating environment

Experience of interpersonal relationships in general

Relationships were generally described in terms of unavailable relationships due to the loss of meaningful relationships in the past as well as the absence of current meaningful interpersonal relationships.

Unavailable interpersonal relationships***Loss of meaningful relationships***

Almost 40% of the participants of the participants described that they have lost meaningful relationships through death. This specific loss was identified as the main reason for the loneliness. In the following visual representation, one participant made a grave which, represented the time that her loneliness started according to her:

"A grave. It was at a grave like this where my loneliness and life alone started"



The participant mentioned that she lost both her husband and son through death and that is where her loneliness started. Loneliness as a consequence of the experiences of losses is not unique to the older persons who participated in the research. Literature confirms that old age is associated with numerous losses and linked to the experiences of loneliness (Dong, Chang, Wong & Simon, 2011). The loss in meaningful relationships is not limited to interactions with others, but could also refer to interactions with ^{a loss her involvement} activities of importance, which is illustrated by two participants: *"The whole way of living before, fixing machines, all that's gone"* and *"...all the things that I did there on the farm...together with my work...the involvement"*. Another participant mentioned losing the opportunity to do things that was once important to him. *"I use to sing in operettas and that type of thing"* and *"I had part in everything ... the involvement."*

The loss of meaningful relationships was accompanied by feelings such as longing, frustration and depression. The participants expressed feelings of longing towards their family and friends that are either living far away or by death. Some of the participants mentioned that they long for their life before because they had more friends and family *"The whole way of living before...you had more friends, more family."* Another participant expressed *"give me back the past...I was happy then, beautiful, family"*. One participant mentioned feeling frustrated and depressed at times because she is not able to have as much contact with her family. *"I also get very lonely because I miss my children terribly, they can't visit me because they're in Port Elizabeth and I get very frustrated and depressed at times."*

Absence of current meaningful relationships

Three participants expressed not having anybody to talk to about their feelings and experiences of loneliness in their current interpersonal context. One mentioned, *"It makes you lonely, because you can't always communicate like you want to...you can't tell other people about how lonely you are."* The other participant stated that she experiences loneliness, *"when there is no one to take away your attention."* and another added, *"If one has the need to talk to somebody and you go into that guy's room at 10 o'clock at night, then he will chase you away."*

Meaningful interpersonal relationships

From the context of the research study, meaningful interpersonal relationships refer to the experience of interpersonal relationships as having regular contact with others as well as having a variety of interactions within their personal environment. This includes being interactive with a Devine reality (Roos, 2012, in press), family and friends.

Regular contact

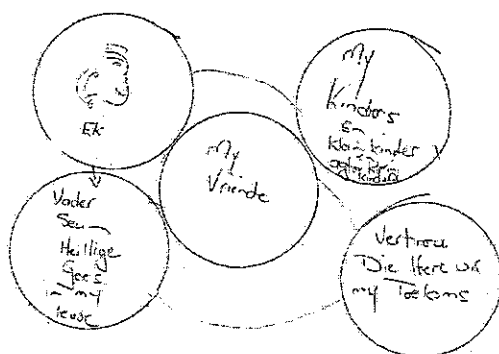
The participants who described regular contact with other people, said that ^{they} do not experience loneliness. Roos & Klopper (2010) confirms that having interpersonal contact facilitates the effective coping of loneliness. One participant said: *"I can't be lonely, because I always have people around me, I actually don't have enough chairs."* And another added: *"You know...in my room there are always people, so I am never alone. One participant described having regular contact with other residents, "Luckily I can still move...I do the people's shopping for them, I do all kinds of things for them, and I enjoy it."*

Variety of interactions

The participants described having various interactions within their daily life. One participant mentioned being interactive with a Devine reality as, *"This is just me and the Father, Son and Holy Ghost in my life. I trust the Lord for my future."* In addition she also drew an arrow from herself directly towards her Devine reality, which could indicate that this is very important to her in terms of comfort and support as mentioned below in Figure 11. Religion can be regarded as a key coping strategy in dealing with loneliness as stated by Roos & Klopper (2010). Furthermore the participant indicated the strong relationship she has with her children in Figure 11 by drawing an arrow towards them and thus connecting her directly with them. She also drew the circle with her friends in close proximity with herself, barely leaving any space. In addition this could contribute to the variety in meaningful interpersonal relationships that the participant identified.

Visual analysis

Figure 11 demonstrates the comforting relationship between the participant and her Divine reality, her friends and family.



