Music in Therapy and Loneliness in the Elderly

A thesis submitted in partial fulfilment of the requirements for the degree of Master of Art (Clinical/Counselling Psychology)

of

The University of Namibia

by

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May 2003

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the old folks don't talk much
and they talk so slowly when they do
they are rich they are poor
their illusions have gone
they share one heart for two…

and have they laughed too much
do their dry voices crack
talking of times gone by
and have they cried too much
a tear or two still always seems to cloud the eye…

Jacques Brel

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Acknowledgements:

The opinions expressed and conclusions reached in this publication are those of the author. This study is my own work and relevant resources have been acknowledged.

Special thanks to:

1. Dr. G.D. Kober, my promoter, for so many things.

2. Dr. H.A. Raath, for being a mentor and providing support.

3. The elderly of “Senior Park Old Age Home” and “J T Potgieter Tehuis vir Bejaardes”.

4. Siegfriede Karsten, for literature searches.

5. My family and friends, for support.

6. Elna, for listening patiently through the whole Masters.

7. My Heavenly Father, in the end, the Beginning and the End.

Summary:

In this study the aim was to determine whether elderly people are lonely. The researcher also wanted to determine whether music in therapy is a suitable mode of therapy to alleviate or lessen loneliness. This study was conceived as the author felt that this creative mode may be able to achieve what other modes of therapy cannot do, namely transcend the limitations of language or provide a vantage point for the therapeutic process.

The study focused on elderly people, as the elderly may be a neglected group as far as research in Namibia is concerned. The elderly may come from a generation where it is not as acceptable to talk about one's problems. It seems as if they are reluctant to seek psychological help, therefore they may not always report their loneliness. Intuitively the researcher recognises the pleasure and personal value experienced through music and thought it to be an appropriate therapeutic vehicle.

An intervention study was done. As part of the quantitative research a loneliness scale was administered to a sample of eight elderly from two old age homes in Windhoek. After this, the music in therapy therapeutic intervention using music as a tool took place and the loneliness scale was administered again. A semi-structured interview was used to add a qualitative flavour. This created a more personalised view and generated a deeper understanding of the topic.

The intervention included music, which was familiar and soothing. One of the aims of the intervention was to let the elderly reminisce about the

past. The experience of feelings and relaxation through music was also included in the intervention and possible communication with other members of the old age home was encouraged through this process.

They seem to employ effective strategies to curb this loneliness, like for instance reminiscence. It is also suggested that their repertoire of skill increases with age as sustainability of manoeuvres becomes problematic. It further seems as if the music therapy intervention may have lessened some of the feelings of loneliness and thus contributed to the wellbeing of the elderly involved in this study.

Music may provide a more sustainable manoeuvre to curb loneliness. Music in therapy may also enhance the quality of life especially in the lives of the elderly.

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Chapter 1:

Introduction:

"The power of a word like 'therapy' changes with its familiarity, usage and adaptability. Since the late 1960's 'therapy' has come to mean anything from clinical rehabilitation to an afternoon catnap for an executive under stress" (Cambell, 1991, p.95). It is possible to say that an interest in creative therapy is an integral aspect of this very broad conceptualisation. An interest in other modes of therapy may also have been the result of an overemphasis on the medical model in psychotherapy. "The current dominance of medically orientated metaphors for psychotherapy has led to a profound need for alternative, compensatory images – images that further sustain and more deeply enliven the psyche in its movement toward healthful individuation" (Nelson & Weathers, 1998, p.1).

If one considers the fact that the elderly may be the population who are the most vulnerable to the overemphasis on the medical model, an alternative mode of therapy may be worth considering and the elderly may be a group worth focusing on. One may argue that they are mostly prone to the overemphasis of the medical model as they may for instance be forced to use medication for various reasons due to the ageing process. Thus, overmedication may become a problem. Music in psychotherapy may reduce the need for chemical and physical interventions and may also be a powerful tool in decreasing pain, loneliness and depression, and increase group cohesion, self-expression and self-esteem. Finding an alternative mode of therapy may lead the

elderly towards “healthful individuation” (Nelson and Weather, 1998, p.1). Furthermore, the tendency to only see the older person as someone set out for medical scrutiny may be avoided to some extent.

Foucault argued that the patient is objectified by scientific classifications and reifications and then becomes imprisoned in himself (Sheridan, 1980). Expert advice is given in the best interest of the client. Morgan (1990) refers to the professional justification given to this action, as the client is considered not having the understanding that this action is in his/ her best interest (Morgan, 1990). This discourse of power is not always so evident, because the idea of doing something in the interest of the other overshadows the aspect of power involved. Therefore one may argue that it is important to find ways in psychotherapy where the therapist may be less prone to objectify the person. Sheridan (1980) mentions that to understand and have more control over the discourses of power, the assumptions of a society have to be evaluated. Hard intellectual work and commitment is asked for in the examining of these assumptions (Sheridan, 1980).

If creative modes of psychotherapy are incorporated in therapy, the client may become more involved in the process of psychotherapy, thus ‘owning the problem’. Therefore the person may contribute more to his/ her own wellbeing. If the client is not seen as someone who does not know what may possibly aid his/ her wellbeing, medical scrutiny and the overemphasis of the medical model as well as the overemphasis of professional expertise may be avoided to some extent. The therapist may be less able to objectify the client as the therapist may not always be able to assume the position as the expert. The therapist may have to

become part of the creative process. In such a way professionals may become aware of their limitations and they may avoid situations of control.

According to Warren (1993) creative therapy involves the use of artistic and creative activities to help individuals accommodate a specific disability, or recover from a specific medical or surgical procedure, or simply improve the quality of an individual's life. Nelson and Weathers (1998) refer to finding the salient languages of a client's soul which for instance may include asking the client to bring along music, poetry or whatever moves him in his unique path towards individuation to therapy. Warren (1993) emphasises the need for all of us, no matter what our age or ability, to reaffirm ourselves and to communicate with others. If the elderly in this study are lonely, they may be able to feel less so if, through music in psychotherapy, they are able to communicate and reaffirm themselves. Even if they are not lonely, their sense of self and sense of self in relation to others may gain new qualities, qualities that may enhance their wellbeing. In a country like Namibia creative therapy may be a very suitable mode of therapy. Where traditional Western therapeutic modalities may not be successful, creative therapy may fill this void, especially in cases where establishing rapport between therapist and client becomes a challenge because of diverse cultural experiences of self and others.

Brammer and Shostrom (1968) state that the relationship between therapist and client is central to the therapeutic process. It may be possible that through creative therapy - in this instance through the use of music in psychotherapy - the current life world experience and

also the experience of self and others, of people from diverse cultural backgrounds, may be better understood. Nelson and Weathers (1998) found that the therapeutic process is enhanced through listening experiences in which music that is culturally meaningful is used. These writers feel that understanding and rapport with the clients are significantly promoted. According to Pavlicevic (1999) the non–verbal focus of music therapy bypasses verbally-based constructs of the world and direct contact with the emotional life of the person, whatever his cultural or linguistic background, can be established. It may be important to look at the possibility of music as means of non-verbal communication where the relationship capacities of people have been limited either by cultural or language issues, or simply by such a thing as age.

In the foreword to the proceedings of the 2nd Biennial National Conference of the Music Therapy Society of Southern Africa Woodward (1996) says that although music therapy is an established profession in the USA and Europe, it is still looked at with some carefulness and scepticism in South Africa. The same writer refers to the notion to see the magic and myth of the powers of music as something which cannot be explained. As a result, according to Woodward, the vast source of literature confirming its medical value is largely ignored. It is possible that this caution and scepticism may be linked to the fact that music is trivialised in daily life. Sacks says: "…we switch on a radio, switch it off, hum a tune, tap our feet, find the old words of an old song going through our minds, and think nothing of it" (Sacks, 1996, p.1). To the public, music as therapy is generally an unknown field. Music is important as a form of entertainment and as a performing art. It is

used in educational systems, but not considered important where therapy is concerned. The same may be true where the use of music in psychotherapy in Namibia is concerned.

On the other hand, Campbell (1991) mentions that throughout history music has been used for spiritual and physical alignment. He refers to the notion that music was used in many different settings such as political and social gatherings, but also in family, civic and educational ceremonies. Guzetta (1991) mentions the link between music and medicine in history. Halpern (1989) also mentions that music's complementary function to 'traditional' medicine has long been acknowledged.

According to Sacks (1996) music is part of being human and there is no human culture in which music is not regarded with esteem and where it is not highly developed. Radocy and Boyle (1979) also emphasise the fact that music has been a cultural component since a time prior to recorded history. In other words, music is a universal phenomenon. If music is used as a therapeutic medium, it may provide enormous power as a means to better communication. People may become aware of their uniqueness as well as their wholeness in that they may explore the more salient matters of their being through music. They may for instance become more aware of less rational and more unconscious levels of being. Music may provide the therapeutic door to aspects of being that would be dichotomised by exploring it only through language, as language may provide just one way of constructing the self and reality. Sacks (1996) furthermore states that to those who suffer, music is not just part of culture and considered trivial. Sacks

emphasises that music is no luxury to those who suffer, but a necessity. This writer furthermore mentions that music may have power beyond anything else to restore people to what they were.

The development of this researcher as a psychotherapist in a country where vast social as well as political changes took place in recent years, may have contributed to the thought of including other 'non-traditional' modes of intervention in psychotherapy. As the researcher was schooled in the more familiar Western modes of therapy, the idea of combining this with a more creative approach to explore what may be conducive to psychotherapy in Namibia, came to mind. As music therapy is a profession in its own right, the researcher does not intend this study to be contributing to the field of music therapy as such, but rather due to a love of music, be part of an exploration into the use of music in psychotherapy. In other words, musical images may be used to create what Nelson and Weathers (1998) refer to as alternative compensatory images towards individuation.

The rationale behind this study is that music may be an experience that is uplifting or just fun, and this experience may create the ground for personal change that may include moving away from feelings of loneliness to a more creative way of responding to the world. Pickett (1976) states that music can fulfil the most profound needs of people whether they are professional musicians or simply amateurs who take part in or listen to music. Music seems to provide people with a bridge of communication and possibly by sharing with others, may help those elderly who feel isolated, alienated or lonely.

In this study the purpose is to find out whether the elderly in old age homes are feeling lonely. It may be possible that, although they are lonely, they do not report this loneliness. This may be due to a reluctance to admit to loneliness as it may signal the breakdown of social relations. Another reason may be that the older generation may not be used to talk about their problems openly. If they are lonely, this study explores how music in psychotherapy may possibly aid the therapeutic process and alleviate feelings of loneliness. However, even though they may not be lonely, music in psychotherapy may still provide new alternatives for communication and expression. One is left with the idea that music may open up possibilities for being. Music also seems to leave creative space and thus room for differences in people and cultures in which to flourish.

As the rationale for this study has now been provided, the lay-out of the chapters will be discussed next. Chapter Two is concerned with music as a psychotherapeutic tool and first centres round the psychotherapeutic use of music throughout history, after which a definition for music therapy is provided. In the profession of music therapy a distinction is made between music as therapy and music in therapy. The researcher pays attention to this distinction. In the course of the study the researcher broadens the concept of music therapy to emphasise the use of music in psychotherapy as well as the relevance of other modes of creative therapy. This chapter also concentrates on the therapeutic relationship, how music works psychotherapeutically and music therapy and the elderly.

As it was suggested that the use of music in psychotherapy might be a suitable mode of therapy to curb loneliness, the concepts of loneliness as well as the target group need the attention of the reader. Chapter 3 provides an overview of old age as a phenomenon. The literature concerning loneliness in old age and otherwise is discussed next.

Chapter 4 entails the description of the investigation, the hypothesis of this study is formulated, the sample is identified and then the chapter focuses on the research methodology and methods. The reader is also introduced to what happened during the process of music intervention.

The statistical procedures and results of the quantitative study are discussed in Chapter 5. This is followed by the qualitative findings. The chapter concludes with a general discussion and conclusion about the results as a comprehensive whole.

Chapter 6 provides critique on this study and suggestions for future research are made.

Chapter 2:

Music as Psychotherapeutic Tool:

2.1. The Psychotherapeutic Use of Music Throughout History:

Music may be considered as the most ancient art and people respond to it at the deepest level of being. "Cultures widely separate in time and geographic space have so wished to shape and wield this mysterious, wholesome element as to make it heal disorders, alleviate suffering, achieve (in a "cleaner" way than most people nowadays attribute to pharmaceuticals) therapeutic feats for which our imperfect world displays an unabating need" (Reiner, 1996, p.vii).

One can contemplate whether music has long been used in healing and seek for evidence, or 'forecasts' in history, of music therapy as used today. According to Mornhinweg (1992) the therapeutic value of music has been documented throughout history. Since the beginning of the 'civil' world, music has been used to fight illness and promote health, but it is only recently that music therapy has become an organised scientific discipline (Peters, 2000). According to Campbell (1991) ancient healers and philosophers had no doubt that music is the bridge between the body, soul and earth. It seems as if ancient people's bodies had an almost 'internal knowledge' about what was good for them. Although they possibly attributed the success of music to magical or mystical elements, it is as if they understood that we are rhythmical beings, responding to the world 'musically' and thus creatively.

Petzold and Sieper (1990) refer to the fact that the renewed interest in creative therapies has an old tradition in Shaman practises, Oriental traditions and Greek medicine from the times of Pythagoras and Hyppocrates. The writers mention that imaginative methods such as music, dance and theatre were used in the field of healing to treat psychological problems, including psychosomatic illnesses. Aldridge (1996) refers to the fact that health is an endeavour that needs a creative environment. It seems as if the people of the past understood the need for such a creative environment within their hospitals. Petzold and Sieper (1990) mention that the hospitals in Trikka, Kos, Epidauros and Pergamon had theatres for drama, an Odeon for music as well as a stadium for physical activities.

"As written in ancient records both East and West, sound and tone may be the heart-mother and fire-father of all being" (Campbell, 1991, p.2). Campbell refers to the old biblical reference that in the beginning was the word and mentions that in Greek, 'logos' does not only mean 'word', but also 'sound'. It seems as if music was there from the beginning and therefore plays an important role in our being. Aldridge (1996) refers to yet another meaning of 'logos', namely 'order', and argues that if that order is lost, a person may become sick. "Light, word, sound, vibration and thought are linked to the beginning of all knowing, all naming. Each is sibling to the rest, whether we view it acoustically, philosophically, theologically or metaphorically" (Campbell, 1991, p.2). One of the many reasons why people may respond so well to music, may thus be that it has been with them and in them for all time. "Music moves us because we move in musical ways - rhythmically, harmoniously, with gestures modulated in intensity, weight and

resonance. And our rhythmical acts are linked in sequences that can be read as narratives or melodies" (Trevarthen, 1997, p.ix). It seems as if we write our life stories in musical ways. In psychotherapy, music may thus provide the creative means to rewrite life stories in more harmonious ways.

Attitudes and practices regarding music were always closely related to the prevailing beliefs and practices of that time and culture. Peters (2000) also refers to the fact that although music therapy is a young science, it draws from a long tradition of music healing practices. In other words, some of the principles and practices used today have their roots in olden times. Today, the music therapist assesses and evaluates the individual before deciding on intervention by focusing on an individual's specific needs, strengths, and weaknesses (Peters, 2000).

By using music or music-based experiences positive changes in the skills, thoughts, feelings, and behaviour of individuals become part of this planned, goal-directed process of interaction and intervention (Peters, 2000). It is thus evident that intuitive knowledge about the healing properties of music has intensified into research and the gaining of professional status in the field of music therapy.

Petzold and Sieper (1990) mention that healing and art were related in the past and the writers refer to the concept as "the art of healing". It thus brings to mind the fact that music may be beneficial and useful in many different healing disciplines, like inter alia medicine and psychotherapy. It seems as if earlier beliefs linked the concepts of

healing and art. One may argue that such beliefs will influence the practice of healing. Therefore, current beliefs may also influence the role of complementary types of therapy such as music therapy. If beliefs centre round the notion that music may be healing, music will possibly form part of the process of healing, however, if music is seen as entertainment only, it will most probably not form part of intervention processes. According to Petzold and Sieper (1990) the modern world of medicine stands in opposition to and is dissociated from the creative world. Synergy between these worlds may seem impossible, but as a new interest in creative therapy develops, one may contemplate whether a balance between healing and art may in the end lead to professionals keeping in mind the richness such creative therapies may add to healing practises.

What has to be remembered and considered more closely, is the evidence existing in the relationship between music and health through the ages. According to Pratt (1989) this relationship between music and medicine can be explained as health being a question of harmony in the body and achieving health is a restoration back to harmony. According to Khan (1991) illness is physical or mental disharmony. Peters (2000) refers to the fact that in old civilisations both physical and psychological health and wellbeing were functions of religion, and medicine was always closely linked to religious rituals. For example, in many societies drumming formed part of sacred rituals and may contain therapeutic properties (Friedman, 1997). In turn, according to Peters (2000), music formed an integral part of both religious and medical practices. It is possible that older cultures were able to let

religion, medicine and music relate to each other in a beneficial way. In other words, they looked at wellbeing in a rather comprehensive way.

One may thus argue that they described themselves and their environment in less mechanistic ways. In Namibia, with its rich mixture of cultures, it may well be that people may respond to a more 'holistic', 'older' kind of psychotherapeutic approach. Many people of Namibia apparently tend to integrate scientific knowledge, traditional beliefs and religion into their lifestyles without the fragmented compartmentalisation sometimes so evident in Western thought and therefore a more creative approach in psychotherapy may be worth exploring.

According to Pratt (1989) the ancient Greek and Roman cultures already established the link between music on the one hand and physical and mental harmony on the other. He mentions that Plato and Aristotle emphasised the unity of soul and body and also the essentiality of harmony. Peters (2000) refers to the fact that illness was linked with the concept of disharmony and that music with its ethical and moral power was seen as instrumental in reinstalling a state of harmony and, therefore health. Ethics and morality have to do with the variety of ways in which humans think and refer to the appraisal of human conduct (Hospers, 1961,1963; Frankena, 1963). Music was associated with concepts such as praiseworthiness and goodness. One may argue that music was associated with qualities that helped human beings recover. Thus, music may have been given the status of something that is good, something that may rectify the human condition of illness, something so powerful as to be 'heavenly'.

According to Peters (2000) the Greeks used different types of music to cure and prevent illness as they observed rather predictable effects on human feelings and behaviour. For example, Mornhinweg (1992) mentions that Aristotle believed that catharsis could be obtained through the emotional relief given by flute music. The Greek philosophers therefore maintained a discourse about health that focused on the whole person and emphasised the importance of music in this process (Van Schalkwyk, 2000). According to Peters (2000) the Romans followed suit: Aristedes believed music to have similar curative and preventative powers as medicine and established the concept of music as essentially a form of psychotherapy. Pratt (1989) mentions that Apollo was considered the inventor of medicine and his son Aesculapius became the enlightener of the arts. Petzold and Sieper (1990) also mention that Apollo was god of art, music, gymnastics, poetry and medicine. Holistic attributes ascribed to the gods seem to have found existence in the value added to balance and wholeness in the life of human beings as well.

According to Assaglioli (1991) the people of the past used music to enhance the effects of herbs or drugs, but also as an independent means of healing. Thus, it seems as if medicine and art are related and cannot be separated into two isolated domains. Although this division seems to have happened in history, it appears as if the use of music in the medical field is at this stage starting to regain its place. Nowadays music therapy is again linked with psychotherapy. Aldridge (1996) presents grounds for using music therapy in the medical practice and touches on the fragmentation of thought that took place and the reconciliation that possibly needs to come about between the arts and

the sciences. Professionals are becoming aware of the division or fragmentation between the domains of art and medicine. It also seems as if there is a re-evaluation concerning the place of art in medicine, which may lead to a more holistic approach towards healing.

"Perhaps this act of reconciliation reflects the schism within our society whereby the rationality of science and technology threaten to become off balance and we forget the necessity of art, dream and mythology" (Aldridge, 1996, p.2). Although one may look at this schism as rather new, and possibly more part of Western thought, it may have its origin in very early times. In Namibia too, science and technology seem to have become synonymous with development, relegating art to 'old', 'cultural' practices. Pratt (1989) mentions that in his studies, Hippocrates separated the study of medicine and philosophy. Throughout history there is this movement between the separation on the one hand and fusion on the other hand of different disciplines. Currently there may be a need to move towards a dialogue of mutual understanding between the different disciplines, as there may be a new awareness of wholeness, as it for instance becomes evident in concepts such as globalisation. Thus there may be a movement towards the incorporation of such aspects as medicine men and women, shamans and rituals in the modern world of healing and psychotherapy.

