A Study on Life Course Analysis and Daily Life Experience of the Elderly Living in Social Isolation

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Abstract

The significance of this study is to suggest basic data for political and practical measures to prepare for a super-aged society by understanding the daily life and welfare needs through analysis of the life course of socially isolated elderly. The subjects of this study were eight elderly people aged 65 years or older. This is a qualitative study with in-depth interview analysis of socially isolated processes and daily life experiences whose purpose is to explore the elderly welfare policy and the social service plan through the voices of the elderly isolated in blind spots. The experience of the elderly living alone and socially isolated revealed the following research results. First, isolated elderly people were analyzed according state of socially isolated life course and physical disease. Second, they were experiencing social isolation due to difficulties such as lack of communication with family members and relatives, solitude, and loneliness. Therefore, it is necessary to expand national medical and financial support to the isolated elderly, reorganize the road-map of community support systems for the isolated elderly, establish social networks for social connection, and enact convergent measures of an elderly friendly community infrastructure system.

Key words: Social Isolation, Life Course, Social Connection, Elderly Friendly Community, Convergent Measures

1. Introduction

Most of the elderly living alone are socially isolated and facing difficulties in terms of financial and social relationship aspects, which is an important index for measuring the quality of life of elderly people in an aging society. In 2018, the number of elderly people aged 65 and over living alone was 1,405,000, accounting for 19.0% of the total elderly population over 65 years[1]. The proportion of elderly living alone has increased steadily from 16.0% in 2000 to 17.3% in 2005 and 18.5% in 2010.

In general, the elderly living alone are very vulnerable to financial difficulties and require supportive networks and healthcare activities that can help them with daily life due to limited
interrelationships with others. The Ministry of Health and Welfare and Statistics Korea predicts that the increase in elderly living alone will lead to serious social problems such as psychological isolation, suicide among elderly people, and financial and physical difficulties. In fact, according to a survey on living conditions of elderly living alone conducted by the Ministry of Health and Welfare (2015), the elderly living alone have various problems in their daily life such as income, health, housing, leisure, and social participation and most of the elderly living alone do not work, so they are facing serious financial difficulties[2].

In particular, among the expenditures of the elderly living alone, the proportion of medical expenditures is significant, and many elderly living alone point out that their anxieties about life are illness and health, and their health status is much worse than that of ordinary elderly people. Above all, they are experiencing loneliness and isolation due to poor social relationships and loss of their social roles. This shows that there is a problem due to social disconnection with a high severity level[3]. Emotional isolation resulting from weak social relationships can also increase the likelihood of death from loneliness. Elderly death caused by loneliness can be caused by avoidance of meeting people. Through voluntary isolation, they avoid contact with the outside and put themselves in an isolated position. These isolated conditions affect physical health as well as mental health through conditions such as depression, anxiety, and functional decline leading to a vicious cycle in which elderly people with chronic diseases become more isolated because of decreased mobility. It also has negative consequences for social costs such as hospitalization. Recognizing that the disconnection of social relationships experienced by the elderly living alone is a potential risk of death caused by loneliness, the government has carried out a variety of projects such as basic care service, emergency care service, and support service for elderly people living alone[4]. These projects provide safety confirmation, gas leak and fire detection, and activity detection services to elderly living alone who need protection. However, the number of elderly people who are exposed to risks marginated by services provided by the government and private networks is increasing[5]. Therefore, it is urgent to establish a detection system linking the elderly living alone in blind spots that are severely disconnected from social relationships to the community service system.

The elderly living alone are not connected to public services, but their social relationships are completely severed. In order to discover these blind spot groups and connect them to the service systems in the community, it is necessary to link them to the public service support systems by utilizing a natural community networks in addition to simply running a public service support network.
The purpose of this study is to explore and deeply understand the lives and social isolation processes of the socially isolated elderly through a life history approach to their lives. In other words, the purpose is this study to deeply understand the meaning of the social context and experience of the socially isolated elderly.

Through this research, this study wishes to improve the understanding of the isolated elderly in the blind spots of social welfare research. In conclusion, it provides an effective and differentiated practical approach based on their characteristics and needs and a basis for developing policy alternatives.

