

MODEL OF THE ALONENESS PROCESS FOR OLDER WOMEN BEING TREATED FOR DEPRESSION

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Abstract

Depression is the most prevalent impairment of psychosocial function in older person. Approximately 20% of older adults suffer from clinically significant symptoms of depression. Gerontological mental health nurses with a clear understanding of aloneness will be able to provide a more holistic approach in their care of older women. Clear understanding of the concept is critical to be better underpinning understanding and effectively evaluate women's experiences. The objective was to provide the first known concept analysis of aloneness to older women being treated for depression through the experiences of eighty older women. The concept analysis framework Walker and Avant's (2011) was used. Electronic bibliographic databases PROQUEST, CINAHL, MedLine, and PsycINFO were searched to find papers written in English and dated 2015-2018. Findings this research were the apparent attributes of aloneness. Women were depressed they viewed aloneness as being vulnerable, fearful, and helpless, and having a loss of control of self and identity confusion, and as the women progressed in their recovery from depression, they viewed aloneness as being self-reliant, hopeful, and resourceful and having self-determination and self-reflection. Conclusion: awareness of aloneness from the perspective of older women, nurses working in gerontological areas, community health settings, and clinics can promote not only quality of care, but also quality of life for those women.

Keywords: aloneness, depression, older women, concept analysis

1. INTRODUCTION

The elderly population in Indonesia has grown at an unprecedented rate during the period 1990-2020, and has experienced an increase in life expectancy from 66.7 years to 70.5 years. The number of elderly (over 60 years) in Indonesia is expected to increase to 28.8 million (11% of the total population) in 2020, and 80 million (28.68%) in 2050. The longer a person's life, the more experienced physical, mental, spiritual, economic and social problems are.

Depression is the most prevalent impairment of psychosocial function in older adulthood (Miller, 2010). Approximately 20% of older adults suffer from clinically significant symptoms of depression (Steiner & Marcopulos, 2010). The researcher's observations from clinical experience in psychiatric private practice suggest many individuals with depression describe feelings of being alone. The consequences of aloneness are multifaceted for older women. Gerontological nurses with a clear understanding of aloneness will be able to provide a more holistic approach in their care of older women.

2. METHODS

Concepts form the foundation of applied theory in the nursing sciences (Morse et al, 2016). A concept is a mental image of phenomenon or experience, with a meaning that can be communicated to others and understood. A concept analysis is deductive process that analyses the existing usage of a concept, identifying and refining shared meaning (Walker and Avant, 2011). In order for a concept to be analyzed, it needs to be broken down into simpler elements to establish their internal composition.

Walker and Avant (2011) provide a model for undertaking this process, the goal of which is to bring to light the attributes of particular concept and clarify its meaning. Walker and Avant's framework relies on literature-based evidence and ensures that the uses of the concept are not just limited to nursing and medical literature, but facilitate sources such as dictionaries and research papers. This method is not without criticism, with some authors arguing that it does not add to the knowledge base, and is instead only an intellectual idea (Rodgers, 1993); others argue that it does not create a strong enough theoretical basis for further work (Morse, 2000). Other methods have been proposed, such as evolutionary concept analysis (Rodgers, 1993), simultaneous concept analysis (Haase et al, 1993), utility method (Morse, 2000), principle-based method of concept analysis (Penrod and Hupcey, 2005), and hybrid model of concept development (Schwartz-Barcott and Kim, 1993). However, the Walker and Avant model has been selected for this paper because it is the most widely utilized within nursing research, and it has specifically been used in a mental health context to analyse concepts related to depression and aloneness. Overall, this method is deemed rigorous, logically structured and appropriate to the concept being analyzed.

Aloneness is a concept that is relatively new in the research and nursing literature, and one for which meaning has not fully coalesced. Using Walker and Avant's (2011) framework, this paper will explore what different authors mean by aloneness, to develop an accurate understanding of what is being discussed. This method involves using a series of eight steps (*Figure 1*).