Implicit in the healing process, is the faith involved in these rituals revolving around the use of music through the ages. In modern days this faith in the healing process may be compared to the trust that is established within the therapeutic relationship in the field of psychology.

It is evident that the psychological aspect of healing has been considered throughout the ages and many times music played a crucial part in this whole process. According to Pratt (1989) Pythagoras, the sixth century B.C. philosopher, already emphasised the psychotherapeutic aspect in healing. He maintained that emotional catharsis could be accomplished through a regular routine of music that included singing and playing an instrument. The human soul was seen as harmony itself (Pratt, 1989). It is as if the words of the famous Pythagoras find their echo in the practices of both African and American Indian tribes.

Peters (2000) refers to the fact that in African culture the shaman is the chief musician, medicine man and priest of the tribe and that in Indian culture the use of songs in healing rituals stands out. According to Peters illnesses are conquered through the use of music, magic and religious rituals. For healing purposes the shaman uses specific songs, rhythms, musical instruments such as bells, drums and rattles, as well as dances and dramas (Peters, 2000). If one argues that in Namibia traditional healers and rituals revolving around faith may be considered quite important, including elements of this in psychotherapy may improve wellbeing.

Even if one looks towards the Bible the example of Saul being comforted by David in 1 Samuel 16:14-23 comes to mind. Rodale (1996) mentions that when a 'dark spirit' haunted Saul, it was David with his harp who could ease the discomfort of the king. Peters (2000) mentions that music was very important in Hebrew religious rites and that in the temple 288 musicians were employed. According to Peters (2000)

music, religious rituals, and healing practices also formed an important part of the cultures of ancient Egypt and Babylonia. The same author refers to the fact that priests were required to become both musicians and physicians. This idea then links with the attributes of the African shaman who was chief musician, physician and priest.

Somehow the older cultures understood that wellbeing is not simplistic, but involves all aspects of being. This is evident when one looks at the use of songs for functional purposes in the Egyptian culture. They sang songs, composed for and linked to specific tasks, such as sowing seed, harvesting, weaving and carrying stones from quarries (Peters, 2000). In modern times we seem to have moved far away from these ancient beliefs and practices, but given some thought, one realises it may not be the case. One wonders who has not sung a song while working, or who has not heard a mother soothe a baby with a lullaby. Wright (1976) refers to the songs that children improvise when playing games and also mentions that especially in Africa and Asia, spontaneous music is used to express feelings.

The therapeutic use of music was also evident in Asian cultures such as the Chinese and Indian cultures (Pratt, 1989; Peters, 2000; Van Schalkwyk, 2000). The Chinese focused on establishing unity between human beings and the universe through music which lets a person reach mystical and metaphysical states of being (Peters, 2000).
Even though disease was attributed to sin and all pagan practises were discarded during the Middle Ages, the use of music as part of the healing process remained important. Pratt (1989) mentions that during the Middle Ages disease was often linked with sin and the restoration of

such a sinner before the eyes of God. In this process religious music played an important part (Peters, 2000). Pratt (1989) also refers to the fact that the Christian Church wanted to rid itself of many of the pagan beliefs of the Greek and Roman times, but that music continued to play an important role in the power it had to influence mood. Thus one could say that even in times of major change, the power of music was acknowledged and not disregarded.

According to Pratt (1989) the interdependence between the different domains of knowledge was recognised during the Middle Ages and had an impact on higher education through the Renaissance. The body of knowledge was still within the grasp of a single human mind and therefore a physician would have knowledge of different disciplines, including music. According to Pratt (1989) Ibn Hindu, an important physician and medical theorist of the eleventh century felt that music education and knowledge contributed to a doctor being a well-rounded professional. Here the idea of integration rather than separation of different disciplines is evident.

Pratt (1989) mentions that concepts of Greek thinkers like the four bodily humors namely blood, phlegm, yellow bile, and black bile were elaborated on by Arab culture during the Middle Ages. They believed in the four basic elements namely earth, air, fire and water. It seems that during the Renaissance the concept of four was linked with music in that the distinction between the four voices namely soprano, alto, tenor and bass was made.

Approaches in medicine and music found common ground in the Greek philosophy which advocated a balance between the four bodily humors to be able to obtain optimum health (Van Schalkwyk, 2000). In the development of new knowledge, the different fields were somehow intermingled. If the musical field were to incorporate concepts from the 'medical' or 'scientific' field one may argue that historically, people recognised the importance of different disciplines enriching each other. It may be important to consider how different disciplines, for instance psychotherapy, may be enriched by including more creative modes such as music. What seems to be important is that the study of music and medicine ran parallel to each other many times in history and that health as harmony is a long established concept. Way back in 1634, Mersennne said that health is such a musical matter that disease is simply a matter of dissonance to be corrected or at least eased by music (Pratt, 1989).

Pratt (1989) mentions that during the eighteenth century physicians based their use of music on a more scientific basis and during the nineteenth century many physicians were convinced that music could help with mental and emotional illness. The same author refers to the fact that music was also included in group therapy and that research was based more on the physical benefits of music. Pleasant vibrations of music could then replace painful vibrations from disease, thus restoring a patient to physical and mental health. It also seems that from the very beginning the idea was not to replace pharmacological therapeutics, but to use music alongside. In other words, if the arts and medicine together are able to reach better results, then why not let these different disciplines indeed share their expertise.

On the other hand, Peters (2000) mentions that with the development of technology as well as the development of medicine as a specialised science and with music becoming more and more a performing art, a separation between the two fields became inevitable. According to Pratt (1989) music therapy as it is known today began around the time of World War II and in 1950 the National Association for Music Therapy was established in the United States. Since that time, music therapy organisations have begun in countries throughout the world and it seems as if development in the field is still continuing with the possibility of different disciplines complementing each other becoming a reality. Saroyan (1990) refers to the fact that by 1953 Thayer Gaston started to use music therapy in institutions such as schools and hospitals as addition to traditional therapy with the mentally handicapped, emotionally disturbed, and geriatric patients. Van Schalkwyk (2000) mentions that previous research concerning the effect of music on human beings was done from a medical-scientific frame of reference. According to this research the development of psychology during the twentieth century provides an important frame of reference for the development of models as well as theoretical frameworks in music therapy, as it provides alternatives for the description of the relationship between music and human beings.

The influence and significance of music on people's health and behaviour may be like looking into a kaleidoscope. Cambell refers to what lies ahead in the following way: "The scope of the field can be seen as a rising sun; a new morning in the way the art of sound, can be used for healing and in the marriage of science and art" (Campbell, 1991, p.2).

2.2. Music Therapy Defined:

Bruscia (1989) is of the opinion that the clinical approach and the facet of music therapy focused upon must be considered in structuring a definition. According to Bruscia (1989) and Davis and Gfeller (1992) people ask for some kind of explanation as music therapy is still a relatively new field and public awareness is limited. Music therapy is not widely understood. Kenny (1982) explains the difficulty in defining music therapy as follows: "Every time it is a challenge, a task, an invitation to increase my own understanding by assigning words to something which is indescribable by nature and has the additional aspect of being something different every time it happens" (Kenny, 1982, in Bruscia 1989, p.2). According to Bruscia (1989) music therapy has many aspects, which makes it difficult to define and delineate. "[A]s a body of knowledge, it is transdisciplinary; as a combination of disciplines, it is at once an art, a science, and an interpersonal process; as treatment modality, it is diverse; as a discipline and profession, it has a double identity; and as a young field, it is still in the process of becoming" (Bruscia, 1989, p.4).

According to Bruscia it is important to examine both components, in this respect music as well as therapy, before defining music therapy. Music is difficult to talk about as it has its own identity, its own "rigour" and "logic" (Pavlicevic, 1999, p.2). According to Campbell (1991) music is the archetypal ordering of sound. Music exists through audible tones and sounds which when used in context, gains musical meaning. The position of the sounds in relation to each other, as a totality, creates musicality (Frohne-Hagemann, 1990). The distinction between sound

and music is not always clear, but music can be distinguished from noise in that it has the following characteristics: pitch, duration, intensity, timbre, and perceptual quality (Mornhinweg, 1992).

For the purpose of this study, the focus will be on music in a psychotherapeutic setting. Four factors relating to music in psychotherapy are important to consider, as they are not found in strictly musical situations. These factors influence the definition of music within a clinical framework. Bruscia (1989) organises them as follows: (1) the priorities of therapy, (2) the importance of accepting the client's musical efforts nonjudgementally; (3) the multisensory applications of music; and (4) the relationship between music and the other arts. Therefore music has to be conceived very broadly within a therapeutic context. According to Bruscia (1989) music is the means through which the clients' needs and problems are addressed. In other words, music is not used for purely artistic satisfaction and the focus of the therapist is thus the 'same' as in psychotherapy, namely not on the technique as such, but on the client. Bruscia also emphasises the relation of music to other art forms, its multisensory nature and the aspect of creativity involved. Its multisensory nature makes the use of all the senses apparent. One gets the idea that the person as a whole is involved in the process of music therapy.

According to Bruscia (1989) therapy is traditionally defined in terms of its Greek root "therapeia" which means to attend, help or treat. Henzell refers to the physical as well as the psychological components implicit to the term 'therapy'. Therapy may encompass the investigation and treatments of problems with an organic nature. It also refers to the

theory and practice involved in psychological healing (Henzell, 1995). Davis and Gfeller (1992) loosely refer to therapy as a means of helping a person with a physical or mental problem. In turn it may be important to look at what it means to help people, especially in a psychotherapeutic setting or within the helping professions. "Help is defined as providing conditions for people to fulfil their needs for life meaning, security, love and respect, self-esteem, decisive action, and self-actualising growth: help also means providing resources and skills that enable people to help themselves" (Brammer et al, 1989, p.1).

After looking at music and therapy separately, it becomes evident that the concept music therapy needs scrutiny. According to Pavlicevic (1997) music is the essence of music therapy and forms the basis of therapeutic relationships. The same author refers to the spontaneity and joint venture of the musical act, through which client and therapist develop and extend a unique sense of each other. According to Van Schalkwyk (2000) the focus in defining music therapy has switched along with the development of this discipline. A possible working definition may be the following: "Music therapy is a systematic process of intervention wherein the therapist helps the client to achieve health, using musical experiences and the relationship that develop through them as dynamic forces of change" (Bruscia, 1989, p. 29). It may also be important to keep in mind that: "Music therapy is the use of music in the accomplishment of therapeutic aims: the restoration, maintenance, and improvement of mental and physical health" (NAMT, 1980, p.1 in Bruscia, 1989, p.3).

However, Van Schalkwyk (2000) argues that although music was considered important in earlier definitions, there is an overemphasis of therapeutic aims and manoeuvres. According to Van Schalkwyk (2000) the process of interaction, and the relationship between person and music, has not received a lot of attention in the creation of definitions for music therapy. Van Schalkwyk (2000) furthermore adds that more recent definitions do pay attention to this discrepancy. She refers to a definition by Bunt (1994) that addresses the relational aspect of music therapy: "Music therapy is the use of organised sounds and music within an evolving relationship between client and therapist to support and encourage physical, mental, social and emotional wellbeing" (Bunt, 1994, p.7 in Van Schalkwyk, 2000, p.7).

To acknowledge an experience as music therapy, it needs to meet with certain requirements. Peters summarises it as follows: "It must (1) involve a process, (2) be planned and goal-directed, based on individual assessment, (3) involve interaction and intervention, (4) use music or music-based experiences, (5) be specifically prescribed, (6) be implemented by specially trained personnel (i.e., music therapists or those they train and supervise), and (7) be directed towards meeting specific needs of individual clients" (Peters, 2000, p.7).

In this study the focus is not on music as therapy, but rather on music in therapy and more specifically, the use of music in psychotherapy involving individuals. The mentioned requirements will serve as a guideline, but cannot all be met where this study is concerned. Added to this, the author would rather refer to this study in a broader context, using as main vehicle, music in psychotherapy within the frame of

creative therapy. Therefore the researcher created the following working definition for the purpose of this study: **Music in psychotherapy is a therapy friendly catalyst enhancing the psychotherapeutic process in an individual setting.** As the researcher has emphasised the use of music in therapy, the difference between music as therapy versus music in therapy has to be analysed.

2.3. The Use of Music as Therapy Versus The Use of Music in Therapy:

In the use of music as therapy, music serves as the primary stimulus or response medium for therapeutic change (Bruscia, 1987). According to Bruscia (1987) music as therapy influences the client's body, senses, feelings, thoughts, or behaviours directly and is thus used as context for exploration itself. The therapist facilitates the process, but the therapeutic contact is established between music and client. Intermusical and interpersonal relationships develop between the therapist and the client. These relationships then have the purpose of stimulating and supporting intramusical and intrapersonal relationships that develop within the client (Bruscia, 1987).

Therapeutic change is brought about through the interpersonal relationship or by using another treatment modality when the focus is on music in therapy. Music is not used as the primary or only therapeutic agent, but rather to facilitate the therapeutic process (Bruscia, 1987). The focus on the relationship between music and client, in music as therapy, shifts to the relationship between therapist and client, or therapist and group, with music in therapy. According to Bruscia (1987) music serves, as the aid in the process as is the case in

any other suitable modality, such as art or verbal discussion; this can also be useful. Relationships that develop between client and music, serve to stimulate and form the basis to intermusical and interpersonal relationships that develop with others (Bruscia, 1987).

Music in therapy was thought to be appropriate as the lonely elderly may benefit more from intermusical and interpersonal relationships with others than merely from a relationship between music itself and the person within. Other modalities such as verbal discussion, reflection of feelings and reframing were also thought appropriate to include. For this reason the latter modality was included in this research project.

2.4. Establishing a Therapeutic Relationship:

One also has to monitor the specific relationship established between the client and the therapist and/ or group. This unique relationship and thus the situation and interaction is a deliberate choice for therapeutic reasons. "The relationship is important in counselling and psychotherapy because it constitutes the principle medium for eliciting and handling significant feelings and ideas that are aimed at changing client behaviour" (Brammer et al, 1989). The same authors refer to the fact that many people do not have effective interpersonal relationships. Experiencing the establishing and maintaining of such relationships through the therapeutic relationship may thus serve as a learning process to that person.

Yalom (1985) shows that the therapeutic relationship is characterised by trust, warmth, empathic understanding, and acceptance. One may therefore argue that in the process of alleviating loneliness, all these aspects play an important role. A limited role-repertoire can possibly lead to loneliness; elderly people who have a limited role repertoire may find it difficult to build and maintain relationships. As music may provide the creative environment for healthy individuation, the therapeutic relationship with the therapist may possibly provide the experiential basis needed to lessen continuous feelings of loneliness. However, the therapist needs to be aware of the frame of reference of a person, and there needs to be an added awareness as not all people may find music appropriate. "In our experience, if music and art are not a given client's vehicle for growth, we as therapists really have no right to impose such forms of expression, or path, onto the client" (Nelson and Weathers, 1998, p.1).

Wright (1976) mentions that rhythm in music emphasises interrelationship. Through the musical experience the elderly may feel less lonely as they may have the experience of being part of a whole. In this way their feelings may be normalised.

Saroyan (1990) refers to the painful experience of honest self-disclosure concerning traumatic experiences, but also emphasises the importance of learning the skills of trust, co-operation and interaction within therapy. These skills can then be transferred to other settings like for instance the old age home community in which the elderly person lives. It seems as if music can be a valuable aid where issues are 'too difficult to talk about'.

2.5. The Psychotherapeutic Value of Music:

Throughout the world music is enjoyed and valued. As it plays such an integral part in life, the idea of using it therapeutically seems natural. People recognise the power of music to influence their emotions and through personal experiences the therapeutic benefits of music have been discovered (Bruscia, 1989). Pickett refers to such an experience as follows: "The feeling of ecstasy as we sang Vaughan Williams' setting of traditional carols was not just because of the beauty of the music or the building. I felt part of something large and united, the musical community which had by combined effort and enthusiasm brought us to a memorable experience" (Pickett, 1976, p.31). When the author read this spontaneous expression of value added to life, the old age home community came to mind. Some of the inhabitants, who are lonely, may find a sense of belonging through the use of music and thus add value to their lives.

Although music in psychotherapy is a relatively new field, there is evidence of very successful work being done. Warren (1993) states that successes in the world of psychotherapy have sometimes been unexpected, not planned and sometimes also inexplicable. This statement makes the study of present research information as well as the need for new research all the more evident. If music finds resonance in the wellbeing of people, it may be important for a psychotherapist to explore the spectrum of workable possibilities of music in psychotherapy as it seems as if there may be common ground between music therapy and psychotherapy. The common ground may

be found in the improvement, maintenance and restoration of wellbeing as well as in the change that may result in the participants.

Music may provide an 'entry point' to the process of psychotherapy. "Certainly, we have found again and again in our practice of psychotherapy that listening to or performing music elicits for our clients profound experiences that influence their moods, thoughts, and perceptions" (Nelson and Weathers, 1998, p.3). Nelson and Weathers refer to the intersubjective nature of music, as musical stimulation may result in direct elicitation of sensory and affective experiences, but affective experiences may also find a symbolic representation. Musical images thus go beyond words alone.

"…music acts as a distraction stimulus that refocuses attention. Music occupies one's mind with something familiar, soothing, and preferred. …a more current explanation that endorphins are released by music and thereby one's mood is changed" (Mornhinweg, 1992, p.2). What seems to be important is that the use of music in psychotherapy can be a powerful therapeutic tool in that it provides an alternative to traditional modes of therapy.

Nelson and Weathers (1998) refer to work done with a young adult male who had difficulty even noticing that he was feeling and was even less able to give words to these feelings. However, he had a diverse collection of music and was passionate about listening to music. It became apparent that music provided the 'entry point' to his inner world as he brought music that he found meaningful and stimulating to the sessions. The hypothesis was that there was a possibility to move

from one very differentiated area, namely music, to a less differentiated area, namely feelings (Nelson and Weathers, 1998). According to Nelson and Weathers the therapy sessions that followed were a combination of the client (Keith) sharing a favourite piece of music and then the experience was discussed. Through the rich and detailed dialogue between Keith and the therapist, memories, thoughts and feelings, especially those feelings associated with the day's music, were explored (Nelson and Weathers, 1998).

Musical images may thus provide the same kind of 'entry point' when working with the elderly. "Listening to meaningful music in the session powerfully evoked for Keith not just general feeling tones, but specific affective experiences, which were then amplified and analysed" (Nelson and Weathers, 1998, p.3). The hypothesis of the researcher is that loneliness in the elderly may be the affective experience that can be amplified and analysed. Meaning can be ascribed to it and a renewed perspective may evolve. Change and actualisation of the self may possibly take place more spontaneously when music is used, as people may feel more relaxed and less forced to change. One may possibly argue that change has to be in the interest of the person's process of individuation. According to Corsini and Wedding (1989), to actualise an image rather than the self, results in forced change.

As the use of music in psychotherapy may contribute to less conscious processing taking place, one may argue that people will find it easier to face the possible conflicts and guilt that may exist concerning their 'wants' and 'shoulds' in life. For the older generation in Namibia this may mean a freedom of expression as they may have introjected the

morality of the previous generation. This may add to a sense of loneliness, especially after the many political changes that took place in the last few years. They can possibly feel that they are 'speaking a different language' which may add to the physical and psychological problems of getting older, amongst which loneliness may count.

Through the use of music in psychotherapy, they may find that they are able to exchange this 'forced morality' for what Corsini and Wedding refer to in terms of Gestalt therapy as: "an organismically compatible morality" (Corsini and Wedding, 1989, p.335). Added to this, a template for change may be established. Pickett (1976) mentions that patients need a catalyst, the beginning of a pattern to get them started. "In directing each group's attention and allowing them to explore the world of sound, they learned about the various possibilities inherent in the medium of music and experienced for themselves what had often been unconscious aspects of their minds and lives" (Wright, 1976, p.4). By using music in therapy, people may be unaware of the fact that they are getting involved and that they are sharing with others. Music, either through for example listening or improvisation, may provide a less threatening environment for a process of change to begin.