2. Research method

The purpose of this study is an exploratory study to deeply understand the lives and social isolation processes of the socially isolated elderly through a life history approach to their lives. In other words, it wishes to deeply understand the meaning of the social context and experience of the socially isolated elderly. Through this, it will improve the understanding of the isolated elderly in the blind spots of social welfare research. Based on this study, it will provide an effective and differentiated practical approach based on their characteristics and needs and a basis for developing policy alternatives. In order to achieve the objectives of the study mentioned above, three research problems were posed. How did the socially isolated elderly live before isolation? What was the process of social isolation of the elderly? What are the current desires and state of the elderly since isolation?

For this study, surveys and interviews were conducted in the six senior community centers and resident areas where socially isolated elderly live. Also, meetings were conducted in the community welfare center and the elderly’s house.

The study subjects were elderly people living in District D and District S. Three criteria were established for the subjects of the study. First, elderly people who do not use community welfare centers or facilities, second, elderly who stay at home because of difficulty in moving due to walking ability and health deterioration, and third, elderly who do not have caregiver or friends around. The elderly who live alone do not partake in social activities, and the majority of them stay at home. They did not know where the local welfare centers are located and they did not even get out to visit the senior community center due to physical or mental reasons.

Data collection was done through the Autobiographical Narrative Interview by Schutze[6]. Autobiographical narrative interview is a social-scientific research method developed by the
German sociologist Schutze. It is an improvised telling of the life story containing the uniqueness of the participant and the personal tendency of the speaker. This interview is necessary for solving the process of determining the meaning of life for the existence of the individual with the tension of the directionality, complexity, and solving ability through the model of the story by narration that takes place in daily life[6].

3. Results

According to the results, the proportion of women was higher with 39.5% males and 60.5% females. The respondents’ ages ranged 7.0% in 60s, 42.0% in 70s, 47.0% in 80s, 4.0% in 90s. The ratio of 70s to 80s was the highest. Education was 10.5% for uneducated, 62.5% for elementary graduates, 16.0% for middle school graduates, and 11.0% for high school graduates, showing that most of them were elementary graduates. 15.5% were single, 6.5% were married, 11.5% were divorced, and 66.5% were separated by death, which was the highest. For the household types, married couples were 5.0%, couples + children 1.5%, mother + children 10.5%, father + children 3.5%, and single family households at 79.5%, which was the highest among them. The average monthly income of less than 1 million won was 73.0%, 1.01~1.5 million won 23.0%, 1.51~2 million won 2.5%, 2.01~2.5 million won 0.5%, 2.51~3 million won 1%, and over 4 million won 0%. The highest was less than 1 million won. According to the result of surveying the greatest expenditure, medical expenditure showed the largest, 71.5%, food 20.0%, heating costs 4.5%, and rent deposit 4.0%. The reasons for residence are 1.0% for work or business, 7.5% for children’s education, 20.0% for convenience of transportation, 68.0% for inexpensive house prices, 0.015% for comfortable environment and 0.02% for convenience of living. The inexpensive house price was the highest.
[Fig. 2] Education of Participants

[Fig. 3] Sex of Participants

[Fig. 4] Health Condition of Participants

[Fig. 5] Living Expenses of Participants
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[Fig. 6] Necessary Facility of Participants

[Fig. 7] Changes after 5 years of Participants

[Fig. 8] Welfare Facilities Desired by Research Participants
[Fig. 9] Number of Welfare Facility Use

