

A Phenomenological Study On The Social Isolation Experiences Of Elderly Living Alone In Korea

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Abstract

Background: The purpose of this study is to identify the social isolation process of seniors living alone.

Methods: Data collection was conducted over a total of 8 days from July 8, 2024 to July 15, 2024. The participants in this study were elderly people living alone and aged 65 or older. 11 subjects participated in the final interview.

All interviews were recorded with recorder and transcribed for analyzing by Van Kaam method of phenomenology.

Results: Demographic characteristics (Sex, age, job, education, housing status, religion, and economic condition) were derived from the raw data, and these were grouped into 14 sub-themes and four categories: 'economic deprivation,' 'physical difficulties,' 'social relationships,' and 'emotional withdrawal.'

Conclusion: Based on the results of this study, it is believed that counseling and program development are necessary to address the social isolation of elderly people living alone.

Keywords: Social isolation; Aged; Experiences; Korea

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I. Introduction

Currently, as Korea's aging population continues to rapidly progress, the elderly population continues to increase and the number of elderly people living alone is also increasing. The population of Korea aged 65 or older continues to increase from 8,981,133 in 2022 to 9,435,816 in 2023, and the proportion of seniors living alone increases from 20.9% in 2022 to 21.1% in 2023, becoming a social problem [1]. 8.2% of those aged 65-74, 15% of those aged 75-84, and 20.1% of those aged 85 or older were found to be very isolated, and the rate of isolation increased with age. These elderly people living alone suffer from complex problems such as economic instability, deteriorating health, loss of roles, disconnection from social networks, and emotional withdrawal due to social isolation [2].

The most common problem occurring as the number of elderly people living alone increases is lonely death. Lonely death refers to a case where a person living alone dies alone, socially and economically isolated, without the care of family or neighbors, and it leads to an increase in social costs for organizing the belongings and follow-up of living space due to the death of the elderly person living alone [3,4]. From a social structural perspective, modernization theory finds the cause of social isolation of the elderly in the characteristics of individuals and groups [5].

Elderly people living alone are more likely to experience social isolation due to life events in later life, such as death of a spouse or severance of family relationships, and experience social isolation through a reduction in social networks [6]. These factors cause seniors living alone to experience social isolation, which also affects their economic status. In order to understand the deeper meaning of the elderly's experience of social isolation, it is believed that it is necessary to investigate qualitative research rather than quantified results using measurement tools planned by researchers based on previous research results. Qualitative research conducted on the isolation process of the elderly has shown that socially isolated elderly people are socially isolated as they experience complex difficulties such as broken family relationships, poverty, poor jobs, and poor health [7]. Other studies also show that changes in social life are caused by worsening physical and mental health, life events such as the death of a spouse or moving residence, increased dependency due to aging, and lower socioeconomic status [8].

These research results show that not only internal factors but also environmental influences from family and society affect the social isolation of the elderly. Meanwhile, given the increasing social isolation of the elderly,

it is necessary to confirm scientific evidence through a more holistic approach and in-depth interpretation of their social isolation in order to establish more fundamental preventive measures related to the social isolation of the elderly.

Therefore, this study analyzed the feelings and reactions related to social isolation experiences of the elderly, and the meaning they perceive from the subjects' perspectives. Through this study, by understanding the meaning of the phenomenon related to the social isolation of the elderly, we aim to provide basic data to help not only the elderly themselves, but also their family and community members to prepare effective support measures to prevent social isolation of the elderly in the future.

Research purpose

The purpose of this study is to understand the social isolation process of seniors living alone in a situational context and to explore the relationship between related conditions and outcomes in this process.

II. Methods

Research designs

This study is a descriptive qualitative study that applied phenomenological methods to comprehensively and in-depth understand the meaning of social isolation among seniors aged 65 or older living alone.

