

# Loneliness in Elderly Who Lost The Partner

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**Abstract:** Loneliness among the elderly is a common psychological issue, particularly among those who live alone. This phenomenon is important to study because loneliness can have a negative impact on mental health, reduce quality of life, and increase the risk of depression in the elderly. This study used a qualitative method with a phenomenological approach to explore the subjective experiences of the elderly in interpreting loneliness. The participants consisted of three elderly people over the age of 60 who lived alone in Sidoarjo. Data was collected through semi-structured interviews. The results of the study show that elderly people with introverted personalities tend to be more prone to loneliness, while those who are more outgoing are better able to cope with loneliness. Social support from the community plays an important role in reducing loneliness, while the loss of a partner is a major factor in the emergence of feelings of emptiness among elderly people who live alone.

## 1 INTRODUCTION

The increase in the number of elderly people has become a significant phenomenon in various countries, including Indonesia. The results of the National Socioeconomic Survey (Susenas) conducted by BPS (Central Statistics Agency) in March 2021 stated that 9.99% of elderly people live alone. In East Java, the percentage of elderly people reached 13.57% of the total population. This percentage increased compared to the previous year, which reached 13.10%. Elderly people who live alone often feel lonely and have no one to talk to (Magdalena, 2021).

Loneliness is an emotional experience that can have negative effects on people of all ages and backgrounds. Research shows a negative correlation between loneliness and isolation and psychological

well-being, as demonstrated by Hsu (2020) in a study titled "Typologies of Loneliness, Isolation and Living Alone Are Associated with Psychological Well-Being Among Older Adults in Taipei: A Cross-Sectional Study," which reveals that loneliness and isolation can affect psychological well-being, even when older adults still live with their families. Being among Older Adults in Taipei: A Cross-Sectional Study," which revealed that loneliness and isolation can affect psychological well-being, even among older adults who still live with their families. Even individuals living in nursing homes can experience loneliness due to a lack of social interaction and emotional support. Individuals who have less interaction tend to experience loneliness compared to those who actively participate in social activities (Erfiyanti, et al., 2023). When individuals feel lonely, it is usually associated with suicidal behavior across

all ages. Research (Yang S Victor, 2012) found that subjects aged 15 years and above in the UK experienced depression related to loneliness across all age groups. This shows that differences in the causes of loneliness can lead to vulnerability to loneliness in various age groups and stages of life.

Loneliness is an individual's subjective experience of feelings of loss and isolation, where there is a gap between what is desired and what the individual feels in their personal relationships (McCourt, A.; Fitzpatrick, 2001). Thus, there is a discrepancy between expectations and what actually happens, which does not match what the individual desires. Loneliness is an individual's subjective feeling caused by a lack of closeness in relationships. This condition can be temporary, caused by chronic changes in an individual's social life (Russell et al., 1978) Thus, the loneliness felt by an individual can occur due to temporary conditions, but this feeling can last a long time when a person does not communicate with others for a long period of time. Loneliness has several characteristics in individuals, including a tendency to be shy and *introverted*, and a lack of courage in social relationships. These characteristics can also cause the elderly to feel lonely due to several factors, such as the relationships they have. Individuals with others not as expected, changes in what is desired from a relationship, low self-esteem, and interpersonal behavior (Bhrem, 2002). Feelings of loneliness are usually associated with anxiety and depression, such as experiencing dizziness or eating disorders, sleep disorders, showing excessive attitudes towards small things, decreased motivation, unhappiness, feeling empty, boredom, and restlessness. According to (Russell et al., 1980) there are three aspects of loneliness. First,

the personality aspect, where a person's personality is formed from a psychophysical system that determines their behavior and way of thinking in their surrounding environment. This means that a person who feels lonely can be identified from their behavioral characteristics and feelings in their daily life. Second, the social desirability aspect, which is the individual's need to integrate and be accepted by the social environment in which the individual lives. Finally, the depression aspect, which is an attitude and feeling characterized by feelings of worthlessness, lack of enthusiasm, gloominess, sadness, and a tendency toward failure.

The phenomenon of loneliness among the elderly cannot be separated from their previous experiences. Research conducted by Erfiyanti et al. (2023) shows that the elderly are prone to loneliness due to several factors, including the loss of a spouse, limited social interaction, feelings of neglect, and feelings of uselessness. This shows that loneliness is indeed influenced by various factors, including a decline in quality of life. Feelings of loneliness among the elderly often make them gloomy and less enthusiastic about life. Even though some of these elderly people live in nursing homes, they still need good communication with their families.