[Fig. 10] Who to Ask for Help

[Fig. 11] Current difficulty
The 48% of the respondents answered they are in bad or poor health condition, 24% said average, and 28% said they are healthy or very healthy, indicating overall bad health. The questionnaire regarding the change of life after 5 years showed 1% of improved a lot, somewhat improved 1.5%, same 7%, somewhat worse 79.5%, worse 11%. After five years, the majority of them thought that their lives would get worse. The questions regarding necessary facilities showed cultural facilities 14%, natural environment 19%, educational facilities 14%, medical facilities 7%, shopping centers 5%, administrative facilities 1%, and social welfare facilities 40%. The need for social welfare facilities was the highest. The current difficulties of isolated elderly people were 49.5% illness, 22.5% unemployment and retirement, 8.5% family conflict, 6.5% loss of motivation in life, 3% lack of culture, 2% child care, and 1% housing problem showing that illness is the highest. The people they ask for help from when facing difficulties was 55.5% their children, 21% their neighbors and friends, 10.5% social welfare facilities and siblings, 6.5% the city office, 2.3% parents, and 1.5% of religion. The questionnaire on welfare facility awareness showed that 67.5% yes, 21.5% no and 11% of them do not know. More than half of the elderly were aware of welfare facilities.

The results of the in-depth interview analysis through life history analysis process are as follows. A is 81 years old and has been living alone for eight years since the death of their spouse. A has three children but rarely sees them. A has pain in their back and knees due to age and receives physical therapy at a hospital in the neighborhood. A receives only the old-age pension from the government and loneliness is the most uncomfortable because A lives alone now.

B is currently 75 years old, living alone due to the death of their spouse, and currently receiving an old-age pension from the government. B has one child but does not communicate and visits rarely. B is very proud, rewarding and happy, thinking that they can do something through service at the social welfare center. Although there is pain in their back and knees, they are willing to continue to volunteer.

C is currently 75 years old, living alone since the death of their spouse. She originally lived on Geojedo Island, but she moved to Busan through marriage with her husband and does not ah ve a good relationship with her neighbors, as she doesn't even greet them. She currently does not work and receives the minimum cost of living from the government and allowance from her daughter. She takes prescribed medicine in the hospital because of high blood pressure and diabetes. The inconvenience or difficulty of her living alone is that she can not lift heavy things because her shoulder hurts. She feels happy when she meets her daughter to chat or go out with her family and she feels proud when she cooks for her grandson and
daughter.

D is currently 79 years old and has been living alone for 14 years because of a divorce. They have one child, but they have not been contacted in so long, they do not even know their address. They have a lot of pain in their back and knees. Even though D gets an injection once a month, the pain interferes with daily life. The most rewarding time D is felt is when helping people with disabilities by serving meals at the social welfare center.

E is now 77 years old, currently receiving the old-age pension from the government, living alone. E takes prescribed depression medicine due to loneliness since death of their spouse. E goes to the playground near the house for walking. After walking, E goes back home and spends the day napping and watching television. E has no neighbors to visit, does not use facilities like senior community centers or welfare centers. E lives alone and feels depressed due to loneliness. Depression medicine has been prescribed, and E is currently taking heart disease medicine. E feels happy and rewarded when seeing their grandson, who visits occasionally.

F is currently 66 years old, and lives with the old-age pension from the government since the death of their spouse and goes to the hospital. The most uncomfortable thing for F about living alone is loneliness. F is Christian, and church deacons frequently visit. F feels the most rewarded when talking to people nearby, and when F is sick, they go to the hospital and feel very thankful and happy when the doctor treats them.

G is currently 75 years old and receives an old-age pension, has been bereaved, and feels uncomfortable because there is no one to help with taking medication or care when their body condition is poor. G spends holidays alone most of the time. G is happy when family members come and participate in family events such as birthdays, and when they eat together.

H is currently 84 years old, and has lived alone for 40 years after the death of their spouse and the children leaving. H has many painful body areas due to old age. The most painful areas are the knee and the back. Recently, when reading the Bible, H can not read it properly because of tears in their eyes.

4. Discussion

This study examined the process of life that has become socially isolated through life history research. It is aimed at exploring and understanding the experiences in their life until the isolation occurred.

In this study, data was collected through in-depth interviews to examine their understanding
of life and the problems of isolated life through a review of the lives of subjects who are
socially isolated. The collected data were summarized according to life history and the results
of the analysis from the questionnaire were as follows.

First, the life of socially isolated elderly can be seen through various aspects such as
experience, life, and values. The more socially isolated the elderly, the more different the
values, as each of them lived different lives.