"Music therapy is a goal-directed process in which the therapist helps the client to improve, maintain, or restore a state of wellbeing, using musical experiences and the relationship that develop through them as dynamic forces of change" (Bruscia, 1987, p.5). According to Bruscia the therapist and client are involved in the process of assessment, treatment and evaluation. It becomes apparent that there are mutual grounds between what music therapy and psychotherapy aim to

achieve. Therefore the two disciplines may actually compliment each other. Bruscia emphasises that through music mental, physical, emotional and social problems and needs are paid attention to. These problems or needs can be addressed through the direct use of music or indirectly through the interpersonal relationships that are established between client, therapist and/ or group (Bruscia, 1987). The same writer says that music therapy entails the involvement of client and therapist in an array of musical experiences. In this study the approach will be to alleviate or at least lessen feelings of loneliness by attending to people in an individual psychotherapeutic setting with the use of music, mainly focussing on listening and verbalising.

The use of music in therapy may also contribute to the health of a person. As health entails both physical and psychological aspects, one has to look at what the concept 'health' entails. According to the World Health Organisation (1964) in Itoh and Lee (1989, p.9): "Health is defined as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". The definition is comprehensive and dynamic. Itoh and Lee (1989) emphasise that if this definition is to be fulfilled, health cannot depend on the input of medical science alone since medicine cannot improve, maintain or change the social wellbeing of people.

The use of music in psychotherapy may improve the quality of health and in doing so, maintain or change the social wellbeing of the population. According to Itoh and Lee (1989) it is not possible to maintain optimum health throughout life; furthermore, health status changes until death. At the same time one may argue that, for the

elderly, health may also mean to move successfully through a developmental phase. Jaeggi (1995) refers to the fact that illness occurs when the natural process of life is disturbed. One may argue that loneliness may qualify as such a disturbance. It seems as if people find it difficult to respond to new situations creatively when their path toward individuation is somehow contaminated. According to Aldridge (1996) health has to do with creative realisation. "Within the individual the ability for self-regulation is based upon a repertoire of improvisational possibilities" (Aldridge, 1996, p.16). It may thus be that the same may be true of psychological health and more specifically psychological health in old age, as many changes may have to take place during this developmental phase for which people may not always be prepared. Therefore, being able to use their abilities creatively is important as it may expand their role repertoire, which can aid adjustment to change.

Music therapy is used in several fields, one of which is to break down learning barriers; music has been used to achieve success with this. Gaertner (1996) in a case study of a nine year old boy reports about the use of music to teach a simple thing like the alphabet when all else failed. This boy failed several times and was ridiculed by both his class teacher and classmates. According to Gaertner he made noises; he tried to form words, but nothing would come out. By using such tools as sing-song and percussion they progressed slowly until they went back to the class teacher and gave a "performance". The same author emphasises that confidence and self-image were build by using music. As people grow older, they are not always able to do the things that they did earlier in life. Added to this, one may argue that change is taking

place rapidly in society and the elderly may sometimes feel that they cannot keep up. As a result, they may feel inadequate and loose self-confidence. In the above example a child had the benefit to gain more self-confidence through music therapy. The same kind of treatment may also help elderly people to establish or re-establish self-confidence. An overall sense of belonging, acceptance and the possibility to communicate through music are some of the social benefits of music therapy. "Music may promote awareness, not only on an individual level, but also on a systems level, in bringing different psyches into a common experience, which may lead to increased understanding and communication - an experience of universality" (Nelson and Weathers, 1989, p.4).

Sacks (1996) reports that many patients may respond powerfully and specifically to music. For people who respond to nothing else, music, music therapy and a musical atmosphere, are essential. Concerning Alzheimers disease, Aldridge says the following: "While language deterioration is a feature of cognitive deficit, musical abilities appear to be preserved. This may be because the fundamentals of language,…are musical, and prior to semantic and lexical functions in language development" (Aldridge, 1996, p.193). Where the elderly are concerned, the benefit of music in psychotherapy becomes all the more evident. Whether it is because of the normal ageing process or due to an illness associated with age, cognitive impairment of some level may be a reality to many older people. This may lead to difficulty in social relations and may result in isolation and feelings of loneliness. One can thus argue that although the "newer" aspect of speech may be lost, the "older" function of music, which Aldridge (1996) refers to, may be retained.

Thus music may sometimes provide the 'missing link' in communication.

According to Friedman (1997) music can stimulate mental alertness, cognitive functioning, and awareness of present and self. "As yet, neuroscience has no sure explanation, but some experts think the brain's receptors for music and rhythm are spared the early ravages of senility" (Friedman, 1997, p.1). In a hospital like Beth Abraham where Sacks (1996) works, most patients are chronic neurological patients with conditions like dementia, parkinsonism and patients who have suffered strokes. According to him all of them potentially may respond to music and music therapy. The elderly in this study may not suffer from any of the above mentioned diseases, but one may argue that they can benefit from a mode of therapy which may open up new possibilities of communication and which may have the additional benefits of stimulating mental alertness and cognitive functioning.

Music therapy does not just eliminate certain symptoms, but enhances the quality of life. "Simply music lifts me: my feelings, thinking and spirit are extended beyond the structures of ordinariness, paradoxically by taking me physically inward to my body centre" (Yon, 1993, p.84). It seems that the moment people are creative, a problem or situation can be transcended and viewed from another perspective, which may lead to positive feelings, insight and a better quality of life. As already mentioned Warren (1993) states that some authors do see creativity linked to the health of a society and of the individual. In other words, by doing creative musical activities with lonely older people, it may change the way they perceive and experience their loneliness. This may

for instance lead to better interaction with fellow members in the old age home and a feeling of belonging that may possibly eliminate or lessen feelings of loneliness. Quality of life is thereby enhanced.

Earlier reference was made to the over emphasis of the medical model. Although it can be difficult to distinguish between symptoms with an organic basis and psychosomatic symptoms, music therapy may provide an alternative to traditional treatment. Although music therapy does not form part of mainstream healthcare, the benefits are starting to become very clear. Where for instance pharmaceuticals are concerned, it is interesting to notice that music may in certain cases be able to do what no drug can achieve. Sacks (1996) mentions that it seems as if music sometimes provides an alternative neural pathway. According to Gideonse and Westley (1998) neuroscientists speculate whether music can assist in the building and strengthening among nerves cells in the cerebral cortex. It tends to look as if music provides what the brain cannot supply any longer and the results are immediate. "The effect of music in contrast to the effects of L – DOPA or other drugs, is virtually instantaneous: the patient suddenly switches from one neural mode to another, and may do so within a fraction of a second" (Sacks, 1996, p.5). He argues that the chemical status of the basal ganglia cannot be normalised in such a short time. The idea is initiated that the basal ganglia is bypassed and that alternative neural pathways are being used (Sacks, 1996). Where this study is concerned, one may argue that because of old age or an illness related to old age, the brain may not always provide what is needed, as manifested either in the sense of a physical or mental disturbance which in the end may contribute to loneliness. As there is no clear research done yet, one

may wonder to what extent loneliness in old age may be due to more than just the obvious aspects such as social relations being compromised. It may be possible that music may provide patterns for both physical as well as psychological 'movement' which in the end may lessen or alleviate the sense of loneliness.

2.6. Music Therapy and the Elderly:

Kaliski (1996) says that music therapy in the aged has received very little attention in South Africa. At this stage there is to the knowledge of the writer no literature on music therapy and the elderly available in Namibia. Even in a country such as Israel where music therapy is very widespread and sophisticated in the fields of mental retardation, learning disabilities, autism, general psychiatry, and especially rehabilitation of war injured people, the needs of the aged have been neglected (Kaliski, 1996). If it is argued that the elderly have been neglected where music therapy is concerned, it seems that a study which pays attention to the elderly and music therapy in psychotherapy may be of value to both the elderly as well as for the development of creative therapies in Namibia.

While some authors like Kaliski mention the neglect where music therapy is concerned, others like Davis (1992) refer to an increased awareness and work being done with the institutionalised elderly population. Aldridge (1996) refers to work being done with dementia in the elderly and mentions that a mode of therapy that installs hope is important with chronic problems. The same writer emphasises the significance of music therapy in that it often offers treatment options in

hopeless situations. Davis and Gfeller (1992) refer to the fact that music therapy provides a means of enhancing the health and wellbeing of individuals with a broad spectrum of impairments. According to Boxberger and Cotter (1968) music therapy is well suited with the elderly because of the gratification and socialisation that may result from the creative experience. Music therapy is usually done in a group setting in order to increase socialisation and communication skills of elderly people. Broad spectrum effects in terms of problem solving skills, fine muscular skills etc. have been reported (Aldridge, 1996).

Participation in music may involve observation, participation, or creation. Listening is considered active, because it involves the mind and senses. Attention, concentration and involvement of the participant are features of listening (Davis, 1992). According to Belk (1992) listening is an active information processing skill. "Listening is the ability to be fully present, to tune in selectively to desired sounds while putting other sounds into the background" (Belk, 1992, p.242). In this study listening and verbal discussion will be important in the therapeutic process. Davis (1992) also mentions that music listening appreciation groups are appropriate for older adults.

The same author refers to music as the creative art that has the greatest power to evoke memories, thoughts and feelings from times passed. If feelings can be evoked through the use of music in psychotherapy, there is the possibility that within an individual or group psychotherapeutic situation the elderly may have the opportunity to verbalise these feelings, especially those concerned with loneliness. This may be conducive to the therapeutic process as people may feel

that they are not talking about themselves, but that they are talking about the music. A less threatening environment for expression is thus created. Although improvisation is not used in this study, creation of one's own song, dance, or melody or the participation in such an act can create self-awareness and provide a means of self-expression. Participation for frail old people may also include such things as tapping a foot, swaying to the music, or clapping. Participation in music therapy may thus invoke powerful associations and moods and non-verbal expressions of thought, feelings and emotions may be a result. If we think of what Zarit (1980) mentioned, namely the fact that elderly people may be reluctant to discuss their problems, it may be an effective way to get people involved and let them work through problems without the threat of being labelled 'crazy'.

From personal experience of the author many older people are interested in playing an instrument. The music therapist could use this interest in that the therapist may let the elderly participate in a rhythm band, using cymbals, bells, tambourines, drums, or other percussion instruments. Such a group may perform in front of family, friends and the community. Zarit states that most participation occurs in a group situation and that group singing and dancing are considered to be favourites. Music games such as 'Name the Tune' may be played. If for instance the lack of someone to talk to, or impaired social relations in the old age home resulted in loneliness, such an involvement may put the focus on something else, but at the same time such a situation creates room for restoring or developing relationships.

Wright (1976) focused on solving personality problems with the use of music. This way pressures may be relieved and problems transcended. It is possible that this way loneliness in the elderly may also be relieved and transmuted for instance by reflecting and exploring feelings associated with specific pieces of music. It is possible that elderly people may have "forgotten" their musical natures and need to be reminded of the world of sound and music. In doing so they explore another medium of expressing themselves, which can alleviate feelings of loneliness.

Wright (1976) mentions that their program aimed at basic musical experiences and understanding. According to him most of the men in the study never played musical instruments before and their musical awareness was based on listening to the newest pop records. Although this may not be true of the whole group of elderly people, it may be true of some participants. Furthermore one may argue that due to old age those who have played musical instruments may now be limited where physical and possibly mental abilities are concerned. Thus a psychotherapy program including music with the elderly needs to be very basic and to an extent limited. However, according to Zarit (1980) there is a tendency to see the elderly as impaired and taken care of. This perception may influence the choice of program with the elderly and may even create a self-fulfilling prophecy of impairment and dependency. In other words, the complexity of a music therapy program has to be evaluated carefully.

To use one example: Peters (2000) refers to research in which it was found that elderly people prefer popular songs from their young adult

years. The same writer adds that the elderly like a wide variety of music and musical experiences and are able to voice their preference clearly. A psychotherapeutic program including music, must not only be basic yet at the same time challenging, but the psychotherapist will have to enter the frame of reference of the elderly both musically as well as therapeutically. Mornhinweg (1992) refers to research by Harvey (1987) in which some types of music have proven to have more psychological benefits than others do, like baroque/classical and New Age types. Findings by Morninweg supports this research, but contradicts research by Meyer (1956) that people do not relax, but tense when music deviates from the familiar. However, Campbell (1991) emphasises the fact that when music is familiar, it creates an environment of safety.

Sacks says: “Music has no clear relation to language or thought or any form of representation, and yet it can affect us as nothing else can, and at every level of the body and mind” (Sacks, 1996, p.1). If music has no clear relation to language, then this may be an added benefit when working with the elderly. Because of the ageing process or even just because of the way people were brought up – rather to keep quiet than talk about their problems - language may not be an effective medium for psychotherapy. Music, on the other hand, may transcend the difficulty language can possibly pose. “Music therapist Kay Sobey (1992) reminds us that the use of verbal language can blunt our capacity to relate directly to feelings. The directness of the musical act heightens our sensitivities to the feeling of life – especially when working with those who have poor language, communication or expressive skills” (Pavlicevic, 1996, p.14).

Music may thus "loosen" people to respond to life situations more creatively, thus enabling them to deal with difficulties like loneliness in new ways. "The miracle of music is that it transforms human beings from solitary units into active components in the cosmic process" (Funk, 1992, p.43). Funk argues that music can reshape the vision we have of ourselves as music unifies the human receptors and therefore it seems as if music can structure the mind, body, emotions, spirit and person in new ways. Specific treatment approaches may aid in this process toward individuation.

Peters (2000) mentions the following treatment approaches that have been used to rehabilitate the elderly and improve their quality of life: Sensory stimulation/ Sensory training approaches, Reality orientation, Validation/ Fantasy therapy and Reminiscence. Validation and reminiscence are the two approaches, which seem to be the most appropriate for the old age home group in this study. "Goals of validation include restoring self-worth, reducing stress, justifying life, resolving unfinished conflicts from the past, and increasing positive feelings" (Peters, 2000, p.329). On the other hand, reminiscence offers the opportunity of daydreaming and provides the person with a way in which to review life (Peters, 2000). "As people become older and less orientated to the future, their thinking often becomes more on what they were rather than on what they will become" (Peters 2000, p.330). As many memories are normally associated with music, music can aid in this process of reminiscence. Powerful emotions of the past can be evoked in the here and now. If the therapist is able to reflect these feelings associated with specific pieces of music, and reframe crucial life experiences, hope may be one of the positive outcomes. Thus music in

psychotherapy experience may create the opportunity to connect events and meanings in time.

One may also argue that part of the process of reminiscence in psychotherapy, is the experience of catharsis. Lowis (1989) in Lowis and Hughes (1997) associates reminiscence with the process of cleansing which may lead to higher ego integrity. In terms of a client-centred approach that would mean that a person becomes aware of feelings, has the chance to release and express these powerful feelings, even those that were thought of as unworthy of expression, and then becomes the owner of these emotions (Prochaska, 1984).

According to Jaeggi (1995) working through emotions as well as gaining insight, are relevant to the process of catharsis. Insight itself is considered a creative event (Clynes, 1991). Lowis and Hughes (1997) mention that older people resolve past conflicts through the universal process of life review. The therapeutic value of reminiscence, by using music, may also lie in the fact that the elderly are given the opportunity to tell or re-tell their life stories. These stories can then be told in more harmonious ways through the use of music memories. More suitable metaphors can thus be constructed, even if it only means that new meaning may be added to an elderly person's sense of loneliness. "Stories told by the patient are first deconstructed and then reconstructed until narratives are created that can furnish the client with metaphors that are more suitable for creating new images of himself in the past, present, and future" (Boscolo & Bertrando, 1996, p.25).

One may possibly say that music is an aid in this deconstruction and reconstruction process. As reminiscence is a normal part of life, using it along with music in psychotherapy may result in a reduction of suffering. This process may happen in a more 'unconscious' or 'direct' way. "Reminiscence is now recognised as a healthy process that can provide satisfaction, increase socialisation and interpersonal interactions, facilitate adaptation to change or stress, aid in the resolution of grief over various losses, help validate and give meaning to one's life, strengthen self-esteem, and provide access to personal strengths and resources that were used in the past" (Peters, 2000, p.330). If some of these goals can be reached through the music in psychotherapy exploration of this study, the problem of loneliness may also, perhaps even indirectly, be resolved.

Chapter 3:

Old Age: A Phenomenon?

An Overview:

Thus far the literature review focused on the musical aspects involved in psychotherapy. In this chapter the focus is on the population involved in this study as well as loneliness, which may influence the wellbeing of this specific population.

As ageing is a complex phenomenon, the researcher aims to provide a broad overview of this process, but at the same time also focus more on those aspects of ageing that may shed light on the experience of loneliness in old age.

Ageing in general will be discussed. The concept of chronological age will specifically be addressed. The status of the elderly and the existence of stereotypes will furthermore be investigated. This in itself may influence the wellbeing of the elderly and may also contribute to possible feelings of loneliness. The target group in this study is those elderly living in old age homes or nursing homes. Therefore the living environment of these elderly people will be considered in the discussion. This group may also be vulnerable to the overemphasis of the medical model. The influence of such stereotyping will be paid attention to.

Retirement may end a phase in an elderly person's life and add to the shift in social roles. If old age is seen as a developmental phase, one of

the developmental tasks may be seen as reminiscence. Reminiscence may thus have an influence on the experience of loneliness as a person takes the opportunity to review his life through this process.

In discussing loneliness, general aspects of this experience are paid attention to. Furthermore other conditions which may be age related, such as incontinence that may cause loneliness due to isolation, are considered.

3.1. Ageing:

It sometimes seems as if we have the tendency to put old age out of our minds hoping it will go away. According to Zarit (1980) old age has been the neglected phase of the human life cycle in the behavioural sciences. This includes the mental health professions of social work, psychiatric nursing, clinical psychology and psychiatry. Little attention has been paid to developmental processes past adolescence. Herr and Weakland (1979) mention that ageing has been looked at either from a medical-physiological perspective or broad socio-economic framework. Posner (1995) says that the literature largely ignores the psychological as well as, to some extent, the physical aspects of ageing and rather concentrates on the economic aspects of ageing, more specifically the issues surrounding retirement. Kontos (2000) mentions the focus falling on either the medical model in geriatrics and gerontology or the social constructions of old age. It seems as if research thus far, focussed less on the psychological or emotional issues of ageing, and that the complexity of the ageing process may be better understood if these aspects are explored in more detail.

Diversity comes to mind when looking at ageing. Kart and Metress (1997) argue that ageing is a complex phenomenon and thus a variety of explanations are needed for the different aspects associated with the ageing process. Stoyle (1991) says that the arguments and problems associated with ageing differ from person to person. One wonders what is meant when someone for instance says that a person does not look his age, or when someone has for instance broken a hip, and people say that she has aged since the accident.

At first glance ageing seems like a simple concept to define. According to Davis (1992) we know for example, that the ageing process results in observable changes, such as wrinkled skin, stooped posture, greying hair, and often memory loss. According to Zarit (1980) ageing alters appearance, physical capacity and behaviour and is therefore seen as biologically determined. According to the same author this type of conceptualisation can be misleading. Brocklehurst (1978) emphasises both the universality as well as the individuality of ageing. It is argued that chronological and biological ageing does not necessarily synchronise. At the same time this writer also says that some truth lies in the evidence of ageing evident in all people in the effects of ageing on body cells and tissues.

The aged is not a homogeneous group and from a psycho-social perspective, ageing is not that simple to define. According to Davis (1992) ageing is a complex developmental process. The same writer says that this process involves the interaction of physical, psychological and social factors. According to Peters (2000) the only thing the elderly have in common, is that they have passed a certain chronological age.

According to Zarit (1980) biological factors are important, but cannot explain many major behavioural changes as people grow older. Psychological factors of ageing are of importance, too. Psychological ageing includes changes in behaviour due to increased experience and one's perception of one's self also changes over the years or in reaction to biological changes (Zarit 1980). Sociological ageing may include the following: changes in norms, expectations, social status, and social roles available to persons over the course of the life cycle (Zarit, 1980).

Stoyle (1991) mentions that age often describes a person's condition and behaviour rather than referring to the chronological age of say for instance eighty. Karp (2000), in referring to adult development, places less emphasis on chronological age. This writer rather emphasises the timing of events within the context of work and family. Karp further maintains that consciousness about ageing at a given stage of life is correlated with age, but not determined by age. Gubrium and Holstein (2000) say that the way in which a person's body is described, for example as young or aged, can be either uplifting or detrimental and destructive. These writers also mention that chronological age (objective age) is not directly linked to what age means to a person (subjective age). It thus seems incorrect to focus on only chronological age as a determinant of the ageing process. A 50-year-old person may be regarded as "older" than some 70-year-old person.