Research subjects and ethical considerations

The participants in this study were elderly people living alone and aged 65 or older who lived in Gwangsan-gu, Gwangju. The sampling method for selecting researchers was the snowball method, and interviews were conducted with subjects who understood all explanations about the research purpose and interview process and agreed to participate in the research. The interviews were conducted until the participants' statements reached saturation. Fifteen elderly people living alone were asked to participate in the research, but only 11 subjects participated in the final interview.

Four subjects gave up participating in the study before or during the process of obtaining the subject's consent and starting the interview. They were reluctant to talk about their social isolation, saying they were embarrassed. The final participants in the study were nine women and two men, and the average age was 72 years.

The overall research process was explained, including the content of the research questions, interview method, use of research results, guarantee of anonymity, and voluntary waiver of research participation if the subject desired during the interview, and consent to participate in the research was obtained. We made efforts to create a time and environment where the participants could be interviewed in the most comfortable manner, and explained that the interview would be recorded and that telephone interviews were also possible for those who could not be interviewed in person or to confirm additional information from the interview. It was informed that the data would be used for research purposes only and that the results may be published in academic journals and conferences.

Researcher Preparation

Nursing students took a lecture on qualitative research during nursing research class and received guidance on the concept of phenomenological approach and interview method from their advisor before the interview. The professor who supervised the research had experience in publishing numerous studies in academic journals using conceptual analysis, phenomenological approaches, and grounded theory methods, and had extensive research experience and expertise, as well as a deep understanding of research design and data analysis. Before the actual interview, a preliminary interview was conducted, and the recorded interview content of the actual subject was analyzed with the supervising professor and fellow students. This allowed for prior practice on interview questions, consistency of the interview process, the interviewer's voice and attitude, empathy for the subject's responses, and methods of asking additional questions. After conducting the preliminary interview, all recorded data were printed out for data analysis, and while reading the raw data, meaningful statements were confirmed regarding the content shared among researchers, and the confirmed content was categorized with a nursing professor.

Data collection

This study collected data by obtaining permission and consent from the welfare center director and the elderly person before collecting the data. Data collection was conducted over a total of 8 days from July 8, 2024 to July 15, 2024, and in-depth personal interviews were conducted through open-ended research questions prepared before the interview in accordance with the research topic and purpose. In-depth interviews were conducted at a time convenient to the participant and in a comfortable location, such as a home or apartment, to create an interview environment that did not cause any disturbance during the interview.

The number of interviews per participant was once, and each interview lasted approximately 20 to 50

minutes. All in-depth interviews were recorded with the interviewee's consent to prevent omissions and errors in interview data and to ensure smooth data collection. The phenomenological approach is a method that excludes the researcher's subjectivity and helps the subjects speak honestly about the emotions, reactions, behaviors, and causes of social isolation experienced during the elderly's experience of social isolation. The open-ended interview questions are as follows.

- Tell me about your main daily routine.
- Tell me when you feel most isolated.
- What worries you the most in your daily life?
- How did you overcome difficult and worrying situations?
- What do you hope and pray for in your heart?
- Do you often interact with your children or siblings?
- Do you have friends with whom you have a close relationship?
- If you find it difficult to ask others for help, why is it difficult for you to do so?
- Is there someone you can ask for help in an emergency?
- Do you belong to any groups or organizations in your community?
- Have you ever hesitated to ask for help from a welfare center or center?

Data analysis and reliability construction

The raw data were analyzed using the Van Kaam method, and the reliability of this study was evaluated according to the criteria suggested by Lincoln and Guba [9]. The first step was to minimize the literature review (neutrality) to exclude bias related to social isolation of older adults prior to interviewing the participants. To analyze the data for this study, the researcher in charge of the interview listened to the recorded content obtained from the in-depth interview repeatedly and transcribed the subject's words verbatim to create raw data.

In the second stage, researchers gathered together and read the raw data obtained in the first stage repeatedly, and if the participants stated the same meaning continuously, they extracted it as a meaningful statement. The extracted meaningful statements were reviewed by a nursing professor. Additionally, the extracted statements were shown to the participants and the consistency of the contents was confirmed (applicability).