Second, the socially isolated elderly were not isolated from the beginning, but due to various
reasons such as the influence of the social environment, the change of life cycle and values,
and financial change. Some elderly were socially isolated due to depression after their spouse’s
death (B’s life history). Some of the elderly were socially isolated because their contact with
their children was cut off, making it difficult to access information about the hospital or
nearby facilities. (H’s life history)

Third, physical and mental decline due to weakening of health condition leads to socially
isolated elderly. Since most of them were financially vulnerable, they could not think about
major surgery. The interview revealed that most of them were enduring pain and
psychologically weakened.

Fourth, the socially isolated elderly were in poor condition, but seek little reward and
happiness. A said that attending church is most rewarding and B feels pride, reward, and
happiness that they can do something through service in a welfare center. B seems to try to
avoid social isolation. C feels happy to meet C’s daughter to chat with her and goes out with
her family, and feels rewarded when cooking for grandchildren. D feels most rewarded when
helping people with disability during meals at the social welfare center. What makes E the
happiest is meeting grandchildren. F feels most rewarded when talking to the people around
them. G feels happy when family members visit. H feels most happy about being able to go
to church and worship. The isolated elderly people, like the stories of the interview
participants, found their driving force for life in trivial things.

Existing services for elderly people living alone are mainly restricted to services for safety
checks and daily living, which has limitations in preventing the suicide rate of the elderly
living alone[7]. The application of standardized services without understanding the diversity of
the elderly living alone does not guarantee the effectiveness of the service. For example, it is
important to examine the diversity of the elderly living alone beyond the limitations of
previous studies that typified the poor elderly living alone as a single group. The socially
isolated elderly are those whose social relations with their family, friends, neighbors, and public
institutions are severed or weakened. Among these group types, the risk group rejects the use
of existing elderly support service such as basic services, emergency service, and care service for the elderly people, for themselves. It is not a group that can be easily discovered, and it is very likely to be hidden in a blind spot in the community[8]. Social isolation refers to an elderly person living alone who does not have any social relationships with outsiders and does not receive basic living benefits or receives no services other than basic living benefits. It includes elderly people who are not found in status surveys, who are living in low-income dense areas, who refuse the survey itself or basic services, and who have no family[9]. The elderly who stay at home are deeply connected with the blind spots of social welfare. They need help, but they are not visible to the public, which can prevent them from getting it. They are welfare-neglected people who do not receive help or receive welfare services because of the strict standards of welfare programs and the limited administration resources can’t reach them. Especially, isolated elderly living alone are disconnected from various official service support networks, as well as informal sources such as family and neighbors[10]. In fact, they do not appear on the surveys on the elderly living alone or simply refuse to participate in the surveys or use the services remaining as they are in a welfare blind spot.

The problem is that it is not easy to discover these socially isolated elderly living alone. Finding people who are in social isolation in the area and how they can be discovered is still a difficult task. Therefore, establishing a caring system at the local level would be a realistic way to discover them, increase their quality of life, and reduce the risk of death caused by loneliness. Community-based care systems can also help ensure sustainability when using local residents and resources.

In March 2018, the Ministry of Health and Welfare declared and promoted the conversion of the vulnerable class care system to ‘Community Care’[11]. Therefore, convergent and multidimensional discussions are necessary to realize macroscopic-microscopic realization of community integration life through strengthening the services centered on the local community, which is the place of life, the local government-led service, and the voluntary and initiative nature of the community.

With a longer life expectancy, old age is getting longer than in the past. Financial factors are important for happiness at 100 years of age, but it is also necessary to have diverse social activities and good relationships with the people around you. If you are older, you may feel a sense of alienation due to decreased social activity and financial difficulties such as retirement from work, decrease in income, and the number of household members. However, it can be a new beginning of life away from responsibility and obligation to family support and work. In a situation where the elderly population is continuously increasing, low life satisfaction of the
elderly is related not only to the elderly generation, but also to the quality of life of the whole society. There is a need for diverse support, policy, and attention from society as a whole in order to expand social networks so that elderly can spend their old age more actively without isolation.

References