Gubrium and Holstein (2000) mention that the elderly, regardless of how old they are at a given stage, do not necessarily view everyday life in terms of specific age divisions. Kaufman (2000) emphasises the continuity over a person's life span and says that the individuals she

interviewed did not define themselves as old, although they did not deny this. Kaufman seems to generalise when she says this and one wonders what age groups she refers to. In this specific article the ages of interviewees ranged from 74 to 82. It seems that although people are aware of growing older, they do not define themselves as such as there are many other roles to fulfil than just those associated with having reached a certain age. Gubrium and Holstein (2000) say that other types of categorisation, similar to the rest of us, serve as a framework for perceiving themselves and organising their worlds regarding their past and future as well as in relation to interaction with others. According to these writers organisation of their world rather takes place in terms of being lifelong friends, caring for those they love, making a living and avoiding a move to a new environment.

Too much emphasis on age categories and chronological age may lead to loosing sight of the continuity over a person's life course and thus also of what may be regarded as of personal importance. Hillier and Barrow (1999) see ageing in a broader perspective in that ageing may also be seen as the gradual changing during adult years. These writers emphasise that this type of conceptualisation is not necessarily negative and does not reduce an individual's viability. On the other hand, chronological age may provide a broad framework for looking at developmental phases. Bernard and Meade (1993) mention that although there is little consensus on the appropriate way to define old age, chronological age is still a favourite way to differentiate between phases of life and is used to segregate people. However, it seems that to define old age in straight chronology linked to either age or significant life events, like retirement, is difficult.

Old age is commonly defined as the period starting from 65 (Raubenheimer, 1990), but as Zarit (1980) states, this age is used because social convention defined it as the age of retirement. According to Neugarten (1975) in Zarit (1980) a distinction between young-old and old-old persons has been made; young-old referring to ages 55 to 75, and old-old being over 75. These distinctions are arbitrary as Peters (2000) refers to sources that differ between 55, 60 or 65 as elderly, and for instance 85 as old-old. Although chronological age may be arbitrary, it seems as if at a certain age people do become more aware of the ageing process. Karp (2000) says that at fifty the ageing process becomes less remote and becomes immediate and closer. The same writer mentions that both the intensity and frequency of ageing messages of those around, as well as in the culture, seems to add to the subjective experience of ageing during the fifties. Karp (2000) refers to this time as a decade of reminders.

While age as such is mentioned, it may be important to realise that health status is often more important than age as a determinant of functioning. Peters (2000) uses the concepts of primary and secondary ageing. "Primary ageing is a gradual process that effects the efficiency of all body systems. This process is genetically determined and proceeds at different rates in different individuals. Secondary ageing is the result of factors like disease, trauma, stress, abuse, and disuse" (Peters, 2000, p.318). Peters says the speed at which a person ages, is determined by the interaction of these primary and secondary factors. Some somatic symptoms may indeed be indicative of not only the biological process of ageing, but also the difficulties associated with the process of both psychological, as well as sociological ageing. Barlow

and Durand (1999) mention that how physical and psychological disorders are expressed may differ with age and is influenced by social and interpersonal factors. It thus seems as if opinions about ageing may also be influenced by the connotations added to the ageing process.

According to Stoyle (1991) concepts regarding old age are formed through personal experience, role models, the media as well as via the society and culture the person comes from. Golander and Raz (2000) refer to the influence of the mass media as well as the conceptualisations of old age when for instance welfare criteria are established. Golander and Raz also mention stereotyping in concept formation as well as the tendency that formed concepts about old age are validated by the elderly population themselves. It seems as if the meaning attributed to the ageing process may lead to a better understanding of this phenomenon.

Karp (2000) says that meanings attached to old age are formed through the process of interaction with each other and then meaning is carried over onto the world. "Old age, sociologists argue, is an apparition conjured up under society's gaze" (Golander and Raz, 2000, p.366). Hillier and Barrow (1999) for example mention that a society that gives their elderly high status may experience positive outcome and vice versa. Thus the meaning attached to old age may amongst other things, determine the place and importance of elderly people in a society. Aspects that Hillier and Barrow also mention regarding a possible positive outcome for elderly people are motivation, adaptation, self-concept and morale. In turn one may link these psychological

aspects with adding perspective to the ageing process, as meaning attributed to ageing, may in turn influence psychological wellbeing. Society seems to play an important role in the construction of meaning in old age and in turn the elderly may tend to validate these beliefs by how they perceive their own ageing and through their behaviour as well. According to Hazan (2000) elderly people may also see themselves as they imagine others see them, thus reinforcing society's images and therefore also strengthening their own behaviour and attitude patterns.

The continuing process of constructing a unified self from the past that gives meaning in the present, comes to mind next. According to Kaufman (2000) older people construct an identity through the integration and repeated reinterpretation of themes that come from personal experience, specific structural factors, a set of value orientations, as well as from current context. Kaufman further says that none of her respondents had created specific themes related to old age, but the themes that developed through their lives were still the themes that they used to understand themselves and their present lives. Thus the individual selects incidents from the past to structure and restructure identity in the present. Kaufman argues that as the person grows older, there are plenty memories and reflections to choose from and in old age the person maintains a bigger distance from which to evaluate the past. According to Kaufman the person's identity or at least part thereof is newly formed with telling the story of his life.

3.2. Loneliness and Ageing:

As loneliness is an important aspect of this study, this concept will be next explored as a possible example in connection with continuing construction of meaning and identity. Loneliness may have been a theme throughout a person's life and may either be used or discarded in the person's present story, which forms part of the construction of the ongoing identity. For instance, a person may say: "I was a lonely person all my life…" On the other hand, loneliness may have become part of the themes in the current context. Kaufman (2000) refers to one specific respondent in her study whose relationship with her children was not satisfactory; her expectations in relation to her children were not met. When other things in the old age home bothered her, she relied on the idea that if it were not for her children who pulled her through, she would not make it, but actually they were not visiting enough, according to her. Kaufman for instance mentions that her peace of mind was always in jeopardy, as she was lonely if she did not have constant contact with her children, even though there were plenty of others to communicate with. It may thus be possible that in constituting the self and telling one's life stories there may be a perceived lack of attention, which may lead to such feelings as loneliness in the present. However, the elderly may also tell their stories in such a way that they construct their identity without acknowledging possible loneliness as they try to add new meaning to, for instance, a significant life change like moving to an old age home.

3.2.1. Loneliness and Physical/ Psychological Illnesses:

Barlow and Durand (1999) mention that in a study with 118 men and women, 65 or older, meaningful contact and social support from family were indicators of depression levels and their consequent quality of life. What also became evident is that if these people, who lived independently, became physically ill, they actually received more support (Barlow and Durand, 1999). According to Barlow and Durand this means that elderly people may benefit from getting ill, as social support that gives meaning to life, may be re-established in this way. Social support and interaction are some of the secondary gains of becoming physically ill. Physical illness then becomes a 'coping mechanism'. Through music, meaningful relations can be established and in this way curb the 'need' to get physically ill or present with psychosomatic symptoms. Music may provide options, a repertoire of coping. "We speculate that repertoires of coping responses can be heard musically, and these reflect quantitative, differentiated physiological responses" (Aldridge, 1996, p.40).

On the other hand Herr and Weakland (1979) refer to research where elderly people actually improved when family interaction weakened. The same writers explain this in the context of family systems therapy, referring to it as family homeostasis. The family system thus, as it is, has to be kept intact, even in times of difficulties. According to Herr and Weakland the staff of an institution may become extended family and may be drawn into interactions as part of the family. It seems as if the elderly population in old age homes is reasonably independent and those who are not, receive more intensive care. Those who are in old

age homes, and are lonely in particular, may not report their loneliness, but may become physically ill.

3.3. Reminiscence:

Reminiscence seems to link with the idea of gaining meaning in life through re-living the past in memory and may play an important role in constructing identity in later life. Reminiscence may thus form part of the developmental tasks in old age.

Hillier and Barrow (1999) refer to reminiscence or life review as a way to integrate past experiences with the present and future. According to these writers reminiscence leads to past experiences being remembered and through this process the person examines and reintegrates past conflicts and experiences with the present. Hillier and Barrow state that this process can add meaning to life, lessen anxiety and finally may serve as a preparation for death. There may thus be a strong urge to make sense of life and to put one's life in order. According to Hillier and Barrow the life review may be told to other people or not, as people struggle with their vulnerability, their inevitable death and reassess their lives. The same writers say that while life review may give a person peace, it may also result in the surfacing of symptoms such as anxiety, depression, terror and panic as unresolved issues are thought about.

3.3.1. Reminiscence and Loneliness:

One may argue that loneliness may also be one of the feelings which is likely to either lessen through reminiscence or intensify as it surfaces. If for instance music in therapy is used as a vehicle for reminiscence, this may not only alleviate loneliness, but it may actually intensify the feeling before it may be resolved. If personal issues intensify during the process of reminiscence, it may be scary not only to the person, but also to friends or caretakers around him. A program in which reminiscence plays an important part may thus initially be judged as unsuccessful as it may not alleviate feelings of for instance depression and loneliness, but actually intensify those feelings at first.

3.3.2. Reminiscence as Closing Procedure:

Reminiscence may also provide some kind of "closure" to certain events in a person's life. Conflict seems to exist between the notion to keep elderly involved and on the other hand to let them disengage. It seems as if the elderly are on the one hand encouraged to stay involved and active in later life. However, on the other hand, there may also be the expectation that the elderly should let the next generation take over, become quiet and prepare for the last days of their lives. Hillier and Barrow (1999) say that it is potentially damaging to the self-concept of the person if his reflections, re-evaluations and resolutions are discouraged in the case where people expect him to remain externally connected. Hillier and Barrow (1999) refer to some research that shows that those in old age homes who engage in reminiscence groups seem to be more satisfied with life than those who do not. However, one must

be aware that the perception of reminiscence may add to stereotypical thinking.

3.4. Stereotypes in Old Age:

In a society where youth may be considered the idol, stereotypes with respect to old age may easily develop. The lack of knowledge where ageing is concerned may be the result of an age biased society. One may contemplate to what extent these stereotypes contribute to feelings of loneliness in the elderly as they may be considered useless, too rigid, old fashioned and a burden on the economy. Zarit (1980) states that in general the aged are viewed as uninteresting and with little to offer.

Raubenheimer (1990) says the perceptions of old age vary from those of respect for experience and wisdom, to the anxiety associated with growing older, especially where physical and psychological aspects of deterioration are concerned. Hillier and Barrow (1999) for instance refer to the harshness associated with ageing in nature. Kart (1997) refers to the perception of hardship and infirmities perceived to be part of growing older, which creates a prevalent fear of old age. Although Kart uses the contemporary American society as an example, one wonders whether it may be possible that fear of growing old may be part of many societies both in a developing country like Namibia as well as in the developed countries of the world. Golander and Raz (2000) say that society views all of the meanings added to dementia as the most bewildering aspect of ageing. Hillier and Barrow (1999) refer to cultural values as well as environmental factors influencing the status of the old. According to them value systems vary within cultures and

influence every aspect of life, including society's expectations of the elderly. The elderly's perceptions of themselves are likewise formed through these spectacles of society.

According to Posner (1995) the way non-elderly from the society view and treat elderly members of society, whether they are relatives or not, is of value in the analysis of ageing. The same author mentions that humans are genetically programmed to look after their young. It appears, however, as if we are not genetically programmed to feel as protective towards elderly people. Posner further mentions that although children love their parents, this love in general decreases in intensity, as parents grow older. This may definitely contribute to loneliness in old age, as older people may feel that they lack value. However, Posner states that the status of the elderly varies both across as well as within a specific society. The author also refers to the availability of resources where the value of the elderly is concerned. Posner mentions that in ancient societies the elderly were even killed when they were considered competition for what was available.

In a society where individual achievement and self-reliance are valued the status of the elderly decreases. The elderly may be considered dependent or incapacitated. On the other hand in a slowly changing culture and economy, the accumulated skills and knowledge of the elderly is still valued (Hillier and Barrow, 1999). According to these writers old age has to be valued as an achievement.

Raubenheimer (1990) mentions that in South Africa's rural areas there is a tendency to respect older people because they are considered the

carriers of wisdom, tradition and culture. This may be true for the rural Namibian population as well. However, the diversity of cultures and socio-economic status differences should be considered carefully.

An example of value and status added to age may be found during colonial times in America. Old age must have been considered as an achievement and thus valued. Kart (1997) refers to this era of gerontophilia in America when age was exalted, appreciated, honoured and obeyed. Gerontophilia refers to an affinity, a 'love' of old age. Honorary seats for elderly in the meetinghouses of Massachusetts were given. Clothes were designed to flatter age. According to him people used to lie about their age by reporting themselves older in order to obtain more status. However, as transformation toward equality and liberty took place, the status of the elderly seemed to change negatively. Kart mentions the change towards gerontophobia and emerging ageism as well as the avoidance of dependence, disease, failure and sin; gerontophobia being the opposite of gerontophilia in that old age is seen as something to fear, something undesirable. It thus seems as if throughout history there may be a movement between gerontophilia and gerontophobia within a specific culture.

If one argues that a person may grow up in a society where old age is considered an achievement and valued, but that due to social, environmental and political changes this view changes, it is understandable that this change may have a tremendous impact on a person's life. By the time the person is an elderly, so many changes may have taken place that the elderly are not valued anymore. It comes to mind that during the previous century, Namibia, as a Third World

Country, may have been a slowly changing culture. It thus would be safe to argue that the elderly must have been valued for their accumulated knowledge. In recent years so many changes have taken place in Namibia that this must have affected the elderly population of Namibia. One may also contemplate the differences in status between those elderly living in rural, tribal areas of "slow" change in comparison to the more urban areas where change is more evident and happening quickly.

Rosenmayr (1993) argues that Western gerontology cannot merely be applied to Africa. He mentions that in traditional tribal Africa, seniority was the central guiding rule of African society and under modernising pressures the age class structure is first to go. The writer says that basically new attitudes and structures will in the end have to provide a new set of social and communal roles for the elderly. The contrast may lie in the notion that in a culture where seniority is important, the individual must wait for his opportunity to play his role, his opportunity being predicted by the system. In the modernised world the individual and his needs are the main determinants of role changes. Boulasri (1993) also mentions the weakening of family structures in developing countries, but also refers to the opposite happening in developed countries, namely the rehabilitation of weakened family structures.

According to Nyanguru (1993) the Zimbabwean society also valued the role of elderly people in the rural community, but with the emphasis on industrialisation and the nuclear family, the aged have since lost their prestige and security.

In Namibia, due to diversity of cultures, it may be possible that on the one hand elderly people may still have an important and secure position in the family, whereas on the other hand, development may have influenced the family structures and may have resulted in weakened structures.

Longevity seems to be something to achieve as well as something to avoid. Wenger (1986) for instance mentions that although longevity is something that has been sought after, it becomes clear that longevity after eighty is seen as a social problem and not considered an ideal as it is associated with dependency. Weir (1986) says that negative concepts concerning old age have been a given through all times. However, ageism may not be considered beneficial to society as all people reach old age (Itzin, 1986). It therefore seems as if conflict exists between whether longevity should be regarded as an achievement or not. Kart (1997) says that some beliefs held that longevity is undesirable, but for the most part longevity is hailed. The writer for instance refers to themes of longevity in the Bible, the beliefs that some people live longer somewhere on the earth, that there is some wonder cure for youth etc.; all evidence that a long life is something which people seek for in all ages. It seems as if the concern is not so much about whether to grow old, but rather, how to grow old. The concerns related to old age may have shifted in recent years, not only to achieving a longer life, but also emphasising the importance of quality of life; in other words postponing senescence. One may further argue that as people continue through life, ageing may bring either despair or may result in vitality and meaning. Stereotypes may colour the perception of old age, but may also add to knowledge, which in turn may lead to understanding why

old age covers the spectrum that reaches from disregard to the treasuring of growing older.

Both negative as well as positive stereotypes can be created about old age. Hazan (2000) mentions that the information concerning old age is often ambiguous and even concrete evidence seems not to invalidate stereotyping. According to Hazan stereotypes do not regard interpersonal differences and are normally used universally. Thus one may argue that stereotyping finds its substance in universality. Inclusively looking at ageing as a complex phenomenon, including both concrete research evidence, as well as seeing stereotypes as functional, whether conducive or destructive within a system, may broaden knowledge about ageing and old age. Victor and Evandrou (1987) for example link stereotyping with the notion to see the elderly as a homogenous group burdened by isolated existence, health problems and emotional stress.

Gubrium and Holstein (2000) state that negative stereotyping includes concepts like inflexibility, cognitive decline, sickness, and death. Hazan (2000) mentions typical stereotyping in that the elderly are seen as conservative, inflexible, and resistant to change. Hazan (2000) also mentions some other persisting stereotypes namely that the elderly are asexual and unable to learn. The same writer also adds lay people's interpretation of 'senile' and 'Alzheimer's' to the list of stereotypes. Hazan remarks that research shows that older people are not devoid of sexuality; and there is also evidence that there is no significant difference in their capability to learn. Hazan explains that differences in learning ability may not come from discrepancies in perception or from

the ability or inability to absorb and process new information, but differences may rather be ascribed to levels of technical skill. Such difficulties may be experienced in hearing, sight, and co-ordination (Hazan, 2000).

Concerning the concepts of senility and Alzheimer's, Hazan says that these concepts are sometimes used in such a general frame, that few people escape such a 'diagnosis'. He continues by mentioning that these concepts are sometimes used to justify institutionalisation and to gain grounds on which to say that people are unable to handle their own affairs any longer. Hazan further says that the elderly may respond with pseudo senile behaviour to their socio-cultural situation. In other words it seems as if some elderly may act in accordance with labels ascribed to them or even 'use' stereotypical images to handle their world and thus cope and adjust to old age. Aldridge (1996) refers to the difficulty in diagnosing diseases such as Alzheimer's as the early stages of the disease is difficult to separate from normal ageing. Added to that Aldridge says that the process of normal ageing itself is not understood. "To date there exist no normative established values of what cognitive impairment or memory loss is, or what neurochemical and neurophysiological changes accompany normal ageing" (Aldridge, 1996, p.187).

Hobman (1978) mentions that stereotypes do not merely reflect behavioural patterns, but influence them as such. Thus one may argue that the attitudes of the young and middle age groups towards the aged are influenced by stereotypes. In turn both these groups are growing older, moulding these assumptions over time. The role and status

ascribed to the old by society is the role that they are going to take on, and changing that role, may require a lot of courage. It further seems that behaviour that may go unnoticed in younger age groups is highlighted in the elderly. Whitehead (1978) says that when old people are forgetful, not feeling well emotionally, express odd ideas, in other words, if elderly people do not seem 'normal' they are considered 'senile'. The same writer mentions that ageing does not necessarily lead to mental deterioration, but on the other hand also says that it will be ignorant to say that old age does not have any effect on the mind. However, this writer emphasises that the same kind of mental problems afflicting the young occur in old age as well. Thus it seems that one has to keep individuality in mind.

Whitehead (1978) says the same may hold true for other personality issues such as interpersonal relationships for instance, meaning that if a person did not have good interpersonal relations at a younger age, it may continue or even intensify with old age. The same writer also mentions that personality traits do not change, but intensify with age. Emotional problems furthermore may also at a younger age be pushed to the background, but in old age come back intensified. One may argue that personality traits, which caused strain within interpersonal relationships during youth and resulted in possible feelings of alienation and loneliness, may only intensify in old age.

The opposite picture of negative stereotyping that Gubrium and Holstein (2000) refer to, is that of over exaggerated wisdom associated with age, as well as the idea that elderly people can be at leisure all the time. Goodman (2000) refers to one such way of ideological thinking in

that ageing is associated with all that is good and ignores the bad such as loneliness, illness, isolation and financial constraints that may in the long run accompany ageing. Hazan (2000) also refers to the notion that the elderly are seen supernaturally wise and preoccupied with the matters of the spirit. "In some societies, such reverence is traditionally bestowed on the seer and the wise man; in others, a parallel may be found with the madman and the court jester, ambiguous symbolic types of similar stereotypical configuration" (Hazan, 2000, p.16). Hazan mentions that the elderly are also often disappointed with religion and metaphysical world views, and disenchantment may be seen as 'withdrawal', 'regression' or 'stubbornness', showing non-compliance and resistance to social expectations.