The third step was to integrate the statements through a continuous comparative analysis process that compared the similarities or differences between the meaningful statements extracted from the newly obtained raw data and the meaningful statements extracted from the previous step during the interview (factual value). We identified formulated meanings by gathering common statements from the raw data, defined themes by gathering formulated meanings with similar characteristics, and then categorized them by grouping similar ones among the themes.

In the fourth step, the content validity of whether the topic was well connected and the categorization of data was well done was verified by one nursing professor who had knowledge of the topic, purpose, and research method of this study to have a general understanding of the study (consistency).

III. Result

General characteristics of the subject

The demographic characteristics of the 11 research participants were analyzed, and the final results included gender (9 women, 2 men), age (7 in their 60s, 2 in their 70s, 2 in their 90s), occupation (9 unemployed, 2 employed), education level (3 none, 1 elementary school graduate, 1 middle school graduate, 6 high school graduates), residential status (11 living alone), religion (6 no religion, 5 Christian), and economic status (overlapping, 3 receiving pension, 2 receiving monthly salary, 7 receiving basic living expenses, 1 receiving insurance premium) (Table 1).

Social Isolation

As a result of analyzing the meaning of social isolation of the elderly, 14 sub-themes were finally derived. The 14 sub-themes were grouped into four categories: "economic deprivation," "physical difficulties," "social relationships," and "emotional withdrawal" (Table 2).

(1) Economic Deprivation

The study participants experienced difficulties in finding jobs due to their advanced age and physical illness, and as a result, they spent only on basic items for living and spent little on leisure activities. In this way, economic deprivation leads to social isolation of the elderly living alone.

1) Economic status (means of livelihood)

"I felt bad asking my children for money because I couldn't make money, and I wondered how I would live, but at least I get a pension from the government. I'm grateful for that." "I receive living expenses from the

government because I'm a basic recipient. That's how I live. There's medical benefits, livelihood benefits, and housing benefits." "I get 300,000 won in basic pension from my job (senior citizen job)." "The government gives me a little bit of old-age pension." "I help out with my brother's work and I get money because I'm a basic recipient."

2) Housing status

"I sent my husband away first, and the kids are all married, so I live alone. My brother lives in Seoul, but he can't come often. His legs hurt, so he can't walk.", "I go to the senior center and play until the afternoon, and then spend the evenings at home alone a lot.", "When I wake up in the morning, I clean, eat, and sometimes go to the hospital. Other than that, I mostly just read books at home alone."

3) Loss of work activity

"I suddenly gained weight. I don't want my parents or siblings to see me living like this. My wish is to lose weight, get healthy again, and then go back to work." "I have a bad knee, but I can't get surgery. I applied for a senior citizen's job again this year, but I'm afraid I won't be able to work if I get surgery."

4) Consumption for leisure activities

"I just eat a quick breakfast, take my medicine, and sometimes go to the hospital when I'm not feeling well... I mostly stay at home. That's how I spend my days. Nothing else.", "I don't go out much. I just go to the supermarket and buy coffee. I don't have time to have hobbies, so I don't even think about it.", "I mostly walk a lot. I do other things because they cost money."

(2) Physical difficulties

The research participants complained that their daily lives were difficult due to their personal physical illnesses. In particular, most of the elderly living alone had degenerative diseases, were passive in personal care, and lacked the will to solve problems. Due to physical difficulties, the elderly living alone are isolated and are causing various problems.

1) Trauma

"I can't have surgery because my knee hurts. I'm only having surgery on one side right now, and I have to have the other side because of work, so I can't.", "If you get paralysis, you can't move. Then, the bathroom part, where your body responds, is the hardest part. Even if you go to the hospital, that part is the hardest.", "My knee is so painful that I can't even step on my left foot.", "I have retinopathy, so I can't see well with my right eye." "I have some lower limb paralysis, so it's hard for me to go out. Even though I can walk, I walk like a baby. I can walk at home, but I can't walk well enough to go outside."