Loneliness among elderly people who live alone is a public health issue that has a major impact on health and physical problems. This is evidenced in a study (Velden, 2019) that found that elderly people who live alone have a higher risk of depression, anxiety disorders, and cognitive decline compared to those who live with family. Loneliness can also increase the risk of chronic diseases. According to a study (Wu, 2020), 41% of elderly people who live alone feel socially isolated, which can worsen their

health condition. Therefore, they can reduce their loneliness by increasing social support and activities that involve social interaction to improve the quality of life of the elderly.

In addition to impacting mental health, loneliness in older adults living alone is also closely linked to decreased physical and cognitive function. Older adults who experience loneliness tend to have low activity levels, rarely engage in social activities, and lack motivation to care for their health. This lack of social interaction deprives them of the cognitive stimulation and emotional support needed to maintain psychological well-being. This research suggests that loneliness can accelerate cognitive decline and increase the risk of dementia in older adults living alone (Zhang et al., 2023). Furthermore, another study found that social isolation and loneliness worsen the quality of life of older adults by reducing their ability to access healthcare services and increasing the risk of chronic health problems (Okajima et al., 2020).

Research on loneliness in elderly people who live alone is very important. This is because there is an increasing number of elderly people in the world who live alone due to factors such as the loss of a spouse, isolation from their surroundings, feelings of uselessness, and distance from family. (L.Lim S Kua, 2011) stated in his research that loneliness has a negative impact on the psychological well-being of the elderly, where individuals may experience depression if they live alone. Loneliness in the elderly not only affects their mental health, but it can also affect their daily quality of life. (Hidayat et al. (2022) also stated in their research that elderly women living alone in urban areas experience loneliness in their lives due to being left by their

partners, lack of socialization, subject mobility, and the effects caused by *loneliness*, namely *emotional loneliness* and *social isolation*.

The loss of a life partner is also one of the factors that triggers loneliness in elderly people who live alone. Separation due to death or divorce can cause a deep emotional void, as individuals lose their main companion in daily life. This condition also often triggers symptoms of depression, decreased motivation, and a feeling of meaninglessness in life. Research (Dahlberg et al., 2018) found that the loss of a partner significantly increases the risk of chronic loneliness in older adults. This is in line with the findings (Schladitz et al., 2021) which show that feelings of grief and loss in later life are closely related to increased symptoms of depression, which ultimately exacerbates the experience of loneliness.

Based on the above phenomenon, this study focuses on elderly people who live alone, which is caused by various factors. This study is considered important to understand the voices of the elderly themselves, how they interpret loneliness, how they survive, and what they need. Studies related to loneliness in the elderly in Indonesia are still relatively limited, especially those that explore the experiences and meanings of life from the elderly themselves.

## 2 METHOD

### Research Design

The method used in this study was a qualitative research method with a phenomenological approach. The phenomenological approach is a method or approach to find out how individuals feel and interpret an experience in the phenomenon being

studied by the researcher. Through this phenomenological approach, the researcher wanted to explore the experiences of elderly people living alone in interpreting loneliness when left by their spouse.

### Population and Sample

There were three participants in this study, all of whom were over 60 years old and lived alone in Sidoarjo. The criteria for living alone in this study were that the participants' children had their own homes and the respondents lived alone without a spouse. The first participant, initialed A, was 76 years old. Currently, the participant lives alone because her children are married and she works as a herbal medicine seller, and her husband has passed away. The second participant, with the initial B, is 69 years old. The participant lives alone because his wife has passed away and his children are married. The third participant, with the initial C, is 64 years old. The participant is a migrant worker in Sidoarjo as a fruit seller. He has children and is divorced from his wife.

### Data Collection

Primary data were obtained directly from respondents through filling out questionnaires under researcher supervision. The data collected included demographic characteristics, eating habits, and gastritis symptoms experienced.

### Data Analysis

Data in this study was obtained through semi-structured interviews by asking participants a number of open-ended questions to reveal their feelings and experiences of loneliness, as well as through observation. The interviews were conducted at the participants' homes. Next, the researcher collected

data through interviews with records and documentation with the participants' permission. Finally, the researcher transcribed the records verbatim, the results of which were used for data analysis. The data analysis method used was *thematic analysis*. This was done so that the researcher could identify themes from the data collection results and provide complexity to a story and deepen *insight* into understanding a person's experience.

## 3 RESULT

The results of the study show differences in the experiences of loneliness among participants who live alone. The data was obtained through in-depth interviews and then analyzed based on three main aspects, namely personality, social desirability (the need to be accepted in a social environment), and depression. The following table provides an overview of the condition of each participant in these three aspects.