Another stereotype that Hazan (2000) refers to is that elderly people are either seen as drawing meaning from the past, or the opposite being that they are only interested in daily needs. This writer argues that when we want to ignore the elderly's daily needs, they live in the past and when we need to invalidate the elderly's previous status, they live in the present. Hazan also mentions stereotyping related to social relations such as for instance the idea that the elderly socialise with peers to help with psychological and social maladies. They are thus socialising for remedial benefits, but not for practical, instrumental gain or for gaining meaning, identity and knowledge. Hazan says the opposite stereotype is that the elderly easily detach themselves from others and that they are happy with their own company and a few familiar networks. Other stereotypical ideas that are related to this, are the ideas that the elderly are loners, depressed, doomed to solitude, unhappy; old age carries a sense of failure, disintegration, and

pointlessness (Hazan, 2000). Stereotypical ideas may thus also be employed where loneliness is concerned. It may be possible that we look at the elderly as the lonely souls who need our help or company. It may be very easy to dismiss possible loneliness by arguing they are keeping themselves busy, that they like the solitude or that as they have others around them, they are happy; they are thus not lonely. It seems as if stereotypical thinking may give 'sound', 'scientific' explanations to social arrangements, which may influence the wellbeing of the elderly.

Another problem is that outsiders exaggerate the problems experienced by the elderly as they are reported to have more financial problems, to suffer poorer health and are lonelier (Zarit, 1980; Raubenheimer, 1990). It will be interesting to find out if older people in old age homes are indeed lonely, especially if they report themselves as lonely, to determine to what extent they really are lonely. This phenomenon will be addressed in the course of this study.

Although we talk about stereotypes and myths they may not always be conducive to empirical data. We have to consider that myths seem to constitute everyday living as well. Gaine (1978) mentions that a myth is not simply something to change, but is a version of reality, thus serving as a practical theory, giving meaning to various incidents, becoming a process of negotiating the social realities of life. In paying attention to the myths and stereotypes associated with ageing, one may well obtain a better understanding of the complexity, fears and misconceptions of old age.

3.5. Societal Organisations of Old Age:

The way the aged are organised in any society reflects on the eventual wellbeing of the elderly. Some of these perspectives need to be addressed like retirement, nursing homes and also the medical discourse that may lead to the overemphasis of the medical model.

3.5.1. Retirement:

Part of growing older may include the aspect of retirement. Atchley (2000) says that retirement is an important social role, including rights and duties related to a person's social position. The same writer emphasises that retirement is not a void. In other words, retirement is not a role without a role. Atchley further says that the social role of the retired person includes specific relationships between retired people as well as other people. There seem to be many expectations associated with the retired. Atchley mentions that the person is expected to remain the same type of person, but at the same time a person may take more responsibility for the management of his own life than when he was working. The avoidance of dependency becomes crucial. One may argue that after retirement there is no boss to tell you when to go to work, when to take vacation or how to manage financial aspects. It may provide a lot of freedom to a person, but it may also leave a sense of being on one's own, maybe even being lonely. At some stage during this process the person may end up in a nursing home or old age home.

3.5.2. Nursing Homes:

In this discussion of old age/ nursing homes, some of the practical implications of stereotypical thinking may become evident. In addition, the implications of the overemphasis of the medical model, is also incorporated as it may have links with some stereotypical thinking.

According to Peters (2000) the group of nursing home residents is a very diverse group as some are very alert, others are disorientated, some socialise, while others do not. According to Peters most of the residents are women, husbandless and in their 70's. Peters mentions that feelings of rejection, isolation and the possible negative effect on their social contact, are some of the concerns when people move to an old age home. The same writer mentions that this move is sometimes seen as a prelude to death.

3.5.3. Medical Discourse:

Diamond (2000) says the theme around which nursing homes are organised in general focuses on the medical model. The same writer mentions the concerns with illness and more specifically mental illness that are evident in nursing homes that may create a climate, which presupposes illness. Golander and Raz (2000) for instance mention that if one presupposes pathology when discussing the nature of ageing, it may in the end medicalise all communication by and with the elderly. Diamond (2000) refers to research which mentions that the vast majority of nursing home residents are diagnosed with some form of mental impairment. If a kind of medical organisation is build into the

everyday life of the elderly in nursing homes, it may be counterproductive to their health and wellbeing. It comes to mind that when one speaks to elderly, their preoccupation with their health is sometimes quite prominent; ailments and complaints presumably form part of old age. The researcher wonders whether this tendency is not created or at least enhanced by the medical discourse evident in their everyday lives.

Diamond (2000) says that in situations that require human contact, for instance in the midst of loneliness and confusion, staff may have been conditioned to follow the more official path of charting and checking such things as vital signs, things which are measurable. The same author also mentions that residents may be defined as trouble rather than in trouble while, as they are referred to, they are becoming like children again. It is sometimes forgotten that every individual has a personal as well as a social history. According to Diamond this is to reduce a person's public identity to a psychiatric disorder with a powerful label attached to such a diagnosis. As it was discussed earlier, it also seems as if the label of Alzheimer's, being senile or demented is given quite easily. Diamond argues that just because the elderly are old and in a nursing home, the assumption is made that they are also mentally ill.

A further situation that Diamond (2000) mentions, is the use of sedatives in the nursing homes where he worked. He refers to the culture of sleep that existed. Those residents would fall asleep during a conversation, some only to wake up for meals and medication. One may argue that the sick role becomes part of the everyday life of the

elderly. In relation to this Hobman (1978) says that in western society there is a tendency to see old people as sick and socially incompetent. Kart, Metress and Metress (1997) say a way of looking at ageing is indeed that of disease in that the popular view propagates a strong relation between biological ageing and pathology. The argument is that with biological deterioration a person becomes susceptible to disease, probably physically as well as mentally.

3.5.4. The Sick and Demented Role:

Golander and Raz (2000) extend the concept of the sick role to that of the demented role as well. According to these writers both these roles give an explanation to the failure of the person to comply with social expectations and obligations and can therefore be 'beneficial' in that it may provide a release from the past and the premonitions of the future. One may for instance argue that for a lonely old person who only faces decline, dementia may be a kind of release from the anxieties and possible turmoil of the vulnerable years ahead. The demented role may therefore serve as a coping mechanism, even for loneliness. However, as this role is so 'secure' it becomes extremely difficult to determine whether for instance the person is lonely or not. It seems as if the 'I' has disappeared, the person has suffered a kind of social death, so to speak.

According to Golander and Raz (2000) there may be a freedom attribute to dementia, which also serves as a mechanism of denial and distantiation. In Western society the personal and social is split, especially in old age. However interconnectedness of social and

personal identities can be considered important. "Within 'dementia' the existential raptures of ageing no longer exist. Personal and social, mind and body, become one again" (Golander and Raz, 2000, 366).

3.5.5. Disease and Social Problems of Old Age:

Hobman (1978) emphasises that old age cannot be seen as a disease or social problem. Posner (1995) states that as one grows older one becomes more vulnerable to diseases and says that meaning and emotions do depend on bodily states. The same author further argues that this view may be limiting and further adds that ageing can be seen as a process of which one part entails the bodily decline, which includes both the physical as well as the mental. A comprehensive view may be the answer. Kart et al. (1997) emphasise the important relationship between the physical, psychological and the social changes associated with ageing. Posner (1995) adds non-somatic aspects such as the increasing closeness of death to the process of ageing. Hagestad (1986) mentions that old age is often seen as problematic in that it is regarded as a period of decline, senility and dependency. The same writer says that the word 'old' may actually be replaced with the word 'young' thus being 'synonymous'. She also says that old age has been looked at in isolation whereas the phenomenon has to be looked at in integrated wholes.

One cannot ignore disease as a reality in old age. Soldo and Freedman (1994) say that although disability is not a fact in old age, the risk of both disability as well as chronic diseases are both highly age related. Manton and Stallard (1994) also add that the risk of multiple diseases

and functional limitations increases with age; chronic diseases for instance mostly cause death. Kart (1997) refers to chronic illnesses as influencing prolonged health and longevity in the elderly. This writer mentions that mental health problems are highest in those who are institutionalised and depression is seen as a major problem. He also says that mental health problems are linked to 25% of the elderly population. Zarit (1980) postulates that poor assessment and treatment are problematic, as potentially treatable problems are sometimes ignored.

3.5.6. Mental Health and Old Age:

According to Hillier and Barrow (1999) most elderly people have good mental health. Mental health through their younger years and middle age is a good indication of mental health in old age as well (Hillier and Barrow). As these writers say, many of the mental health problems are those which have gone untreated in earlier life. The same writers say that due to ageism and the reluctance of elderly people, such problems may stay untreated. However, at any point in life one may value the idea of maximising potential. Peters (2000) for instance emphasises the needs of the elderly living in nursing homes or long term care facilities. She focuses on the importance of activities, which will add meaning in that they will help to let the person feel useful and productive. Peters further emphasises the need for intellectual stimulation, communication and expression of feelings as well as the need to socialise. She also says that the elderly need to be able to express their creativity and she emphasises the importance of spiritual affirmation.

Zarit (1980) introduces another reason given for not treating the elderly psychologically, is the assumption that they cannot be helped, because in Freudian terms, their defences may be too fixed. Herr and Weakland (1979) mention geropsychology as neglected and say it can be referred back to the influence of Freud as he found psychoanalysis of limited use with the elderly. The same writers mention that Freud considered the elderly to be increasingly rigid and as with the massive information from the past, unlimited time was needed to unravel the psyche.

3.5.7. Old Age From the Perspective of Other Developmental Phases:

This study may also have arisen from preconceived ideas about ageing by members of other developmental phases. Gubrium and Holstein (2000) emphasise the importance to listen carefully to older people and to encourage them to speak for themselves. This statement possibly echoes some of the sentiments relevant to a critical gerontology. Kontos (2000) mentions that qualitative research and more specifically personal accounts of old people themselves serves as the platform on which an alternative interpretation of knowledge of old age is possible. Francis (2000) argues that old age needs to be seen in the context of earlier life experiences and continuing social relationships. The same writer also refers to the changing social and historical conditions influencing the above mentioned aspects. It will thus be important to be able to listen and let the elderly in this study be able to voice their experience of loneliness in old age. In this listening endeavour it may be important to pay attention to the ordinary rhythms of everyday living. Kontos (2000) mentions the increasing interest in personal meaning in everyday life in

studying geriatrics, moving the focus away from conventional positivism and empiricism.

Herr and Weakland (1979) emphasise the necessity to look at ageing from a family-interaction perspective as well, as they mention that relationships influence how people think, act and feel. Added to this the same writers mention that all people belong to a family or quasi-family unit. Loneliness may thus also be understood from a family systems theory perspective if one considers the family to be the primary context of an individual's experience and behaviour. Attention from this system may either promote or counter feelings of loneliness.

According to Lee (1994) childhood and old age are the two human life cycle stages of dependency and are thus supported through the resources of the more productive stage in the middle. Herr and Weakland (1979) mention that adolescence as well as old age is characterised by enormous physical changes. The same writers also refer to the redistribution of power, as teenagers take power from the middle generation and the elderly yield power to the middle generation. Raubenheimer (1990) says it is possible that old age can be the longest developmental phase in a person's life and that one cannot assume that it will be a time without stress. It may be considered of more value to treat the young, but it must be considered that a person of 65 may easily have 15 or more years ahead, thus making the psychological care and this study all the more relevant. Gubrium and Holstein (2000) refer to the similarity in research about old age compared to other phases of life. As in all phases there is the fluctuation between change and stability, entering new roles and leaving old ones.

Herr and Weakland (1979) mention that power is seldomly given up without a struggle and that these power struggles can result in family problems. It may be possible to say that a large portion of the population may thus be influenced through old age, although perhaps indirectly. All sorts of problematic interactions in families with ageing members may take place. Of all the problematic interactions that Herr and Weakland (1979) mention, fearful withdrawal may be most relevant to this discussion. The same authors refer to fearful withdrawal in the sense that a distancing move from the elderly person may in turn evoke the same kind of reaction from a younger member. This pattern of interaction may end up becoming a vicious circle that may lead to alienation between family members. In the end it may be that the elderly person has the experience of loneliness through this pattern of interaction.

Johnson and Slater (1993) remind the reader that all form part of the growing statistic of ageing, as all of us comprise the ageing society. Keeping this in mind, one may be less prone to isolate old age from the rest of the person's life. Di Gregorio (1987) emphasises the importance of a personal history; old age thus imbedded in the rest of the person's life. If one considers old age as not separate from the rest of the person's life, one wonders why ageing may be a topic to be avoided. Posner (1995) for instance refers to the heavy emotional charge that accompanies old age, referring to reticence, embarrassment and denial surrounding the public discussion of aspects surrounding ageing.

3.6. Demography:

Due to many different factors the elderly are the fastest growing segment of the population (Havighurst, 1978; Preston and Martin, 1994; Neeley & Addison 1997; Peters, 2000). According to Preston and Martin (1994) the United Nations estimates that there will be 822 million people over the age of 65 in the world by the year 2025, which boils down to a proportional growth of 6.2 to 9.7 percent, a rate faster than that of the whole population. Of the approximate population of 1 409 000 of Namibia, about 68 300 are over the age of 55, thus referring to 4.85 % of the population and 3100 of those are living in Windhoek (U.S. Census Bureau, 1997, p.2).

Hagestad (1986) says that demographic changes resulted as mortality decreased and fertility reduced, thus altering the composition of the population. Baltes (1996) mentions that as the number of elderly people increases so do the corresponding personal and societal problems.

Wacker, Roberto and Piper (1998) argue that as this population growth took place gradually in developed countries like America, it allowed society to adapt to changes. Barlow and Durand (1999) mention that the population of older adults, thus also the number of older adults with mental health problems are growing. Posner (1995) says that because of the rapidly growing number of elderly the issues surrounding the process of ageing are of current importance. Preston and Martin (1994) mention that changes in age structure can be seen in all social institutions, from family to firms, and how these social

institutions adapt will determine the quality of life in the twenty-first century.

Alvarez (1993) mentions the increase of absolute numbers of older people all over the world and says that while the elder populations will be a challenge to every nation, the poorer Third World countries will be dramatically affected in coming years. She says that in 1975 the over 60's embodied half of the Third World's population, but that in the year 2025 this population is estimated at three quarters. Preston and Martin (1994) say that by 2025 only 31% of the world's elderly will live in developed countries. The change to an older society will occur more rapidly in developing than in developed countries. Bernard and Meade (1993) mention that the vast majority of the elderly population consists of women. Alvarez (1993) says that the poor in developing countries are firstly poor and then old, emphasising the burden on such societies. She emphasises that elderly people will have to be seen as a productive asset, a national resource of for instance accumulated knowledge and skills.

"For a long time the myth has prevailed, especially in Africa, that the extended family, with its structures and patterns of group solidarity, blood ties, would render virtually insignificant any problems associated with ageing" (Apt, 1993, p.10). The writer mentions the irreversible social and economic trends that make it difficult for younger people to adequately care for their elderly. He says that although the virtues and strengths associated with the extended family in many parts of Africa are still important in the provision for the elderly, a changing society

has made the wellbeing of the elderly at local, national and international levels a vital concern.

3.7. Loneliness and the Elderly:

3.7.1. Loneliness as a Human Phenomenon:

Loneliness is a universal phenomenon. Ferns (1991) emphasises the universality of loneliness, but also refers to the complexity associated with this human emotion. Peplau and Perlman (1982) refer to loneliness as an intensely personal and subjective experience, which cannot be observed directly, but is mainly studied through personal accounts of an internal experience. Although loneliness may not be easy to identify, Weiss (1982) mentions that loneliness has symptoms, ways in which it is expressed as well as a set of characteristics. Both situational and characterological factors contribute to loneliness (Peplau and Perlman, 1982).

Most of us have experienced feelings of loneliness during the course of our development or when social relations changed. Social transitions are part of life in modern society and the same is true about loneliness (Peplau and Perlman, 1982). According to these writers, most people do not experience feelings of loneliness as long lasting, but for others this unpleasant experience may have life threatening consequences. Yalom (1985) refers to the fact that the major cause of death is higher for the lonely, the single, the divorced and the widowed. According to Peplau and Perlman (1982) loneliness has been linked to alcoholism, suicide, and physical illness. They also say that people do not easily admit to

loneliness as it for instance may be linked to the breakdown of social interactions. It seems as if people feel awkward and ashamed to admit to loneliness – as if they are guilty of what is happening to them. This argument may be relevant to this study, as the elderly may also not readily admit to loneliness.

Herr and Weakland (1979) say that loneliness is sometimes seen as thé problem of old age and that it should be radically cured. The same writers mention that if these elderly see someone for help, no amount of suggestions for interaction will be accepted. They argue that when family members or the older person present loneliness as the problem, issues of personal worth and personal preference are actually the problem. Bernard and Meade (1993) argue that through a person's life, problems may always have been marginal and that the condition that has been at the root of the problem has most probably been carried into old age as well. One may argue that if a person suffered from depression, anxiety, and a personality disorder or has been traumatised, it will not disappear in old age. As previously stated it may only intensify with old age. The so-called 'difficult' aunt who isolates herself may always have displayed certain personality traits throughout her life and feelings such as loneliness may accompany these problems.

In Peplau and Perlman (1982) about twelve definitions of loneliness are mentioned and reflect different theoretical orientations, but there are three aspects of agreement as far as loneliness is concerned. According to these writers deficiencies in a person's social relationships result in loneliness. In addition, loneliness is a subjective experience and is

associated with objective social isolation (Peplau and Perlman, 1982). In other words people can be alone, but not lonely, or they can feel alone amongst a crowd. The third aspect that Peplau and Perlman mention is that loneliness is an unpleasant and distressing experience.

3.7.2. Social and Existential Loneliness:

Yalom (1985) makes a distinction between social and existential loneliness. He argues that social loneliness can be worked through, but existential loneliness cannot be taken away. According to Yalom existential loneliness can only be known, not resolved. He emphasises that existential loneliness is easily mistaken as social loneliness. One may argue that with the elderly one will have to be particularly aware of this aspect. The elderly may experience social loneliness, but may also be confronted with their own mortality, and therefore also experience existential loneliness. The elderly may be able to confront the spectre of loneliness through music, perhaps 'know' their existential loneliness and through the music experience alleviate social loneliness.

Although the absence of social contact does not mean that a person is lonely, being alone can be a determining factor in the experience of loneliness (Peplau and Perlman, 1982). According to Fischer and Phillips (1982) someone who is socially isolated does know relatively few people who can provide rewarding exchange. The elderly who are alone are not able to benefit from social life and this life cycle change may lead to loneliness. Bernard and Meade (1993) say that although loneliness in old age tends to be over exaggerated, it is a fact that loneliness in extreme old age is a given and is then associated with

isolation. Although not all old people report themselves as lonely, Peplau, Bikson, Rook and Goodchilds (1982) consider the fact that there may be age trends in loneliness and also that there are factors that contribute to loneliness in the aged. According to Peplau, et al. there are studies which suggest that loneliness becomes more common at very advanced stages. Ferns (1991) also reports that in old age situational and social changes can lead to a sense of loneliness.

3.7.3. Factors Related to Loneliness:

Fischer and Phillips (1982) mention that low education, low income, being old, being married, being female and not being formally employed may be indicators of isolation from non kin. Bernard and Meade (1993) also mention a lack of money as a limitation in the capacity for friendships as people are not able to finance the small endeavours of social life. The elderly in this study may be prone to social isolation as they are not working, they are advanced in years and they are likely to be females. Some of them may not have the financial means to sustain social relations or social activities. If social isolation can be considered a key factor in the prevalence of loneliness, the elderly in this study may be at risk.

Fischer and Phillips (1982) refer to another kind of isolation, in particular the lack of confidants who can provide support and guidance. People who lack these aspects in their lives, may be prone to emotional loneliness. Confidants may include people that one trusts and can talk to about personal matters or perhaps ask for advice. Fischer and Phillips mention that older men are more at risk to lack confidants.

According to these writers growing older increases the risk of different types of isolation for men. This happens partly because of retirement, but may also be due to decreased mobility and the death of friends (Fischer and Phillips, 1982). The same writers include the fact that they discovered an overlap of the predictors for social isolation with those associated with loneliness. Jones (1982), however, argues that loneliness and isolation are perhaps two separate and independent conditions. Rubenstein, Shaver, and Peplau (1979) in Fischer and Phillips (1982) found that the elderly felt less lonely, but report that the likeliness of isolation was the most. It seems to be difficult to say that isolation may have a positive correlation with loneliness. According to Peplau, Miceli and Morasch, (1982) loneliness is associated with an affective state such as low self-esteem.