Interpersonal styles

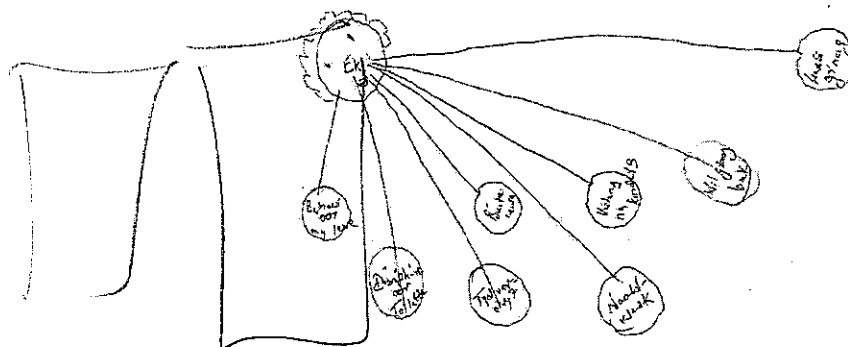
Interpersonal styles for the purpose of the study refer to the way in which we deal with other people (PSDT Forum, 2009). From the data two subthemes were identified, underlying interpersonal styles namely, effective and ineffective interpersonal styles.

Ineffective interpersonal styles: rejection and worthless

Ineffective interpersonal styles, for the purpose of this study, refer to one not having the personal repertoire to communicate effectively with other individuals in such a way that enables the forming of meaningful interpersonal relationships. One participant expressed that she insists on only doing things her way, "...I am a strict grandma. I am not going to turn around, a thing should be right, otherwise grandma is strict." and added "...control that I had...". This participant described a controlling position that she has by not being willing to change in her ways of doing things, in order to facilitate effective interpersonal relationships with her children and grandchildren. (The unwillingness to change and giving up control preserves, although she is aware of the fact that it causes her to be distanced from her family.) Furthermore, the participant illustrated a great distance between herself and her family by drawing herself in a corner and her family far away from her. It could be said that this unwillingness to change and the continuous need for control have distanced her from everything important to her, especially her family.

Her inability to exercise a more flexible interpersonal style contribute to an inter environment in which she experience isolation and possible rejection from her family.

Figure 4 illustrates the participant's experiences of her interpersonal relationships.



Another participant illustrated through his model, only existing to his children as being a face and nothing more.

In figure 3 the participant illustrates only feeling like a face, a shadow.



He furthermore mentions that he is such a difficult and cruel person and that he thinks this prevents his children from making contact with him because he has hurt them.

"I am a difficult person, you can say, a cruel person...I always just wanted my own way and all those things. Hurt everybody."

It could be said that the past events is trapping him from forming and mending interpersonal relationships with his children and hence existing as nothing more than a face to his children, only being seen as a shadow. The participant also expressed feelings of rejection and worthlessness, existing only as a face to his children due to his cruel and difficult ways in the

past. "They don't want me anymore. It feels like I don't exist to them anymore"

Effective interpersonal styles

Effective interpersonal styles, for the purpose of the study, refer to people having the personal ability and repertoire to form meaningful and supporting interpersonal relationships with others.

Meaningful and supporting relationships with regards to this study, was expressed as having a confidant with whom they could form an interpersonal relationships characterized by support, trust and worthiness. In relation to encouraging interpersonal relationships only a few participants expressed that some interpersonal relationships they have with their friends, provides them with encouragement, comfort and support.

One participant mentioned having a close friend living with her in the care facility, which listens to her and understand who she is, "Yes, M is important to me. I can talk to her about things, because I know she understands. She knows me...she knows about everything, she knows about that pain."

Furthermore one participant mentioned having a friend, not currently living with her in the care facility, with which she has shared everything that has happened in her life.

"...there is nothing in my life that has happened that she doesn't know about...she stood by me through sickness...she stands by you...the great thing about her is that she doesn't talk out. You can open up your little heart towards her...she doesn't go to the next person and talk about it...that is the most important."

In addition she stated that her friend has supported her through all the difficult things in her life and that the one thing she appreciates most is that whatever is told stays confidential. In brief, the participant expressed having a meaningful interpersonal relationship with a friend because she feels safe with sharing her deepest feelings and thoughts with her friend, because she can trust her. Furthermore, this causes her to feel supported by her friend and gives rise to a worthy interpersonal relationship, where both are able to express their needs towards each other and walks away satisfied and comforted.

Experience of relationships within the residential care facility

Unsafe interpersonal context

From the research study it was found that the context within the institutional care facility is described by the residents as being unsafe to form interpersonal relationships. This is due to the fact that any personal and sensitive information about residents are not kept confidential between residents within the context of the institutional care facility, but rather shared with others, especially the managing personal, to increasingly draw attention towards themselves in an attempt to be seen and acknowledged. Throughout the data it was prominent that there is a great need for trust and respect within the context of the institutional care facility for establishing supportive interpersonal relationships with one another.