Table 1: The Condition of Each Participant

No	Aspect	Participant		
		A	B	C
1	Personality	Introvert	Still close to people	Close to everyone, humble
2	Social desirability	Only noticed by people around, accepted in their	Noticed by the people around them, trying to interact	Noticed by community, blends in with the community

No	Aspect	Participant		
		A	B	C
		environ ment	with residents	
3	Depression	Feeling gloomy due to emptine ss, lack of activity	Feeling alone, feeling empty after being left by his wife	Not feeling alone

The table above shows that participants experienced varying degrees of loneliness despite feeling alone. These differences are influenced by personality traits, social desirability, and emotional state. These differences indicate that the experience of loneliness in older adults is subjective and unique to each individual, depending on how they build social relationships and respond to loneliness. The findings for each aspect will be further explained in greater depth to understand the dynamics of loneliness experienced by participants.

### ***Aspect 1: Personality***

Based on the interview results, it appears that each subject has different personality tendencies in responding to their own living conditions.

Participant A feels that in establishing relationships with others, he is somewhat closed off and less active in establishing relationships with others. He spends a lot of time at home. This is evident from his statement:

*"Yes, I am old now, my neighbors visit me often, but my children don't come to see me."*

Participant A shows an attitude of resignation and acceptance, but implies limitations in forming social

relationships because he feels incompatible with some of his neighbors.

Meanwhile, participant B still wants to be close to other people. Participant B realizes that he is not a person who easily mingles with others, but in order to overcome his loneliness, he is still willing to mingle with other people. He emphasized:

*"...I don't like it when my surroundings are noisy like that, just be calm, as long as the house doesn't leak, I'm safe." "Sometimes I like to chat with neighbors, always trying to find activities to do."*

This shows that even though he values solitude, he feels it is important to interact socially. However, he still feels that the relationships he has built are not meaningful in his life.

Participant C never feels that the relationships he builds with other people are meaningless. He easily mingles with everyone around him. He emphasized:

*"For me, I can't complain, I have to stay enthusiastic" and "Yes (answering with a smile), I mingle quickly... that's why people here always invite me when there are activities."*

### ***Aspect 2: Social Desirability***

All three subjects also showed a tendency to present themselves positively to the interviewer, even though the actual conditions were not entirely so.

Participant A feels that no one can relate to him or truly understand him. Participant A feels that other people only pay attention to his circumstances without really understanding how he feels, which causes Participant A to withdraw from his environment and often emphasize that his surroundings are fine, even though he previously admitted to often feeling lonely. He said:

*"Alhamdulillah, son... it's comfortable living here, the neighbors here are all nice to me, son, I am grateful."*

Participant B feels that the people around him pay attention to him and also like to communicate with others. The participant only wants to communicate with others so that he does not feel lonely. This is confirmed by the sentence:

*"Yes, I like to chat with my neighbors. I try to keep moving, because if I don't move, it's difficult."*

This also shows that he continues to emphasize positive things that can show him in a better light.

Meanwhile, participant C is very attentive to others, so that people around participant C like to communicate with participant C. Participant C feels comfortable and likes the people around them because they feel that there is harmony with the people around them. He also emphasizes the importance of having many friends in a foreign place:

*"Yes, when I first lived and sold here, I had to get to know the people closest to me or the village officials, so we could all be close. For me, selling fruit means that the more friends I have, the more fortune I have."*

### **Aspect 3: Depression**

Depression was evident in all three subjects, although in different forms and intensities. Participant A feels lonely, which makes them prone to depression due to a lack of activities and no one to talk to. They said:

*"I have children, but no one ever visits me. I feel sad and sometimes I wonder why I feel this way. I feel like I've done something wrong." and "especially since I'm alone, I feel empty, like there's nothing there."*

Feelings of guilt, sadness, and emptiness in his life due to limited mobility due to age make the participant dislike being at home. The participant's blank stare when explaining this shows how many questions are in his head, leading him to this point.

Meanwhile, participant B felt emptiness in his life since his wife left him and he retired. Participant B felt that his life was empty and he always felt alone. This is confirmed by the following statements:

*"When it comes to work... I had a technical business at home, but it went bankrupt shortly after. I wanted to start again, but I was afraid of going bankrupt again, so I sold my house to get capital, but it didn't go well, and I gave up and was confused about what to do" and "I have diabetes, so I'm not very strong."*

This indicates that Participant B also has physical weaknesses that can worsen their psychological condition.