As independence may be a state of being that the elderly person wants to hold on to or achieve, this particular state of being may actually contribute to the experience of loneliness. Herr and Weakland (1979) mention that those older people who want to be independent, do not want to need or depend on anyone, thus they pay the price of loneliness. The same writers argue that through interdependence, connectedness and relatedness with others are established. A lack of interdependence may thus lead to loneliness. One may consider this a paradox if one thinks of how one may sometimes attach a high value on independence where the elderly are concerned. Those who are living in their homes or in self-catering flats in old age homes may be considered better off than those who are staying in the ward in a single room, or in the sick bay of care centres. However, those in a worse position may be

better off compared to those who are more independent as they may experience a sense of connectedness and relatedness.

On the other hand, those who need more care may also be isolated in another way as they may be physically and/ or mentally limited because of the ageing process. It may, however, be important to realise that independence may be a myth as we are in some way all interdependent on each other, the society and resources around us. Herr and Weakland (1979) state that independence is not a fact of being, but a state of mind and rather concerns issues of control. In other words a person may question personal worth if he cannot wash himself any longer. Herr and Weakland (1979) mention that elderly people as well as their families can handle the issue of independence with success if they realise that interdependence does not influence or lessen personal worth, but is simply a part of life.

Although independence is in some cases advocated, it seems as if on the other hand, dependence is considered a given in old age. Baltes (1996) refers to the acceptance of dependence as one of the many phenomena associated with old age. As other phenomena, it is in the first place seen as the result of decline and deterioration, a loss of physical as well as mental ability. She says that dependence does not reflect the true competence of the elderly person, but is part of a self–fulfilling prophecy, which is the result of negative attitudes in society towards the elderly. The same writer mentions that in her research she became aware that dependence does not just result in negative functions, but can be highly adaptive and can then be seen as gain, rather than only loss. In other words, dependence may not just restrict

functioning, but may actually enhance functioning in some areas of the older person's life. She mentions that receiving help generates resources leading to personal satisfaction and even growth, also promoting social contact. In this sense dependence may alleviate feelings of loneliness.

3.7.4. Identification of Loneliness:

One may ask how loneliness should be identified. In general people may be unwilling to acknowledge loneliness to themselves or others. According to Peplau and Perlman (1982) people believe that loneliness is a personal embarrassment, and therefore they try to hide the inner pain they experience. If this is also true for older people, then loneliness may be more often experienced than is reported. Rubin et al., (1980) in Peplau, et al. (1982) refer to the fact that the contemporary ethic of openness and emotional expressiveness that is evident in the youth may not be reflected in the way the elderly learned to express themselves. That may be why self-reported loneliness is less common among older persons. This is one of the reasons why this study will focus on loneliness because, if older people are reluctant to be 'open', they may experience loneliness more often than current research is showing and therefore there are still fields for new studies to be explored. As far as the writer knows there were no such studies done in a Namibian context.

Peplau and Perlman (1982) further state that loneliness is an intensely personal and subjective experience. Although it seems to be difficult to determine if people are lonely or not, according to Peplau and Perlman

there are several reasons for studying loneliness. Loneliness is an interesting, widespread, unpleasant phenomenon, which can have life threatening results and reflects a breakdown in social relations and interactions. Paloutzian and Ellison (1982) report that loneliness is directly linked to how the person perceives quality of life. On the other hand, Suedfield (1982) reports that some people are chronically lonely, regardless of the actual social circumstances they are experiencing. To De Jong-Gierveld and Raadschelders (1982) the concept of loneliness concerns situations experienced by the individual as involving an unwanted lack of the quantity or quality of certain relationships. Loneliness is according to Peplau, Miceli and Morash (1982) often depicted as accompanied by pessimism and hopelessness (low future expectancy). Fromm-Reichman (1959) in Peplau et al. (1982) also emphasises the fact that loneliness is characterised by hopelessness that may be paralysing giving a sense of unspeakable futility.

3.7.5. Loneliness and a Sense of Loss:

Old age is also a time of loss and this sense of loss may be accompanied by fiercely strong emotions of which the feelings of loneliness may be one. Machin (1993) says that loss and change throughout life may have set a template to handle losses of later life with dignity and creativity. However, the same writer also refers to the dilemma facing those who have negative psychosocial experiences throughout life. Machin says as one does see evidence of mental illness as well as social malfunctioning in older people, it becomes clear that a long life does not in itself create an acceptable self - or world view. According to her a lack of psychological and social resources throughout life where needs were not

met, can lead to a negative distortion and self-fulfilling prophecy of failure and disappointment, which may continue in old age. As losses such as broken relationships, physical illness, mental illness, disability, economic disadvantage and unfulfilled aspirations, bereavement, changes in residence and loss of social contact become multiple, this kind of change may lead to reduction of physical and emotional resourcefulness (Machin, 1993). It also seems as if losses may have different effects in the elderly person's life. She mentions that when primary sources of stability such as for instance a spouse, home or physical mobility are lost, the result is greater. However, the same writer also says that some losses like that of a pet or a friend may not seem significant to others, but that proper attention to the meaning of that loss is important to consider. The same may hold true for current losses as well. Machin mentions that small or big current losses may evoke unresolved grief from the past. She mentions that in the fear and loneliness of a current hospitalisation a woman may mourn a miscarriage that took place years ago. According to Machin losses and the resulting grief thereafter are not more bearable in old age than in youth and the stages of grief have to be worked through. Machin for instance mentions that denial may be manifested in a number of ways as mental health may deteriorate, there may be forceful emotions experienced, people may be difficult or withdrawal may result from the depressed reaction. The same writer mentions that the last may result in feelings of helplessness in caregivers and as these caregivers draw back, the person may become even more isolated. Loneliness may in the end be a result of losses, especially if unresolved and when the reaction to these losses may drive others away from the person.

3.7.6. Loneliness and Dependence:

Baltes (1996) mentions the biased view that dependence is a result of biological decline and thus results in the loss of control. She says that dependence may differ from different people at different ages. The one person may for instance be dependent because of financial matters, while the other may become dependent when she tries to cope with loneliness and the other person because he cannot care for himself any longer. She further mentions that 'over-care' can also result in behavioural dependency.

Dependency is also instrumental in that it secures attention and social contact, thus it is also highly adaptive. Dependence may be seen as dysfunctional in that it can accelerate ageing if the person is no longer employing existing skills and functional if it secures control within the social world, for instance in the form of contact. Newcomer and Bexton (1978) emphasise that although the process of ageing is linked with the deterioration of specific functional abilities, this need not lead to dependency if physical and social environments are catering for the person's abilities and needs. Fennell (1986) mentions that one can consider the most independent person the one who, as needs change over time, has the most alternative ways of satisfying those needs. Fennell says that an elderly person does lose some independence as some resources are depleted, but at the same time one has to acknowledge that some needs decrease while others increase over time. The writer also mentions that the same may happen with certain resources as the person may for instance lose the resource of work income, but may open access to for instance pension funds and

policies. "Ageing stereotypes and the behaviour of social partners of elderly persons do set constraints and define interpersonal scripts that move older persons to more dependency than is biologically and psychologically necessary" (Baltes, 1996, p.160).

3.7.7. Loneliness and the Physical Phenomena of Old Age:

Loneliness may also be a result of physical aspects such as urinary incontinence. Mitteness and Barker (2000) say that incontinence leads to doubt in a person's social competence and consequently the results of incompetence cannot be measured by only looking at physiological impairment as it becomes a moral issue as well. Featherstone and Hepworth (1986) mention that due to the civilisation process of what is acceptable and what is not, the loss of bodily functions is often regarded with disgust and considered a shameful loss of body, thus also of the self. However one may argue that those who manage to achieve the 'high standards' are no longer representatives of the larger population of elderly. It is possible that stigmatisation results in both physical as well as psychological strategies of coping, which in turn may have an overall impact on the person's wellbeing, including the experience of loneliness.

Mitteness and Barker (2000) discuss three strategies involved with the control and visibility of incontinence. The writers refer to super competence, isolating competence and incontinence. According to Mitteness and Barker super competence refers to the group of people who have enough resources to effectively keep their incompetence a secret and are able to maintain a public persona and self-esteem. One

may argue that isolating competence and incompetence may lead to feelings of loneliness as these two groups may find it more and more difficult to maintain a public persona and self-esteem. Mitteness and Barker say that isolating competence is used by those with fewer resources and the cost to maintain a public persona and self-esteem is higher as it entails social isolation. According to the same writers this group redefines control by for instance using normalising strategies. In other words, it is not so bad to wet your own bathroom floor if you cannot reach the toilet in time, than to have something like that happen in public. Therefore not appearing in public results in keeping the public persona and self-esteem intact. According to Mitteness and Barker the last group is unable to keep their incontinence a secret and are thus exposed to gossip, hostile actions and other means of social ostracism. These writers refer to this end of the continuum as incompetence. It thus seems possible that these last two groups may be vulnerable to feelings of loneliness as it seems as if personal worth and therefore also rejection, which may have an impact on the elderly person's public persona and self-esteem, becomes unavoidable.

3.7.8. Loneliness and Social Relations:

The importance of the public persona and self-esteem leads to the consideration of social relations, more specifically friendships. Francis (2000) argues that: "…through the association with like-minded others who share socio-cultural understandings and historical context, consociates enable each other to adapt to the discontinuities of their lives by reconstructing experience to provide continuity between past and present and thereby to forge an integrated self" (Francis, 2000,

p.176). In this article Francis focuses on the importance of work friends in late life and she argues that as people witnessed each other's accomplishments throughout life, they are able to keep on validating and affirming each other's mastery. In this way they are able to deal with disparities between what they expect and what they experience, in this way also maintaining self-esteem. "Through their shared dialogue, interaction and pooled memory, they enable each other to reinterpret the past in order to give coherent meaning and empowerment to the present and also to mark new directions for the future" (Francis, 2000, P.176). Matthews (2000) mentions that the meaning and importance of friendships in their lives vary from person to person. These different friendship styles affected and continue to affect the social relationships and friendships of the people (Matthews, 2000). Friendship styles may influence the experience of loneliness as well.

Matthews (2000) refers to three friendship styles namely, the Independent, the Discerning and the Acquisitive. According to this writer the first group leaves the acquisition of friends to chance. According to Matthews it seems as if a sea of people, not distinguished from each other, surrounds them. Matthews says that they have very idealistic criteria on who can be called a friend and if for instance the emphasis is on kin as friends, it describes the quality of the relationship. According to Matthews this group is content with their relationships, as they do not expect them to be intense and intimate. One may contemplate that this group will not have difficulty in the old age home environment as people surround them with whom they have not had long standing relationships. They may thus not be so influenced, if they can't find someone to talk to or may not be that

upset by the death of those around them. Matthews says the discerning type only identify a few people in their lives as friends and also says that this style is the most difficult to maintain throughout life. The same writer says that later in life the discerning type may adopt a more independent style. The acquisitive type makes friends through life and circumstances are a determining factor. They are committed to specific people, which circumstances have brought them.

3.8. Towards a Definition of Loneliness in the Elderly:

Loneliness may thus be linked to so many aspects of a person's being. "Although elders are not as lonely and as isolated as stereotypes would have us believe, many live out their last years without the close emotional or social bonds that they need and desire. For some such isolation may result from their inability to establish and maintain intimate relationships with others. For many, however, isolation results from the new social situation that old age brings. (Hillier and Barrow, 1999).

For the purpose of this study the following working definition for loneliness has been created: **Loneliness is possibly the result of an inability to sustain reasonable interactions with others and thus decreases the quality of life.**

In reviewing the literature on loneliness, the impact that this phenomenon may have on the quality of life of elderly people becomes apparent. In an image of the elderly, one would rather picture wisdom and calm, than hopelessness and futility. In this explorative study, the

possibilities through the therapeutic use of music to alleviate or reframe the experience of loneliness will next be discussed.

Chapter 4:

The Investigation:

4.1. Introduction:

An intervention study was done to determine whether elderly people in two old age homes in Windhoek, Namibia, who seem to be lonely, would benefit from music in psychotherapy. It is evident from the literature study that there is a need for such a study in Namibia. There seems to be a void where both creative modes of therapy, and the elderly and loneliness are concerned.

The assumption was made that if lonely older people were exposed to music in psychotherapy, there would be a difference in their experience of loneliness. It was felt that they would most probably feel less lonely after the music therapy experience. Although older people may not report their loneliness, they may still experience loneliness. This may influence their quality of life. The level of loneliness was measured by means of the Le Roux Loneliness Scale (See 4.4.1).

Furthermore, an explorative qualitative study was done to generate more information concerning the usefulness of music in psychotherapy. This qualitative exploration may also shed some light on the obtained quantitative results.

In previous chapters the literature concerning aspects such as music therapy, the psychotherapeutic use of music, loneliness in the elderly

and ageing were reviewed. In this chapter the focus will be on the methodology and methods as well as the sample of elderly people that participated in this study.

4.2. Research Methodology:

In this study a qualitative as well as a quantitative approach were used. The reasoning behind this was that sometimes the scientific status of qualitative research seems to be questioned in the social sciences. Kvale (1996) mentions the controversies that surround the quantification and objectivity of qualitative research. On the other hand, the quantitative methods seem to limit the richness of the data collected. In using the qualitative as well as the quantitative approach, the researcher felt that the study would be more comprehensive.

It may thus be important to look at the philosophical positions related to quantitative and qualitative research. According to Kvale positivism is the philosophical position which rejects qualitative research. It focuses on observable data and thus emphasises method by the following of rules of method, which are in turn independent of both context and content of the investigation. Kvale mentions that it also limits or eliminates the influence of the researcher. Positivists seem to have brought about a focus-shift in the social sciences from that of myth and common sense to that of validity and logic. According to Kvale in positivistic philosophy, scientific facts and statements should be objective and quantifiable and data should not be ambiguous. Another requirement is that it should be intra- and intersubjectively

reproducible. Silverman (1993) furthermore mentions that positivism aims at discovering the correlation between variables.

The quantitative part of this study seems to reach the requirements of a positivistic approach in that this part of the study is quantifiable. However, both the quantitative as well as the qualitative part of this study violates one of the basic requirements of a positivistic approach in that the human factor cannot be avoided. Even in conducting the quantitative study the researcher is involved as she takes down the answers to the questionnaire herself. One may argue that the questions are stimuli and the answers, responses. Kvale (1993) refers to this view as the early behavioristic limitation of psychology in that it emphasises the objective observation of behaviour. The researcher argued that the "objective" results of the quantitative study might either be verified or rejected by using a qualitative element in the study. Using a qualitative approach in addition may also generate a better understanding of the topic, as the individual subjects may become more "visual" and "alive" to the reader. The researcher aimed to avoid the negative effects of scientific scrutiny of subjects to the extent that they become objectified. The researcher therefore argued that it might be important that subjects somehow share their own experiences of loneliness and the music in therapy intervention. In other words it was important in this study to let the subjects "tell their own stories".

Kvale refers to the spontaneous tendency of people to tell stories about their lives. Kvale mentions that the phenomenological perspective includes a focus on the life world of the subject. It seems that in such an approach there is openness to the experiences of the subjects. By

using the semi-structured interview in the qualitative research the researcher tried not to suppress or neglect this natural tendency of people. One may argue that the process of reminiscence links with this natural tendency of people. When people reminisce, they tend to tell their stories, more specifically their life stories of the past.

Denzin and Lincoln (1994) mention that initially it was assumed that qualitative researchers are competent to observe their subjects and then with clarity, objectivity and precision report on the data gained in for instance interviews. However, the same writers report that poststructuralists and postmodernists have constituted that there are no objective observations, but that any gaze is socially constructed. It furthermore becomes clear that no single method can give a clear picture as all human experiences vary and are coloured by language, social class, gender, race and ethnicity.

In using the semi structured interview the interrelations in an interview become relevant. Kvale refers to this postmodern awareness in interviewing as the social construction of reality. The focus is on the interpretation and negotiating of the meaning of the social world. "From a hermeneutical understanding, the interpretation of meaning is the central theme, with a specification of the kinds of meaning sought and attention to the questions posed to the text" (Kvale, 1996, p.38). Denzin and Lincoln (1994) explain that hermeneutics takes into account those prior understandings and prejudices that shape the interpretative process in the analysis of a text.

In this study the researcher aimed to avoid both extremes namely where everything can mean every - and anything, to that of an absolute objective meaning added to research. The researcher realises that in the search for new understanding one may argue that knowledge remains provisional.

4.3. The Hypothesis:

For the purpose of the investigation it was hypothesised that music in psychotherapy will significantly reduce loneliness in elderly people. It was also hypothesised that this difference will reflect in a qualitative analysis of a semi-structured interview.

4.4 Research Design:

The researcher identified the two old age homes as possibly the best suited for this particular study. Then she contacted the relevant people whom she involved in the identification of those elderly people who were probably lonely. The first contact that the researcher had with the subjects was during the clinical interview. After the initial clinical interviews, the researcher completed the Loneliness Questionnaire during the next session with each participant. After this, three individual music sessions followed. The researcher went to the rooms or flats of the participants, taking a CD player and CD's with to be able to conduct each session.

The researcher followed the same procedure during each session namely to enter the subject's room, greet and ask whether she could

play her music. Communication between the subject and the researcher was kept to the minimum, as the researcher wanted to establish the influence of the music on the feelings of loneliness as such.

The researcher decided on individual music sessions instead of group sessions. In the pilot study the researcher encountered practical problems as results were influenced when a participant became ill and could not attend the sessions. The group cohesion and interaction were for instance influenced during these music sessions and the effects of the music sessions were difficult to establish, as some participants did not attend all sessions.

The Loneliness Questionnaire was then completed again. The last step in the process was to complete the semi-structured interview. These interviews were tape recorded for later analysis. In this analysis recurring themes were identified and discussed. The Loneliness Questionnaire was scored and as statistical procedure the t-Test was used to establish whether the intervention of music in therapy had any effect on the experience of loneliness.

In this study the researcher tried to control variables by for instance doing the clinical interviews, the questionnaires, the music intervention and the semi-structured interviews herself. She furthermore limited the time period of the intervention to four weeks. This way the influence of time as well as the influence of other variables may have been controlled to some extent. The researcher for instance did the whole intervention with an individual, with no more than two days elapsing

between sessions. This was possible as she visited each individual when it suited him or her.

To illustrate the whole process the research methods will be discussed next.

4.5 Research Methods:

4.5.1. The Clinical Interview:

With the help of the social worker at the J.T. Potgieter Tehuis and two willing residents at Senior Park, the researcher managed to identify possible lonely elderly people by using the guidelines originating from the operationalisation of loneliness (See 4.6.4.2.). Through this process 35 people who were possible candidates experiencing loneliness came to the attention of the researcher. These people were visited. The researcher proceeded with clinical interviews ranging from 30 to 45 minutes. The intention of these interviews was to determine which of these candidates experience loneliness to such an extent that it may be clinically significant, thus influencing their quality of life. Another reason for conducting these interviews was to establish rapport between the researcher and the candidates.

During the pilot study in Otjiwarongo the researcher experienced that the Loneliness Scale may not be sensitive enough to pick up experiences of loneliness that centre round very specific areas of loneliness. The loss of a loved one may create significant feelings of loneliness which may influence the wellbeing of the person. Such a

person may benefit from music in therapy, but this person may not have a significant score on the Loneliness Scale. Thus the researcher also included the clinical interview in this study to enhance the qualitative part of the study and also to explore the possibility that the experience of loneliness may be more specific and individualistic than previously believed. The researcher argued that clinical interviews may be an effective way to identify loneliness in the same way that clinical interviews can be used as assessment in a normal therapeutic set-up. Nevertheless, she also reasoned that the Loneliness Scale may provide an indication of loneliness over a broader spectrum of loneliness and thus decided to include this scale once again.

Through the clinical interviews the researcher was able to identify 8 people who experienced loneliness of a clinically significant measure. Aspects of the operationalisation of loneliness as well as the semi-structured interview guideline, were used by the researcher in conducting interviews to clinically determine the extent of loneliness in the interviewees. Determinants that became evident ranged from isolation, illness, different degrees of dementia, the loss of loved ones, personality traits, interaction styles, poverty and more. There also seemed to be a combination of determinants evident in most cases. Most of these people also described themselves as lonely at one stage or another. A short report on each candidate will follow in the discussion of the sample.