2) Obesity

"I've gained weight recently. I need to lose weight and go to physical therapy right away, but I'm too lazy to go because I've gained weight. I'm not the type of person to do that, so I only go to physical therapy once every three days.", "I've suddenly gained 30kg. Since I've gained weight, I get out of breath even when I exercise a little bit, so I don't feel like exercising."

3) Adult diseases

"I take medicine and insulin for diabetes. I also take medicine because I had poor respiratory health in the past. My knees are also bad... As I get older, my body doesn't listen to me as well. When I'm sick, I don't even want to go to the hospital."

(3) Social relationships

The study participants expressed difficulties in forming social relationships due to their isolated lifestyles. They complained of loneliness due to the difficulty of living alone and lack of external activities due to the lack of communication with family and neighbors. In addition, it was found that there were cases of self-neglect in which they complained of difficulties in interpersonal relationships and refused help on their own.

1) Isolation from family and neighbors

"I didn't have a good relationship with my parents, and after I got married, my relationship with my husband wasn't good, and now I don't even contact the kids.", "We don't talk on the phone much, the kids don't, and I don't talk to them much either.", "It's been over 5 years since I've been there, and it's become inconvenient to call.", "I can't contact my younger siblings.", "I had a lot of siblings, but they all passed away and my parents passed away, so I became a loner."

2) Lack of external activities

"I don't have any friends or clubs, so I don't know at night because I'm sleeping, but I'm bored, lonely, and that's the case during the day.", "As you can see, all I do is read books every day.", "I don't have any clubs or anything like that. I just eat and live."

3) Self-neglect

"I tend not to interact with people. It's hard for me to go out and talk to someone, so I just try to isolate myself.", "I can't do it. I'm just waiting until I go.", "I can go out because there are people who help me when I want to, but I feel like I don't go out on my own."

(4) Emotional withdrawal

The research participants complained of emotional withdrawal due to the difficult situation of living alone, and experienced suicidal impulses due to depression. They also had fears and loneliness about being alone with a sick body. It was found that avoiding asking for help from those around them due to a withdrawn mind also affected isolation.

1) Depression

"I often feel depressed and alone. And I just pretend to be okay a lot.", "I was so depressed that I thought about suicide a lot.", "I always look up at this veranda and think about jumping off. I don't really have the will to live.", "I have severe depression, so I've tried extreme things.", "I feel a bit brighter after getting hurt than when I had depression, but I'm sad. I'm sad all the time."

2) Fear

"It's a lonely death. I don't know because I live alone. I could suddenly collapse, so that's what I'm most afraid of.", "If my body suddenly becomes paralyzed, I'm a little scared of those kinds of things.", "When I'm sick, I worry about not being able to make phone calls all of a sudden.", "When I was receiving rehabilitation treatment at the hospital, I was able to do enough, but now that I'm at home, I feel even more discouraged.", "I pray a lot even when I'm awake. Whenever I feel anxious, nervous, or afraid, I pray, 'Please help me.'"

3) Loneliness

"Even if I'm lonely, I just endure it and live. Now I'm just waiting for you to leave. I cry, eat, and sleep, and I feel lonely when I'm alone.", "I always think I'm alone.", "The loneliness was the biggest thing.", "I feel lonely when I can't sleep at night.", "I work, but it feels meaningless, and I feel that way when I'm sick because I live alone."

4) Avoid asking for help from those around you

"My brother is not poor, he is living well, but it is not easy to raise children. He thinks that he has to endure it alone. That is why he does not know that he is in this situation.", "I just live my life. I do not do it when I am alone. I worry and worry too.", "I just endure it alone because I have no one to tell.", "I do it alone. What good will it do if I tell someone?", "I just do not do it. It is better to get help from others.", "I do not even think about asking for help. I only call 119."