Step	Process	Purpose
1	Selection of a concept	Define what is being analysed
2	Determine the aims and purposes of the analysis	Identify why the analysis is useful
3	Identify all the uses of the concept	Understand how the concept is currently used (includes literature review)
4	Determine the defining attributes	Analyse what features lie behind the current usage
5	Constructing a model case	Create an exemplar of how the concept is currently used
6	Constructing borderline, related, contrary, invented and illegitimate cases	Demonstrate that the concept is narrow enough to exclude misuse
7	Defining antecedents and consequences of the concept	Explain what happens prior to and after the concept to make the usage valid
8	Empirical referents	Check definition of concept for external validity

Figure 1. Process of Concept Analysis (Walker and Avant, 2011).

3. RESULTS AND DISCUSSION

The results of this concept analysis of aloneness are interpreted with qualitative data, as suggested by Morse (1995). These data were obtained by the authors in previous study of the meaning alone for older women being treated for depression (Wilkinson & Pierce, 2007). Depression as it is defines for this study, includes individuals meeting the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) criteria (American Psychiatric Association, 1994) for major depressive disorder (single and recurrent), dysthymic disorder, or depressive disorder not otherwise noted.

Context-dependent antecedent conditions and defining attributes for aloneness were made possible by incorporating the rich data provided by thus older women into cases portraying the concept.

Defining the concept of aloneness is ed with qualitative data, as suggested difficult because many people use the by Morse (1995). These data were word aloneness and loneliness inter- obtained by the authors in a previous changeably. The *Merrian Webster's Collegiate Dictionary* (1998) defines aloneness as "separated from others...the objective fact of being by oneself" (p. 32). Parsons (2017) stated being alone can occur in a physical sense. For instance, an individual can be alone in a house. However, being alone can also occur in the sense of an individual standing alone in a given situation. An example is a son who stands alone, apart from other siblings in the family, in the decision-making process of nursing home placement for a father. Individuals can feel alone, but not in the sense of being lonely (Parsons, 2017).

According to the *American Heritage Dictionary of the English Language* (1992), aloneness does not necessarily imply feelings of unhappiness. Although loneliness is defined as "lack of companions and often connotes painful awareness of being alone" (*Merrian-Webster's Collegiate Dictionary*, p. 686), loneliness also implies solitude, which is a state of being alone or remote from others when there is a desire for companionship (*American Heritage Dictionary of the English Language*, 1992). Donaldson and Watson (2016) noted that loneliness is associated with a number of physical and psychological pathologies for older adults.

Psychosocial and health-care related databases were searched for the concept of aloneness. Literature, although sparse, from the 2000s and 2010s describes the concept of loneliness, distinguishing between loneliness and aloneness. Loneliness is depicted as the perceived subjective condition that may or may not co-occur with being alone (Larson, 2010; Parsons, 2017; Ryan & Patterson, 2017). In contrast, aloneness is described as a perceived objective experience of being separate from others. This subtle, but important, distinction is critical in determining varying aspects of aloneness associated with health or loneliness, and possibly depression.

Mixed findings about the experiences of aloneness were reported in the general literature. On the positive side, Larson, Csilzszementmihalyi, and Graef suggested that individuals who are less self-conscious and take the opportunity for personal renewal, demonstrate improved mood following periods of aloneness. However, existential aloneness, a component of resilience, is thought to be an important contributing factor to healthy psychosocial adjustment for older adult (Wagnild & Young, 2000).

The analysis identified two major experiences of self for all of these participants: aloneness in depression and aloneness in recovery. Five paired, and somewhat dichotomous, themes defined the essence of aloneness:

- a. Vulnerability and self-reliance.
- b. Fear and hope.
- c. Helplessness and resourcefulness.
- d. Loss of control of self and selfdetermination.
- e. Identity confusion and selfreflection.

All the participants expressed profound feelings of moving among the five paired themes as they gained clarity and insight into experiencing depression and recovery. This study by Wilkinson and Pierce helped describe the concept of aloneness. Within this context, and using Walker and Avant's (1999) guidelines and Morse's (1995) recommendations, attributes of aloneness were delineated.