4.5.2. The Le Roux Loneliness Scale:

As part of this study a quantitative method was used. A loneliness scale which was developed by Le Roux of the University of the Orange Freestate in South Africa was implemented. According to Scholtz (1995) this scale is based on the revised UCLA Loneliness Scale, developed by Russell, Peplau and Cutrona.

The scale consists of 30 items. According to Scholtz (1995) this scale differs from the revised UCLA Loneliness Scale on the number of items included. Personality traits, home environment and social involvement became evident as factors that may determine loneliness and were therefore included in the Le Roux Loneliness Scale (Scholtz, 1995).

The scale is a pencil and paper test. Subjects respond to four different categories by making a cross or tick. The four categories are as follows: a) definitely true about myself (always); b) true about myself (sometimes); c) not true about myself (seldom); d) definitely not true about myself (never). The highest possible count a person can earn, is 120 with 30 as the lowest count possible. The higher the score the less lonely the subject with a mean score indicating a balance.

According to Scholtz (1995) the Cronbach alfa coefficient of reliability of The Le Roux Loneliness Scale was calculated to be 0.8719. Reliability of up to 0.934 was found in other studies (Scholtz, 1995). No research regarding the validity could be traced.

4.5.3. The Semi-Structured Interview Guideline:

Silverman (1993) mentions that qualitative research may provide a so-called deeper picture than the variable based correlations of quantitative studies. The researcher included the semi-structured interview guideline as a means to explore the "deeper picture" associated with loneliness, as well as the possible effects of the music in therapy intervention, on this.

The decision to use a semi-structured interview guideline with mostly open-ended questions was reached during a discussion with lecturers and other students. It was argued that such a guideline provides structure to the interview, as specific themes relevant to the experience of loneliness, as well as the effect of music in therapy, are paid attention to. In order to guide the interviewer through the process of interviewing after the intervention, the researcher designed the following structure.

Interview Guideline:

Loneliness:

- Could you tell me about a typical day in your everyday life?
- Can you tell me more?

- When are you alone?
- How often are you alone?
- When you are alone, how is it for you?
- What do you normally do when you are alone?

- When do you like being alone?
- When do you dislike being alone?
- Does being alone make you feel lonely?
- Can you tell me more?
- Do you only feel lonely if you are alone?
- Can you tell me more?

• What makes you happy?
- When you are happy how do you feel?
- What do you do when you are happy?
- Can you tell me more?

• When you are on your own, what do you think about?
- Tell me about your memories?
- How do you feel talking about your memories?
- What memories make you feel good about yourself?

• What are your interests these days?
- What is important to you these days?
- Would you like to tell me about it?

• Do you find it easy to talk to other people?
- Can you tell me more?
- Who are the people who you talk to most often?
- Who do you like talking to?
- What do you like to talk about?

- With whom do you feel comfortable to share personal matters/ secrets?
- Do you feel that other people understand you?
- Can you tell me more?

- Tell me about your health.
- How does what you just told me influence your life?

Music therapy:

- How often do you listen to music?
- How do you listen to it? (E.g. with concentration or as background 'noise'?)
- Does music have any special meaning to you?
- How so?
- Will you explain a little more?

- What type of music do you like listening to?
- What songs/ singers are your favourites?
- What do you remember when you listen to this music?

- How do you feel about our listening to music in our meetings?
- What came to mind when we listened to this music?
- What memories did you have when we listened to music?
- Will you share those memories with me?

- How did the music that we used in the meetings make you feel?
- For how long did you feel that way?
- Does what you feel now remind you of some feelings in the past?

- Did you tell your friends about our music sessions?
- What did you tell them?
- Have you ever felt like this before?
- How do you feel when you listen to music on your own?
- How does our listening to music in the sessions, compare to when you normally listen to music?
- Tell me more.
- Since we have met, are you listening to music more often/ differently?

4.5.4.The Intervention as Method:

4.5.4.1.Music Therapy as Mode of Psychotherapy in this Intervention:

Over a period of five, at the most six days, each of the eight individuals were involved in five sessions of which the first was the clinical interview and the second entailed the completion of the Loneliness Scale. Three music interventions followed next and as the last intervention session was rather short, the Loneliness Scale as well as the Semi-structured Interview were done immediately afterwards. Another reason for doing the evaluative part right afterwards was to limit the influence of memory loss as some participants experienced difficulty remembering well from one day to another.

Session 1:

Aim: Reminiscence

In the literature review reference was made to the use of familiar music, religious music and music associated with the times in which people were young (Peters, 2000; Mornhinweg, 1992). As it seems most beneficial where the elderly are concerned, the writer made an effort to include music that more or less had these attributes in the study. The writer furthermore focused on including music that would possibly aid the process of reminiscence. As referred to in the literature review, reminiscence may play an important role in the process of ageing as a developmental process (Peters, 2000). The elderly tend to be less future orientated and reminiscence provides the elderly with a means to daydream (Peters, 2000).

This first session was handled as a variety concert and the researcher acted as presenter, introducing and playing the music. Aiding the reminiscence process approximately an hour was spent listening to a wide variety of music such as for instance Bing Crosby, music of Andrew Lloyd Webber and even old dance music.

During these sessions the elderly people spontaneously started to talk and reminisce about the olden days. The researcher acknowledged this, but did not engage in long conversations and continued playing the music.

Session 2:

Aim: Communication and Social Interaction:

During the next session the researcher wanted to emphasise the interrelatedness between human beings, the need for others in a social context and the feelings associated with this experience. In other words for those who feel lonely, communication with others may be one of the ways to alleviate feelings of loneliness. Thus this session aimed to elicit some kind of communication with other members in the old age home.

The instruction was that the person should relax and listen to the music carefully and perhaps he or she could hear a story in the music, with feelings associated with the story. After listening to the music the researcher suggested that the person tell the story and how it made her/ him feel to someone else in the old age home during the course of that day. The researcher played the "Dance of the Blessed Spirits" from "Orpheus and Eurydice", a composition by Gluck.

Session 3:

Aim: Relaxation:

"The most obvious therapeutic use of music is for relaxation and stress reduction, which helps the body to access and then discharge deeply locked-in material" (Campbell, 1997, p.162). Therefore the aim with this session was to elicit feelings, probably also those associated with loneliness, and through the music experience also create some relief

from some of the feelings. This experience may thus help the person 'live through' some of their feelings without verbalisation at this stage. The "Oboe Concerto in C major, KV 314" of W. A. Mozart was used for this purpose. The music of Mozart was chosen as Campbell (1997) mentions the beneficial effects, including healing, of music by this composer.

The researcher furthermore argued that after such a session defences may be lower and the researcher may thus add value to the information gathered through the Semi-structured Interview. Thus both the Loneliness Scale as well as the Semi-structured Interview followed this session.

4.6. The Sample:

4.6.1. Background:

The two old age homes included in this study were the J.T. Potgieter Tehuis vir Bejaardes and the Senior Park Old Age Home in Windhoek. These two old age homes were included in the study after some consideration, which mainly focused on practicalities. The researcher needed a big enough elderly population from which to be able to identify lonely people; these two homes provided such a scope. It was furthermore possible for the researcher to conduct a study at these two old age homes as the infrastructure at these two institutions is quite suitable. The staff's help was needed to for instance, identify possible lonely elderly people and the organisation and set-up at the old age

homes mentioned automatically had an impact. Both these institutions also provided the best suitable environment for music therapy sessions.

Aspects such as language competency were considered prior to selecting these two old age homes as the quantitative as well as the qualitative study depended on effective communication. All the candidates were able to speak Afrikaans, but some also spoke English and others included German during the interviews, all mediums familiar to the researcher.

An added consideration was that subjectively, there seemed nothing to be indicative that people at these old age homes may either be prone to or on the other hand, devoid of the experience of loneliness. A lack of care at either of these homes is not evident and there are opportunities to engage in social interaction. On the other hand, the possibility that some people may become lonely and isolated exists. There may be reasons for this, such as physical impairment, lack of money, problematic interpersonal skills, and personality traits, as well as other conflicts relevant to living in such institutions.

4.6.2. Description: Senior Park Old Age Home:

Senior Park Old Age Home is a state subsidised old age home and the occupants of the self-catering flats are mostly state pensioners. The facility has 24 hour security. No meals are provided at this institution. There are 130 flats in the complex with 162 people occupying them. During the time of the study there were 32 married couples, 93 widows

and 6 widowers. The youngest person at that stage was 60 years old and the oldest person 90.

State social workers visit the institution to look after the wellbeing of the residents. Once a month a nurse as well as a doctor of the Ministry of Health and Social Services visits. Transport is provided to for instance church services by the respective churches. Some residents own their own cars, some walk to the nearby shopping centre. Other activities seem to be mostly initiated by the residents themselves, as well as through churches. These include prayer sessions, activities like games, as well as other social get-togethers. Independence is of importance, because as soon as a person cannot care for him- or herself any longer, they have to move to another institution.

4.6.3. Description: J.T. Potgieter Tehuis vir Bejaardes:

In the J.T. Potgieter Tehuis there are self-catering flats for those who are independent, rooms for those who need more care as well as the sick bay for those residents who are really dependent or ill. The staff consists of the administrative personnel, a social worker, nurses as well as other caregivers. The institution is the initiative of the Dutch Reformed Church and they provide funding in addition to the rent paid by the residents. There is room for 150 residents, but during the course of this study the population amounted to about 134. There were about 7 married couples at the time of the study, 15 widowers and the rest were widows. The eldest person at the given time was 97 and the youngest 59.

Activities at the old age home include church services, prayer sessions, and other fun activities like for instance painting and exercise sessions. There is also a lapa where the people can get together for morning tea and afternoon coffee. Meals are provided at a communal dining room, but those who prefer to eat in their rooms or are too ill to go to the dining room, are also catered for. There is a little shop on the premises, a hairdresser visits, there is a clinic once a week for minor ailments and the state doctor visits the state patients on a weekly basis. Residents are encouraged to go to town and do their business and also attend church services as transport is provided. Some of the residents still possess cars and are rather independent.

4.6.4. The Sample: Identifying Lonely Elderly People:

During a pilot study at "The Alters Heim" Otjiwarongo the researcher encountered problems in identifying those elderly who are lonely, as those who are socially active and willing to participate, ended up being part of the sample. Subjectively seen, they are the people who may be the least prone to feelings of loneliness. The researcher made the mistake of not providing the people who helped her with the selection of the sample, with criteria to consider, when determining elements of loneliness.

In this study it was decided to operationalise loneliness to be able to establish criteria to determine which members of the old age homes were likely to experience loneliness. From this operationalisation the researcher established some guidelines for the three people who helped her with the identification of lonely elderly people.

For clarity the operationalisation of loneliness is included next and the English translation of the more practical guidelines originating from this, which were handed to the three ladies who helped with the identification of the lonely people, are included right after that. As the ladies and most of the subjects were Afrikaans speaking, an Afrikaans version of these guidelines was handed to them. The Afrikaans guidelines are included under Appendix B. The operationalisation was done considering relevant literature.

4.6.4.1. Operationalisation of Loneliness/ Criteria for determining which members of old age homes are likely to experience loneliness:

- **Older members of old age homes.**
  Bernard and Meade (1993) say that although loneliness in old age is normally exaggerated, it is a feature of extreme old age.
  One may argue that isolation may play a significant role in the being lonely among the extremely old as both mobility as well as communication sometimes become difficult.

- **Thus: Isolated elderly in old age homes may be lonely.**
  Physical impairment such as for instance hearing difficulties, visual impairment, dementia, Alzheimer's, impaired physical mobility e.g. caused by an accident or for instance arthritis may all lead to isolation.

- **Poverty**

  Bernard and Meade (1993) mention that a lack of money limits the ability to form friendships as people are unable to finance the small transactions that social life sometimes entail.

- In the relevant literature it has also become evident that problems existing in earlier life tend to only intensify in old age. "Some people have always been marginal and the conditions which lie at the root of the problem have accompanied them into old age" (Bernard & Meade, 1993, p.99).

  Thus the following may be determinants for loneliness:
  Depression, Anxiety – Mood Disorders
  Personality Traits/ Disorders
  (The 'difficult' man or woman.)
  Distress in earlier life – trauma e.g. those who went through war or experienced natural disasters – possibility of PTSD.

- **Difficulty moving through the developmental phase of ageing e.g. continued control over their lives associated with avoidance of intimacy may also result in loneliness.**

  Bernard and Meade (1993) mention that independence holds the great danger of isolation.

- **Avoiding social relations and intimacy with others because of distressful relationships in earlier life – parent/ child; husband/ wife etc.**

The above ideas were drawn from the so called "shopping bag – women": "They appear to see solitariness and the avoidance of both public assistance and personal intimacy as a means of continued control over their lives, after experiencing intolerable levels of danger and distress in earlier relationships" (Bernard & Meade, 1993, p.99).

- **Women:**
  Bernard and Mead (1993) argue that there are more women in vulnerable categories and also that those women invest more in relationships as their self-esteem and acceptance are influenced more through relationships than that of men. It thus seems as if women have different emotional needs and may therefore be vulnerable to feelings of loneliness.

- Wacker, Roberto and Piper (1998) refer to research that found a moderate relationship between loneliness and poor nutrient intake.
  Thus: Those with poor eating habits may experience feelings of loneliness.

- **Family size/Involvement:**
  Bond, Peter and Peace (1993) refer to the decline in family relationships due to the tendency to have smaller families.

- **Widowed people:**
  "About half of the widows in both Lopata's (1973) study and Bowling & Cartwright's study (1982) found loneliness to be a major problem to them" (Bond, Coleman & Peace, 1993, p.176).

Bond, Coleman and Peace mention that women who invested heavily in their marital relationships may not have developed other social skills and friendships. It seems as if these women are then prone to suffer from loneliness. They are furthermore of the opinion that those who never married, lost their husbands earlier in life or those who divorced have developed strategies for establishing and maintaining social contact. These women seem to be less vulnerable to the experience of loneliness.

- **Those with limited social relations, in other words, those with few or no friends.**
  "Within the network, the presence of one or more confidant relationships has been seen to protect older people from loneliness and the damaging psychological effects of various age-related losses" (Bond, Coleman & Peace, 1993, p.252).

- **Those who do not feel personal worth any longer.**
  Herr and Weakland (1979) argue that although loneliness might seem like the obvious problem, feelings of lacking personal worth or presence, may rather be the real concerns.

4.6.4.2. A guideline in identifying elderly possibly suffering from being lonely:

- Older inhabitants.
- People who, for whichever reason, are either partly or fully isolated – socially as well as physically speaking.

- ❖ For example people with a hearing disability.
- ❖ People with limited sight.
- ❖ People with dementia or Alzheimer's.
- ❖ People with restricted/limited mobility.
- ❖ Chronically ill people.
- ❖ People experiencing problems with incontinence.
- ❖ People with small or uninvolved families, i.o.w. where one starts to question/wonder about the support systems.
- ❖ People with few friends – where many of the friends are already deceased.
- ❖ People who, for whichever reason, do not attend joint meals, but enjoy their meals alone in their rooms or who rarely or hardly ever have a friend to share a meal with.

- Inhabitants with financial limitations, i.o.w. so-called poor people.
- People with emotional problems.

- ❖ For example individuals possibly suffering from depression.
- ❖ Anxious people.
- ❖ People who had to struggle through traumatic experiences such as death or serious illnesses.
- ❖ People exposed to war or devastating natural or other disasters.
- ❖ People who, to our opinion are difficult individuals, for example the annoyed/cross individual who refuses involvement with anyone and is the cause of considerable conflict also with others, who constantly complains about everything and refuses involvement in general.

- ❖ People careful to become involved in social relationships and who for example were exposed to complex relationships in the past such as an unhappy marriage, trouble with children or an unhealthy relationship with parents.
- ❖ People who were or still are addicted to alcohol or drugs.
- ❖ People with self-esteem problems.
- ❖ People experiencing any psychological irregularities/problems.

- People who value independence, who won't simply accept help, i.o.w. people wishing single-handedly to control their lives as long as possible.
- Women.
- People not eating well/sufficiently.
- People who feel they have no self-worth.
- People with limited social skills. Even people naturally shy can be considered.
- People neglecting their personal tending.
- People prone to passivity i.o.w. inactive people or people with little to no interests.
- People who feel they don't fit in or they don't belong in an old age home. Also those who feel they have no one to talk to, nobody shares their interests or is capable of having a meaningful conversation with them.
- Possibly also those experiencing frustration or merely bored individuals.

4.6.5. Clinical Interviews with the Elderly Identified as Possibly Lonely:

The clinical interview was used as a method to assess whether a subject may be prone to the experience of loneliness. The following reports of the clinical interviews are given as evidence of how every subject came to be part of the sample.

Interviewee A:

Age: 80; Female:

When the interviewer enters her room, she sits in a chair in front of her bed as if her bed is a table, surrounded by her belongings – for instance books. She sits in a slumped position, looking at her hands. Her first comment is that her hands are better today, but that the allergy still does not allow her to do anything. Her clothes are not clean and she does not look well. She looks depressed and desolate. She lives in a room in the sickbay of the old age home.

After saying good morning and asking the interviewee to tell more about herself, she immediately conveys that she does not fit in. She says she has very little in common with the other people and does not care to gossip with them. Without being prompted after the first invitation to introduce herself, she adds the following:

- “I don’t like being here.”
- “I’m caught.”

- “I feel as if I’m in prison.”

She says that she has been in the old age home for four years. Her sister comes to visit once a month and when she complains about being alone and lonely, her sister suggests that she makes friends. She then responds by asking: “For what?” She adds that she has always been alone. Later in the interview she says it is part of her nature to shy away from things, including people. She feels sort of on the outside. Her own conclusion is that is maybe why she does not fit in.

This woman says that as the eldest she always had to give in to the younger sisters, still even today. She lived in a flat at her sister’s home before they put her in the old age home. There she had a cat and she says that, that was enough for her. Now she only has the photos of the cat in her room. She feels that this is no life.

Some of the other significant remarks she made during the interview are as follows:

- “I’m not happy here.”
- “I don’t like being served.”
- “I don’t like going to the dining room.” (She prefers to eat in her room.)
- “I’m not ready to be an old person.”
- “I’m not the usual Ouma (Granny).”

She had quite an interesting life and during the conversation her mental alertness is noticeable. Her parents came from Denmark to Namibia. Her father was a merchant. She trained as a teacher. At one stage of her life she went back to Denmark and for instance learned how to make real lace. She really felt Denmark was home. She loved walking in the woods and enjoyed the people there. Then her father wanted her to come back to Namibia to help in his bookstore.

After she met her husband and married, they went to Bermuda. Her husband was a lot younger than she was. They had a son, but later they divorced. She had to come back to Namibia, as unmarried women were not allowed to stay in Bermuda. She came back to Namibia and difficult years followed, as her son had learning difficulties at school. She also feels that her sisters became jealous, as her father adored his grandson, because as she says, sons were important those days and this was the first son in the family.

This lady is passionate about books. She says: “My whole existence is bound up in books.” She specifically likes English books. She also tells that she used to climb the mountains surrounding Windhoek.

Her loneliness becomes evident throughout the conversation and she also acknowledges the fact verbally. She feels that there is no one there for her or no one who is really interested in her. The only person she feels close to is a girl she used to baby sit. They have a special bond, but the woman is now staying in South Africa. It also seems that contact with her son is limited, as he first went back to Bermuda and is now staying in London, but she does not know much about him.

During her four year stay in the old age home she says she has been out only three or four times. Her relationship with her other siblings seem to be problematic.

Considering her interaction style as well as a limited support system, it is clear that she finds herself in an isolated position. The telephone in her room is her only contact, she feels, with the outside world.

Through the clinical interview an obvious conclusion is that this lady is lonely. In her case many factors like language, interaction style, money, earlier (stormy) relationships, her current support system and health, as well unresolved emotional issues might contribute to the feelings of loneliness. The person also seems depressed.

Interviewee B:

Age: 81; Female:

This woman stays in Block 6 where the elderly in an early stage of dependence stay. She is from South Africa. Her son stays in Windhoek and her daughter in Cape Town. Her son visits regularly, but other than that, she isolates herself from the other members of the old age home.

She stays in her room and reads a lot. During the conversation she has memory lapses, which she acknowledges herself. The conversation is easy, but she is a reserved person. She does not feel worthwhile any

longer and when speaking about being lonely, she starts to cry. After that it is difficult to elicit any more feelings.

She also repeats herself a lot and at one stage she says that no one is interested in an old lady in any case. Physically she seems to be quite well and she looks after herself reasonably well. It is as if her life ended in South Africa, because that is all she talks about. She talks about the husband and son she lost.