Table 1. General characteristics of the subject

No	Sex	Age	Job	Education	Housing status	Religious status	Economic condition
1	F	77	Unemployed	Middle school	Living alone	No religion	Pension
2	F	72	Senior citizen job business	Elementary school	Living alone	No religion	Monthly salary, Pension
3	F	67	Unemployed	None	Living alone	No religion	Basic living expenses
4	M	68	Unemployed	High school	Living alone	No religion	Basic living expenses
5	F	65	Unemployed	High school	Living alone	Christianity	Basic living expenses
6	F	69	Unemployed	High school	Living alone	No religion	Basic living expenses
7	M	66	Logistics transport job	High school	Living alone	Christianity	Monthly salary, Basic living expenses

8	F	65	Unemployed	High school	Living alone	Christianity	Insurance premium
9	F	67	Unemployed	High school	Living alone	Christianity	Basic living expenses
10	F	91	Unemployed	None	Living alone	No religion	Pension
11	F	95	Unemployed	None	Living alone	Christianity	Basic living expenses

Table 2. Social isolation phenomenon

Main topic	Subtopic	Example of meaning
Economic deprivation	Economic status (means of livelihood)	“I felt bad about asking my children for money because I couldn’t make money, and I wondered how I could live, but at least I got some pension from the government... I’m grateful for that.” (1)
	Housing status	“I sent my husband away first and the kids are all married, so I live alone. My brother lives in Seoul, but I can’t come often. My legs hurt so I can’t walk.” (10)
	Loss of work activity	“I suddenly gained weight. I don’t want my parents or siblings to see me living like this. My wish is to lose weight, get healthy again, and then go back to work.” (5)
	Consumption for leisure activities	“I eat a quick breakfast, take my medicine, and sometimes go to the hospital when I’m not feeling well... I mostly stay at home. That’s how I spend my day. Nothing else.” (3)
Physical difficulties	Trauma	“Now, five years ago, I became paralyzed and called 119. In the past, there was a lock, so when you called 119 at dawn, your body was paralyzed, but it wasn’t painful or fatal right away, so you didn’t turn on the siren and just came quietly to the first floor and called so I could tell you the password, but now they don’t do that and just leave the door open. It doesn’t lock. I’m a little worried about those parts. If my body suddenly becomes paralyzed again, I’m a little scared about those parts.” (4)
	Obesity	“What I’m praying for is that I’ve suddenly gained 30kg. I’m praying that I can lose weight and get healthy and return to work. That’s my prayer topic. Become more confident.” (5)
	Adult diseases	“I am taking medicine and insulin for diabetes. Also, I am taking medicine because I had a bad respiratory condition before. My knees are also bad... I have retinopathy, so I can’t see well with my right eye.” (8)
Social relationships	Isolation from family and neighbors	“I had a bad relationship with my parents, and after I got married, my relationship with my husband was bad, and now I don’t even contact my kids.” (3)
	Lack of external activities	“There are no gatherings with friends or anything, so I don’t know at night because I’m sleeping, but during the day I’m bored, lonely, and like that during the day.” (6)
	Self-neglect	“I try not to have interpersonal relationships on purpose. It’s just hard for me to talk to anyone, so I try to isolate myself.” (4)
Emotional withdrawal	Depression	“Since I got injured and my activity level has decreased, I often feel depressed and lonely. And I just pretend to be okay a lot.” (8)
	Fear	“I’m most worried about dying alone. Since I live alone, I don’t know. I could suddenly collapse, so that’s what I’m most afraid of.” (5)
	Loneliness	“Even if I’m lonely, I’ll endure it and live on. Now I’m waiting for you to go. I’m waiting until you go. I cry sometimes and I get lonely when I’m alone.” (11)
	Avoid asking for help from those around you	“Raising children is not easy for my brother. Since I don’t go out, I feel uncomfortable making phone calls. I think I have to endure it alone. So my brother may not know that I am in this situation.” (4)