Unlike Participant C's situation, Participant C never felt alone or isolated from others. Occasionally, feelings of loneliness arose, but Participant C felt they could still communicate with others. They emphasized:

*"Just be patient, acceptance is certain, and prayers are always there."*

## **4 DISCUSSION**

A fairly diverse picture of *loneliness* was obtained. In terms of personality, each participant had a unique profile. The three participants had different personalities, which could affect them when they wanted to establish good relationships with peers or other people. Those with closed personalities tended to find it difficult to open up to others. Participant A showed a closed nature and had difficulty relating or interacting with others, while participant B still tried

to stay close to people even though they felt their relationships were meaningless. Participant C displays an open personality and easily blends in with everyone. As explained by (Bhrem, 2002), there are several characteristics of individuals who experience loneliness, especially in the elderly, namely that individuals tend to be shy and have *introverted* personalities, lacking courage in social relationships.

This research is in line with the findings of the study on participants A and B. The findings of the study are in line with the findings of research (Shankar et al., 2011) which found that elderly with introverted personalities and low social engagement are higher likely to experience loneliness and mental health disorders. Furthermore, research (Courtin & Knapp, 2017) also confirmed that social isolation in the elderly is a major predictor of the emergence of depressive symptoms and reduces their overall quality of life.

Personality aspects can also influence individuals in socializing. This study found that individuals also need to be accepted in their environment. In terms of social appropriateness, Participant A felt that no one could match him and that other people only paid attention to his condition without knowing how he felt. While participant B felt that those around them paid attention to them and sometimes understood how they felt, and they did this so as not to feel lonely. This was different from participant C, who was well accepted by those around them because they felt a sense of similarity with the people around him. This is in line with research conducted by (Terracciano et al., 2025). which found that personality has an important role in the development of loneliness in the elderly. Elderly with extroverted, friendly, and conscientious personalities

tend to have stronger social networks so they are protected from loneliness as they age.

The negative impact of loneliness is not only limited to psychological aspects, but also to their overall quality of life. Elderly people who live alone tend to have limited access to resources, such as medical care or emotional support from family and friends. Minimal social interaction can exacerbate their isolation, creating a feeling of loneliness that is difficult to overcome. According to research (Cacioppo, 2009), prolonged social isolation in the elderly can affect the immune system, accelerate the aging process, and even increase the risk of death. In the study (Vos den Ouden et al., 2023) it was stated that continuous social support from family, neighbors, and community services was proven to help the elderly adapt, reduce loneliness and improve their well-being.

In terms of depression in the research subjects, it was found that the feelings they experienced varied. Participants A and B felt emptiness in their lives. In addition to the absence of activities and being abandoned by their partners, they also experienced emptiness in their lives due to the subjects' limited mobility. Age was also a factor that prevented participants A and B from being able to carry out activities properly. This is in line with research conducted by Schlanditz (2021), which found that older adults tend to experience emotional reactions caused by bereavement. Meanwhile, participant C did not feel a dominant emptiness in their life. They occasionally felt lonely, but the relationships they had built with others meant that they did not feel alone. This is in line with research by Dykstra P. A. (2009), which found that older adults do not experience loneliness because they receive support from many

sources, such as people they consider family, younger and older individuals, both men and women.

Loneliness in the elderly can also occur due to the loss of a partner, whether through divorce or death. The loss of a partner is indeed a very bitter event for both men and women. The three participants had lived alone for a long time because they had been left by their partners, but nevertheless, the elderly still need affection, attention, and social interaction like everyone else. The death of a partner is the most heartbreaking form of separation, because the closeness we had as a couple is suddenly taken away and can never be rekindled. In line with research (Dahlberg, Agahi, S Lennartsson, 2018), *the loss of a partner* is a strong trigger for loneliness in the elderly.

This study reveals that there are three main psychological problems experienced by the elderly. The first is the changes in life and physical decline experienced by the elderly. Second, the elderly often experience loneliness caused by the severing of relationships with those closest and dearest to them. Third, *post-power syndrome*, which is also commonly experienced by older adults who have recently retired, lost their power, income, and pride. This causes older adults to experience a decline in their ability to form positive relationships with others. This decline in interest is demonstrated by withdrawal, which can lead to *loneliness* (Kusumiati, 2009).

## 5 CONCLUSIONS

Based on the research results, it can be concluded that the picture of *loneliness* in elderly people who live alone shows variations influenced by personality, social acceptance in the environment, and emotional conditions related to feelings of loss or

emptiness. Subjects with closed personalities tend to have difficulty forming relationships and are more prone to loneliness, while open subjects are more sociable and relatively better able to cope with feelings of loneliness. The factor of social acceptance from the environment has also been proven to play an important role in reducing the feelings of loneliness experienced by the elderly. In addition, the loss of a spouse is one of the main triggers of loneliness in the elderly.

It is hoped that future studies will involve a larger number of participants in order to obtain a more comprehensive picture of *loneliness* among the elderly. In addition, this study could also expand its focus on protective factors, such as the role of the community, social activities, and family support, which have the potential to reduce the negative impact of loneliness on the elderly.

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