One participant explained it as *"It is in a great sense...to deal with something. If I come and talk to you, then I open up my heart to you. It helps me to talk, but it is not going to help me to hear that you went to another and made up a whole new story. That is what hurts and damages self-worth the most..."* Most of the participant expressed a great concern regarding respect towards each other within the context of the care facility. The older person's mentioned that when they hear stories about each other this would result *"...but there's many few that maintain a secret in this place."* *"We compare what we heard yesterday, to today...and it's getting better."* The older person's expressed no respect for feelings and stories shared by others and this is becoming a great problem because *"they have nothing else to do...off course they will gossip."*

Furthermore the issue concerning confidentiality arise because the older person's don't respect one another enough to guard sensitive information shared with them, they use it as a medium to draw attention towards them *"they can't live without it...it actually for them something like a prestige...because they can talk about that one and tell something about that one."* This is moreover emphasized where residents share confidential information about fellow residents towards the management of the institutional care facility, *"...confidentiality is non-existing, it's non-existing, because before we know something, they now it. And everybody knows it...and the security at the gate will now it..."* due to *"...it is a basic disrespect...one needs respect and trust...respect means a lot."* as one participant mentioned. Finally the data has showed that the sharing of confidential information about fellow residents leads to older person's struggling to form trusting interpersonal relationships with one another, because they are afraid that their

deepest emotions and feelings will be shared with everybody else in the care facility.

Careless environment

The participants experienced the institutional care facility as being careless towards their most personal and intimate feelings and thoughts, because they experience no care and support from other residents in times when they need it most. Most of the participants expressed ~~not~~ ^{a lack} ~~of~~ ^{care from} experiencing a sincerity and a willingness from other residents to hear about their deepest and most personal feelings and emotions, "If one has the need to talk to somebody and you go into that guy's room at 10 o'clock at night, then he will chase you away".

Furthermore the participants mentioned that they feel no care from other residents because they feel not being heard and understood by others, "You talk to a person and the person hears you, but he doesn't really understand what you mean." and "...mmm...I mean they can listen, but don't hear." One participant stated that people are not interested in hearing about your life "I mean, if only they were interested" this could lead to "being really intimate" but in reality they feel not heard "but they don't hear, they only listen". It has thus been noted that the participants has a need and willingness to facilitate intimate and trusting relationships, but that the careless environment within the institutional care facility are preventing them to do so, "...you are not going to talk to someone that is careless about how you feel..."

Non-stimulating environment

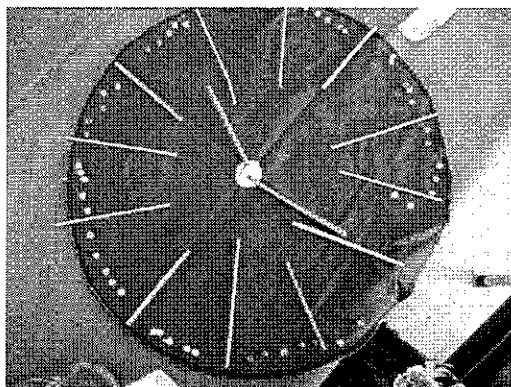
There is not enough org-anised activities for residents.

~~This sub-theme refers to the environment within the institutional care facility not providing the participants with adequate group activities where they can come in contact with other residents and thus be able to facilitate the forming of interpersonal relationships with one another, "I mean in other places you get a dart board and sort of a game you can play, there is nothing here... I use to sing in operetta and choir." One resident mentioned that she participates in her own individual activities, where she is not engaged in a group, but mostly alone in her room doing different things to keep them busy, "...I keep myself busy with needlework. Any needlework, machine work, hackle work and knitting work."~~

However, it can also refer to participants no being introduced by more activities within the institutional care facility, causing them to feel bored. This has also shown to contribute to the environment being unsafe, since residents spread stories about each other because they are bored,

as previously mentioned by one participant. One participant reported, *"Time, there is too much time on your hands...you can't do anything...there is nothing to do..."*.

Figure 6 illustrates the participant's experience of having too much time and not enough activities to stimulate him



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 and implications

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 (Weis, 1973; Roos & Kopper, 2010; Ballin & Balandin, 2007). The experiences of relationships that are currently unavailable seemingly emerged from older people's 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 also confirmed by the PSDT Forum (2009). Their rigid manner of engaging with other people seems 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. 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). 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. Roos and Klopper (2010) and Townsend (1957) support the importance of engaging with others as an effective way of coping with loneliness. 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. Watzlawick, Bavelas & Jackson (2011) and Allport (1954) emphasizes the importance of the context in establishing meaningful and trusting interpersonal relationships. 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. 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. 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. 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. 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. De Wet (2005) emphasizes the forming of coalitions in an attempt to satisfy specific needs within a group. The non-stimulation environment lacks stimulation group activities and provides fertile ground for boredom.

Limitations and recommendations

The findings within this study are limited to a group of white older persons living in Johannesburg, South Africa. 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. The managers of institutional care facilities should also be informed that older person's come to them with confidential information about other residents in an attempt to receive recognition and acceptance, consequently denying the residents to interact with one another because confidential information are being shared.

In addition, older persons should be informed regarding the impact of breaking confidentiality about sensitive and private information about each other, as well as their careless attitude towards each other. More emphasis should be placed on enabling older persons to take care of each other by taking responsibility for confidential information shared with one another, by respecting other residents and focusing on the establishment of trusting interpersonal relationships. De Wet (2005) suggests several strategies for establishing trust, care and responsibility towards one another within a group.

To conclude, institutional care facilities should be made aware of the importance of

interpersonal
styles +
impact
through
groupwork