IV. Discussion

In this study, the first category from the integrated semantic unit of social isolation was “economic deprivation,” and the four sub-themes corresponding to it were identified as “economic status (means of

livelihood), "housing status," "loss of work activity," and "consumption for leisure activities." This study shows that the biggest reason for the social isolation of the elderly living alone is the lack of means of livelihood. The difficulty in finding a job for various reasons made it difficult for the elderly living alone to make a living, and the resulting lack of leisure activities also led to the isolation of communication with society. This is because poverty makes people passively deal with maintaining and treating their health, which inevitably leads to worsening health conditions. The majority of poor elderly people living alone regard their health as a personal domain and accept it as part of their lives, which leads them to remain in an unhealthy state [10,11]. Therefore, it seems necessary to discuss increasing the number of jobs for the elderly in the community due to the aging population.

The second category was "physical difficulties." The subtopics included were "trauma," "obesity," and "adult diseases," which also included degenerative diseases. It was confirmed that the research participants were unable to move due to their deteriorating health, which also led to difficulties in finding jobs and an attitude of self-neglect. This result was confirmed to be similar to that of a previous paper that emphasized physical health variables as personal factors predicting social isolation [2,12]. It has been confirmed that the majority of elderly people living alone suffer from degenerative diseases, which make it difficult for them to engage in economic activities and lead to economic deprivation. Therefore, it has been confirmed that there is a need for more systematic discussions on the need for continuous and steady interest, visits, and support from the local community. In addition, it will be necessary to explore ways to expand various home visiting medical services and increase the number of people providing home visiting medical services.

The third category is "social relationships," which includes the subthemes of "isolation from family and neighbors," "lack of external activities," and "self-neglect." This study is consistent with previous research findings that the experience of reduced social networks and disconnection deepens isolation and alienation, and causes physical and mental health problems [11,12,13]. In particular, all of the research participants in this study did not have a spouse, which was consistent with previous studies that showed that elderly people living alone experience a high level of social isolation [10]. Given the characteristics of elderly people living alone who have difficulty talking about their situations to others, it is thought that there is a need for discussion on a space where they can comfortably talk and communicate in a close place, rather than being forced to meet with family and neighbors.

The fourth category is "emotional withdrawal" and was identified with the subthemes of "depression," "fear," "loneliness," and "avoidance of asking for help from those around you." Results such as 'I am most worried about dying alone' and 'I feel uncomfortable making phone calls because I don't go out often' are the combined results of physical hardship and social isolation. This is consistent with research indicating that life satisfaction, daily life performance ability, self-esteem, depression, and suicide are variables that measure quality of life, and that they are commonly related to the presence of a spouse, family support system, social resources, and level of social activity [14,15].

In addition, emotional withdrawal can be seen as a total result of the three categories above. They feel extremely sorry about asking for favors from family members they do not see often, and they even have difficulty talking about their own situation. As a result, it can be seen that the isolation from society is becoming more severe and that they are feeling suicidal impulses. This requires a change in thinking that allows them to willingly accept a helping hand. It is believed that in addition to simple medical support, psychiatric treatment for the elderly living alone is also necessary.

V. Conclusion

This study is a descriptive study that attempted to secure basic data for establishing specific and practical measures to prevent social isolation in the elderly by understanding the meaning of social isolation in the elderly. To gain a deeper understanding of the social isolation of the elderly, data were analyzed using the Van Kaam method based on phenomenological methods. Demographic characteristics (Sex, age, job, education, housing status, religion, and economic condition) were derived from the raw data, and these were grouped into 14 sub-themes and four categories: 'economic deprivation,' 'physical difficulties,' 'social relationships,' and 'emotional withdrawal.'

Based on the results of this study, in order to prevent social isolation among the elderly, it is necessary to realistically consider providing jobs that enable the elderly to make a living, thereby relieving economic deprivation, and providing steady attention and expanding various home-visit medical services to help the elderly with physical difficulties for various reasons maintain their health.