Antecedent Condition

Antecedent conditions are necessary circumstances that must occur before the aloneness process begins (Figure). According to Wilkinson and Pierce (1997), the women described being by one’s self as a “necessity” to monitor and attend to their varying needs for time alone. For these women, it did not seem to matter if being alone was self-imposed or otherwise forced—the results were the same. One of these women captured the essence of aloneness when she said, “It will make you a better person if you just try to take a little time for yourself.”. Aloneness was defined as vacuous and imposing when the women were depressed. The women worried about what was “going to happen” to them.

They felt “frightened, helpless, and out of control.” They seemed to lack the ability to form connections with others. The women described, in terms of life cycle development, an inability to stabilize their internal state of chaos. They depicted their environment as devoid of meaning, when depressed. The women’s burgeoning recovery was unique and vicissitudinous. It paralleled the changes of the seasons without a calendar to clearly mark the transition from aloneness in depression to aloneness in recovery.

After the depression started to abate, these older women were able to view aloneness as an opportunity—a blank canvas to be colored with their own unique thoughts, needs, and experiences. Aloneness now meant they were now able to:

- a. Make decisions.
- b. Regain a sense of hope.
- c. Be resourceful.
- d. Enjoy the freedom to come and go and do as they wanted.
- e. Explore their sense of self.

Defining Attributes

Defining or critical attributes, characteristics indicative of the concept, are aggregates associated with the word aloneness. This section is based on the authors’ previous work (Wilkinson & Pierce, 2017). When the women were depressed, they viewed aloneness as being vulnerable, fearful, and helpless, and as having a loss of control of self and identity confusion. As the women progressed in their recovery from depression, they viewed aloneness as being self-reliant, hopeful, and resourceful and having self-determination and self-reflection. This twostaged experience of aloneness was represented by loss of control of self and identity confusion followed by self-determination and self-reflection.

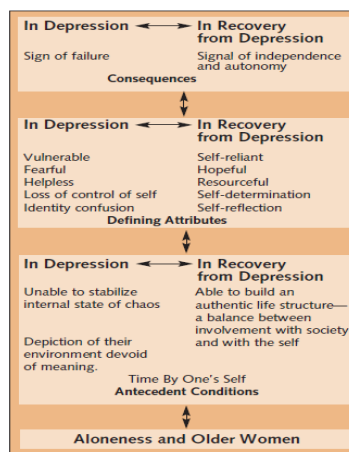


Figure 2. Model of the aloneness process for older women currently being treated for depression.

Consequences of Aloneness

Consequences refer to outcomes of the aloneness process as diagrammed in the Figure 2. For the women in the study by Wilkinson and Pierce (2017), aloneness in depression was a sign of failure, according to criteria defined by Peplau et al. (1982) in Stuart (2015). After these women were in recovery from their depression, their aloneness was a signal of independence and autonomy (Peplau et al., 1982 in Stuart (2015)). In Suedfeld's (2012) terms, these women in recovery from their depression felt aloneness not only helped them heal, but also facilitated their overall health. Similar to the findings of Wagnild and Young (2000), once in recovery, aloneness moved these women toward a greater sense of psychosocial adjustment.

4. CONCLUSION

Clinical implications for nursing based on concept analysis results (Walker & Avant, 2011):

- a. Defining ambiguous terms used in theory, practice, education, and research.
- b. Providing operational and orientational definitions with a clear theoretical base.
- c. Understanding the underlying attributes of a concept.
- d. Facilitating research instrument development.
- e. Promoting development of nursing diagnoses.

In clinical practice, gerontological nurses working with psychiatric clients must observe the subtle clues of aloneness using astute observational and listening skills. Perceived physical separation on the part of the client, as well as the sense of being alone in a situation, must be continually assessed. Additionally the antecedent conditions, defining attributes, and consequences of aloneness must be assessed and reassessed over time by nurses who work with older women experiencing depression and recovering from depression

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