In addition, to prevent people from experiencing social isolation due to self-neglect, isolation from family and neighbors, and isolation from neighbors, we must seek out spaces where people can maintain social relationships in comfortable and close places rather than through forced meetings, as well as changes in thinking and psychiatric treatment that allow them to receive a helping hand.

And the results of this study that identified the meaning of social isolation experienced by the elderly

living alone are data that comprehensively understands the inner experience of humans, and can be used as basic data for improving the social environment that affects the social isolation of the elderly, and as basic data for community officials to prevent the social isolation of the elderly in a specific and practical way.

Based on the above research results, the following suggestions are made.

First, in order to secure evidence with proven validity and reliability regarding the social isolation experience of the elderly, a repeat study with an expanded number of subjects is necessary.

Second, based on the results of this study, quantitative research should be attempted in addition to qualitative research.

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References

- [1] Statistics Korea 2023. Rate Of Elderly People Living Alone. Available From: <https://www.index.go.kr/unify/idx-info.do?idxcd=8039>
- [2] Kwon, Hc. A Study On The Social Isolation Process Of The Poor Elderly People Who Live Alone. Ph.D Dissertation, Seoul; Dongguk University, 2019.
- [3] Lee, Jk & Kim, Jh. A Study On The Needs Of The Elderly Living Alone In Seoul. *Seoul Studies*. 2013;14(3):191-211.
- [4] Choi, Sh., Cho, Bc., & Jeon, Sh. "Prevention Of And Countermeasures To Dying Alone: A Self-Deterministic Perspective", *The Journal Of Korean Studies*. 2017;62:403-436.
- [5] Berg, Rl & Cassells, Js. *The Second Fifty Years: Promoting Health And Preventing Disability: Social Isolation Among Older Individuals*. Washington (Dc), National Academies Press; 1992.
- [6] Hawton, A., Green, C., Dickens, A., Richards, S., Taylor, R., Edwards, R., & Campbell, J. "The Impact Of Social Isolation On The Health Status And Health-Related Quality Of Life Of Older People", *Quality Of Life Research*. 2011;20(1): 57-67.
- [7] Lim, Sj. *A Life History Study Of Socially Isolated Older Adults*. [Master's Thesis]. Incheon; Incheon National University.
- [8] Victor, C., Scambler, S., Bond, J., & Bowling, A. Being Alone In Later Life: Loneliness, Social Isolation And Living Alone. *Reviews In Clinical Gerontology*. 2000;10(4):407-417.
- [9] Lincoln, Ys & Guba, Eg. *Naturalistic Inquiry*. Newbury Park, California: Sage; 1985.
- [10] Demakakos, P. Being Socially Excluded And Living Alone In Old Age: Finding From The English Longitudinal Study Of Ageing (Elsa); 2008.
- [11] Findlay, Ra. Interventions To Reduce Social Isolation Amongst Older People: Where Is The Evidence? *Ageing & Society*. 2003;23(5):647-658.
- [12] Nicholson Jr, Nr. Social Isolation In Older Adults: An Evolutionary Concept Analysis. *Journal Of Advanced Nursing*. 2009;65(6): 1342-1352.
- [13] Pearce, R. Social Isolation In Older Adults And Its Impact On Health. *Ageing And Health*. 2014;(19): 16-18.
- [14] Kim, Kt & Park, Bg. Life Satisfaction And Social Support Network Of The Elderly Living Alone. *Journal Of The Korea Gerontological Society*. 2000;20(1):153-168.
- [15] Bae, Sk., Um, Ty., & Lee, Ej. A Study Of The Effect Of Instrumental Activities Of Daily Living And The Mediating Effect Of Depression On The Quality Of Life Of Lone Seniors. *Health And Social Welfare Review*. 2012;32(4):5-30.