To establish a relationship with this person took longer. She is prone to isolation and seems to be lonely. Another aspect that may add to her loneliness, is the fact that she is English speaking and the majority of the old age home speaks Afrikaans. She does not feel that she has something in common with the others. She also says that one can't go knocking on other people's doors if they keep their doors closed all the time.

Through the clinical interview it was established that this person is lonely and as she says herself, she isolates herself from the other members of the old age home. Although she is not physically impaired, it seems as if the deterioration of her mental abilities, specifically her short-term memory, contributes to the feelings of loneliness.

Interviewee C:

Age 82; Female:

Originally this woman is also from South Africa and according to her that is the only place where you can find decent, educated people to talk to. She feels she has nothing in common with the rest of the people in the old age home and therefore does not care to talk to or mingle with them.

Her only son lives in Windhoek and according to her, when he has finished his work here, they will be leaving for South Africa again. She talks about her work, the olden days and says she knows more than the other people do, as she has spent time with important people.

She isolates herself and does not really move from her room. When the researcher came to her room she was listening to the radio and reading the 'Huisgenoot'. She also prefers her meals to be served in her room, although she is really healthy and capable of moving around.

She denies feelings of loneliness, but later had difficulty in letting the researcher go. At first she also seemed difficult and angry. During the interview the researcher gets the impression that this person is very mistrustful of others.

She lives very much in the past and much of what she says, the researcher realised may be part of a 'fantasy world', enhanced by

elements of the loss of mental capacity; according to the social worker possibly aspects of dementia.

This woman is included in the sample as she is isolated and feels she does not have anything in common with others. Although she does not admit to loneliness, her eagerness to keep the researcher with her, as well as the fact that she looks unhappy and to an extent bitter, may be an indication that she will not readily admit to her being lonely. She also comes across as proud, thus the researcher suspects that she may indeed be prone to loneliness, because of specific personality traits.

Interviewee D:

Age: 76; Male:

At first he did not know what to talk about, but when the interviewer asked about his history, the conversation started to flow spontaneously. The interview was not very long as it was quite easy to establish that at this stage of his life he experiences loneliness. At first he seemed physically well, except that he had 'very bad legs' and walked with great difficulty. When the interviewer came to him the next session, he was not able to walk at all. During the time of the research, he became bedridden and isolated. He lives in Block 6, the area for those who start to be dependent.

He was born in Upington and came to Namibia at the age of 15. His father died when he was 11 and his mother remarried and came to Namibia with his stepfather. He grew up on a farm and looked after the

sheep after he left school. In his conversation he mentions all the hardship and difficulties of those early years. When he was older, he found work with Roads and Transport for whom he worked all his years. He met his wife in Windhoek where they got married.

At the time of the interview he had been in the old age home for only two months. He and his wife planned to come to the old age home together, but then she died. He says that the people are friendly and if it were not for the old age home, he would have died, too. He could not cope on his own. They had been married for over 50 years and he says that although he talks to the others, he feels that something is missing. He says that the kind of conversations and understanding he shared with his wife he will never find again.

Before his legs gave way, he tried to get out of his room as often as possible. He says he feels loneliest when he is inside the room and that if he stays there, he will go crazy. He also experiences a lot of guilt as he feels that he did not appreciate his wife enough when she was alive.

Through the interview it became clear that due to the trauma of losing his wife, as well as the inability to walk, he currently feels lonely. One may consider that as he works through the death of his wife emotionally, the feelings of loneliness may later subside. An added trauma, however, is his inability to walk. This may thus add to the experience of loneliness, as he has become rather isolated.

Interviewee E:

Age: 72; Female:

This woman does not come over as your typical grandmother as she has knowledge of current music trends and she is up to date with the news of the day. The first impression is also that she is not lonely. She is involved with her children and grandchildren. Her health seems to be good and she cares for herself reasonably well.

She claims however to be lonely and depressed at stages during the interview. It seems that these feelings are related to her experience of worth, as she mourns the fact that she cannot be a working woman anymore. She misses the stimulation of employment. This is then also why she says she has nothing in common with the people around her, as they are not interested in the outside world. She feels that their worlds have become so small. The researcher senses that this frustration may lead to the experience of loneliness.

Through the interview it became clear that retirement in this person's case might have led to possible feelings of loneliness and isolation and a loss in quality of life, as she has difficulty in establishing the same kind of social relations in her current situation.

Interviewee F:

Age: 70; Female:

The social worker felt that this person might be at risk where loneliness is concerned as she recently lost a male friend and sometimes just walks for hours on end.

If one looks at her physical appearance she is healthy, active and looks after herself. She lives in the section of the old age home where the elderly occupy their own flats and are still reasonably independent, although they have their meals in the dining room.

My first impression was that she is reserved, but friendly. It was quite easy to establish a relationship. As the interview continued, it was not necessary to probe much as she spoke easily and we touched on many issues.

We first spoke about her history. Where education is concerned, she went to a school that focussed on domestic training for girls. They learned to cook and do needlework. These things are still of value to her and she speaks of the importance of a woman being able to run a household well.

Her appearance is of importance to her as she mentions that she is overweight. She also says that she does not have a feminine voice anymore and that because of all the biological changes she feels that she is not a real woman anymore either. The interviewer perceived her

as a strong farm woman, not much overweight and a rather feminine and motherly kind of woman.

She married and had two children, a boy and a girl. They lived on a farm in the South of Namibia. When her husband died, the children did not want her to stay on the farm and put her in the old age home, against her wish. She feels she does not belong in an old age home yet. She feels that she can still work. According to her, her late husband wanted her to stay on the farm as long as she wished after his death. She still longs for the farm. On the one hand she feels it is her place when they go there. The children also say that the house on the farm is still her domain, but on the other hand, the daughter in law is actually the new woman who administers the household.

Although it is difficult to let go, she supposes that when one gets over a certain age, one has to let the next generation take over. One has to sit back and just look at what they are doing, because your knowledge is too old and people won't allow you do anything. The only way you can let your knowledge reach the next generation is by sometimes sharing wisdom and experience – for instance by teaching the grandchildren.

One senses that she feels worthless and frustrated, with no purpose in life anymore. She says that she does not feel important anymore, but that, that is how it is now. When she says this, she sounds without hope and one gets the sense that she has given up fighting. She lost her traditional role of wife and mother and as her role repertoire is most probably limited, she finds it difficult to adapt. She says she does not want to be in the old age home. She also feels bored and lonely. She

has been away from the farm for four years now, but still does not feel at home in her new environment. She feels trapped. She also says that nothing will change. Her only option is to accept her life as it is.

When talking about friends, she misses her male friend who died recently. It seems as if this person made living in the old age home a little better. It also seems as if the presence of a male friend is of importance to this woman. She also defines her world very clearly into male and female roles.

A few of them came together on Saturday evenings, made their own food and spent time together, but that became too expensive and they stopped doing it. Although she is rather active in the old age home, she still feels lonely. She reports her loneliness to be most severe over weekends. It may be significant to mention that she says she would rather be alone on the farm, because it is familiar. She thinks that although she might be alone, she will feel less lonely on the farm. Even though her children seem to be reasonably supportive and involved, she still feels lonely.

Considering the operationalisation criteria of loneliness, this woman may be at risk as far as loneliness is concerned, as she has lost loved ones, friends and a husband. She also lost her independence and with that, her role as mother and wife. Clear feelings of loneliness, worthlessness, depression and loss of power are conveyed. Added to this, one senses that she is bored and that money may be a problem, as she has to be very careful how she spends her money. Therefore social contact and endeavors are influenced and may add to the sense of

isolation and alienation she experiences.

Interviewee G:

Age 72; Male:

At the time of the research this male had been in the old age home for three months. He was admitted to the old age home after severe illness, as his wife was not able to look after him any longer. She is also ill, but the cancer seems to be in remission and she still lives in their house.

She prefers to keep on living there, one of the reasons being their young German Shepherd dog that they both love and want to keep as long as possible. She visits her husband every day and it seems as if he lives for that hour.

Other than that, he reports himself to be lonely. During the interview he is quite emotional and says that he cannot communicate with other people than his wife. He says that he has nothing in common with the other people in the old age home as nothing interests them any longer. He also feels that because he is German it contributes to the complications.

There is the feeling that all his life he has been a loner. It thus seems as if personality traits may have an influence here. He also reports that he has worked very hard all his life and is proud of what he has achieved. He came to Namibia after The Second World War without

being able to speak either Afrikaans or English, but still made a living here.

He also says that he has never been particularly happy in his life. The war seems to have had a major impact, as there may be a possibility of some symptoms of PTSD. Even now he claims he cannot forget the images of war that are set in his mind. There seems to be a lot of resentment towards the German government of that time who changed young lives so tremendously, as young men like himself, did not have a choice whether they wanted to be involved or not.

Trauma and personality traits, as well as his current environmental situation, may thus contribute to feelings of loneliness.

Interviewee H:

Age: 72; Female:

Initially this woman did not appear lonely. She keeps busy all day and is very religious, involved with the church and the community. She is also healthy and very active, a real 'busy body'. She has been in the old age home for six years.

As the interview continued however, immense feelings of loneliness started to surface. She mentioned the loss of her husband three years ago and said that she is still not really over that. In addition she mentions the conflict that she has with two of her three daughters. She

fears the day that she cannot look after herself any longer, as she does not want to stay with any of her children.

She says the loneliness gets to her when she closes her flat door; then it is only she and the four walls. Unresolved emotional issues seem to contribute to feelings of loneliness. Interaction style and personality traits may also increase the severity of lonely feelings.

Chapter 5:

Results and Conclusions:

The results of the quantitative study are presented, followed by a short discussion thereof. The qualitative study is then focused on. Each subject is discussed and analysed separately. A conclusion concerning the quantitative as well as the qualitative study is drawn from the statistical evidence as well as the analysis of the eight semi-structured interviews.

5.1 Quantitative Analysis:

The results of the quantitative analysis of both the raw scores as well as the t-test are presented next. In the table pertaining to the raw scores, the "Before X" presents the scores that individual subjects obtained on the Le Roux Loneliness Scale before the intervention. The "After X" scores, refer to the same individual subjects after the intervention. The Sum, Mean, Standard Deviation of both the X scores, as well as the Difference were calculated.

Following the table of raw scores, the t test has been calculated and the reader is referred to the "t Stat" on this table to be able to determine the statistical significance of the intervention that was done.

5.1.1 Raw Scores:

	X_1	X_2	D
	Before	After	Difference
	62	77	-15
	67	73	-6
	72	77	-5
	88	90	-2
	82	89	-7
	72	92	-20
	62	82	-20
	91	65	26
Sum	596	645	-49
Mean	74.5	80.625	-6.125
Standard Deviation	11.29	9.40	14.71

Note that the higher the score the less lonely the subject is.

5.1.2. t test Applied to Different Scores:

t-Test: Paired Two Sample for Means

	Variable 1	*Variable 2*
Mean	74.5	80.625
Variance	127.43	88.27
Observations	8	8
Pearson Correlation	-0.003367497	
Hypothesized Mean Difference	0	
Df	7	
t Stat	-1.177637719	
P(T<=t) one-tail	0.138711707	
t Critical one-tail	1.894577508	
P(T<=t) two-tail	0.277423414	
t Critical two-tail	2.36462256	

5.1.3. Results:

According to the above mentioned t Stat, no significant difference was found between pre and post intervention scores on the Loneliness Scale on the 0.05 level of significance.

5.1.4. Discussion:

For the purpose of the investigation, it was hypothesised that music in psychotherapy will significantly reduce loneliness in elderly people.

Although the results are not statistically significant the reader is referred to the raw scores obtained. With the exception of one subject, all subjects obtained higher scores after the intervention. In other words, after the intervention they were less lonely.

The researcher argues that the rather small sample influences the chances of statistically significant results. It may be possible that if a large enough sample could have been obtained, the scores may have been statistically significant.

It may thus be that the researcher's argument that the elderly do not report or talk about their loneliness may only become evident in a qualitative study. The researcher also argued that the experience of loneliness may be very specific and in that case the information gathered in the qualitative study may be the only way to look at the individual experience of loneliness. A qualitative study may also contribute to a less clinical and cold picture. Added to this, a qualitative study is bound to generate more information and understanding of the phenomenon of loneliness. It may also add to the knowledge concerning the use of creative modes in therapy such as music in psychotherapy.

5.2 Qualitative Analysis:

Eight semi-structured interviews were conducted as part of the qualitative study. Interviews were conducted after the music intervention had been completed. The eight subjects were the same sample used in the quantitative study. The subjects were introduced in the discussion of the clinical interviews in chapter 4.

The 8 interviews will be analysed separately, after which a general discussion will follow. Recurrent themes were identified. Interpretation of the data took place with the intention to understand the phenomenon of loneliness better, to evaluate the intervention procedure and determine the value of music in the alleviation or lessening of loneliness in the elderly.

Interviewee A:

During the course of the second interview it is extremely difficult and taxing to stick to the guidelines of the interview as this woman tends to 'wander off' and she does so in great detail. She may be hard of hearing, but the interviewer later also considers it possible that this way of communicating may be part of a more general interaction style.

Themes of problematic interaction with other people are evident in the interview. This woman may easily be seen as one of the 'difficult women' in the old age home. In the literature review (3.5.3.) Diamond (2000) for instance mentions that it is quite easy to look at elderly

people as trouble rather than as in trouble. One may very easily make the same mistake when communicating with this woman. In the *Introduction*, reference was made to the need for all of us, no matter what our age or ability, to reaffirm ourselves and to communicate with others.

This person mainly acknowledges her loneliness in the clinical interview. She may even be aware of her interaction style as she says that all her life she has tended to shy away from people. This theme repeats itself in this interview as she refers to the years when her father was consul for Denmark in Namibia and she emphasises that her sisters were suited for the role of being daughters of a consul, but she was not. It seems as if she has occupied the 'lonely'/ 'alien' role all her life. Bernard and Meade (1993) the two authors who have been referred to in the literature review (3.7.1.), for instance refer to the notion that conditions, which lie at the root of problems, may accompany people into old age. In this person's case one may refer to specific personality traits, as well as interaction style, that may set the stage for the experience of loneliness. It is thus suggested that more severe psychological problems may lie at the root of a symptom such as loneliness in the case of this woman.

As low self-esteem seems to be one of the difficulties in this woman's life, it may actually contribute to feelings of loneliness. In the literature (3.7.3.) the writer referred to Peplau, Micelli and Morasch (1982) who associate loneliness with affective states such as low self-esteem.

The researcher is of the opinion that although this woman claims to actually prefer being alone, these 'lonely' patterns may have originated in earlier years. Feelings of loneliness may contribute to her current health problem. In the clinical interview she repeatedly mentions that she does not fit in.

Before she got the allergy that is now ruining her hands, she used to keep busy with needlework. The researcher noticed from the first day that her hands looked terrible, red and itching. She draws everyone's attention to her hands whenever anyone enters the room. The researcher contemplates whether this allergic reaction may be one of the only ways she manages to mobilise those around her to pay attention, specifically her siblings with whom she does not have good relations. During the course of the study she for instance mentions that her sister was there to bring some new cream for her hands, or that she contacted her sister to say whether the cream worked or not. She mentions that her sister feels that this allergy is a 'nervous thing'. Barlow and Durand (1999) mention that the elderly may become physically ill to mobilise support (3.2.1.). The researcher argues that this seems to be the case here and that this behavior seems to be one of the ways in which this woman tries to curb her intense feelings of loneliness. The theme of problematic interactions with her siblings seems to contribute to feelings of loneliness and alienation and is repeated quite often.

This candidate mentions that she gets up at five so that she can organise her room and dress herself, because she does not like it done by others. Baltes (1996) mentions the biased view that dependence is a

result of biological decline and thus results in the loss of control (3.7.6.). This woman lives in the sickbay of the home and needs to be bathed etc. It is evident that although one may consider her as dependent, she actually still maintains considerable control over her life. She may even alienate people in her plight to stay independent and in control. This woman sleeps almost all day long. She says it is because her room and everything is so dark. She tends to describe everything in excessive detail.

The staff apparently are the only people she communicates with. She mentions them and her relation to them continually through the interview. It seems as if they have become her extended family. When referring to friendships, she only mentions the staff whom she finds it easy to talk to, depending on what is asked. This finding is supported in the literature review (3.2.1.). Herr and Weakland (1979) mention that the staff of an institution sometimes becomes extended family.

When asked with whom she shares personal matters, she goes back to the past and talks about the girl she baby-sat. She says that if this girl had come back after her studies she would have let her, the subject, live with her. Although this girl is not part of her life at this stage, she talks about her in the present as for example: “We understand each other very well.” She feels this person is the only person who knows her well.

The past is very much her current reality as she reminisces almost all the time, except when we spoke about routine events and her health. She for instance refers to the first five happy years of her marriage. At

one stage of the interview when the question about loneliness referred to the present, she even 'took that to the past' and said that she was not lonely, she was busy e.g. with her child, the bookstore etc.

In the present she concerns herself very much with the wellbeing of the workers and also associates with them, as they are also single mothers like she had been at one stage of her life. She says that it makes her happy to help. She also admits that when she does not sit and sleep, she thinks back. She thinks back to her life, childhood, teaching, college, and how she felt.

She says that she lives in her previous life, her memories. "You live in a sphere of memories." She describes her memories not as a means for building connections, but as isolating: She says: "You tell people about these, but they have no idea." She avoids voicing her feelings, but says she wishes that they, for example the sisters at the old age home, could understand. All the specific things she refers to like the bookstore, her needlework etc. are in the past. Although she finds meaning in her memories, it seems as if even there she experiences loneliness to some extent, as she feels that no one can really understand her frame of reference.

Music seems to be one of the aspects of her life that lifts her spirits considerably. In the literature review (2.5.) Bruscia (1989) says that people recognise the power of music to influence their emotions and through personal experiences the therapeutic benefits of music have been discovered. This woman may be seen as a typical example of someone who realises the 'more' to music.

She listens to music with concentration, especially the classical programs over the German radio. When asked if music has any special meaning to her, she says that it makes her feel alive. She says that she visualises when she listens to music. "You are alive, you've got something special." Even with listening to music she goes back to memories – Hamburg, the opera and the experience of watching "Madam Butterfly" there. "You live in that world".

Where music is concerned she says you make up your own little story about what you hear. She mentions that when listening to serious music one goes to a difficult period in your life, perhaps a time that you are bitter about. She says that the lighter music that we listened to made her feel happier in a way. "You can't be happier in a way with heavy music, but a Strauss waltz would make you happier, more light."

In response to whether she told anyone about our sessions she says 'no'. She elaborates and says during our sessions she was hesitant as she did not want to appear ignorant like in college. She acknowledges that she feels ignorant in many ways and says that other people are better at 'it' - whatever it may be. The theme of low self-esteem, which most probably intensifies her feelings of loneliness, is repeated throughout the interview. She feels she never had much time for the lighter things.

This woman became very attached to both the sessions and the researcher and apparently asked after the researcher if she did not show up early enough. At the end of the sessions it was significant to notice the change in mood that sometimes surfaced. It seems as if

music did transcend some of the feelings of loneliness. In respect to the qualitative part of the study, if the raw scores before the intervention are compared to the scores after the intervention, it seems as if the respondent was less lonely after the intervention as her score changed from 62 to 77. Although the difference may not be statistically significant, the researcher argues that in the light of what has been found in the qualitative analysis of this case, it seems as if the music intervention did indeed alleviate some of the feelings of loneliness.

Interviewee B:

The routine of everyday is emphasised and at the very beginning she mentions that she does not have a lot of contact with the other people as she does not want to go about and knock on others' doors to find conversation. She also emphasises that everyone is so different to her. Later she mentions that she does not like the conversation of the other women as they gossip.

Personality traits and preferences may thus contribute to feelings of loneliness in this person's life. In the literature review (3.7.2.) the author referred to the argument of Peplau and Perlman (1982) that being alone can be a determining factor of loneliness. As this woman isolates herself, her being alone seems to be a determining factor in her experience of loneliness.

To the question of when she feels alone, she responds by saying that when she longs for other people. Except for her son, she has no other family here in Namibia. Apparently she curbs her feelings of loneliness

by for instance reading a lot and says that she does not know what she will do if she cannot do that any longer. She is very clear on the fact that she does not like being alone, which is ironic, as most of the day she stays in her room. She only takes two of the meals at the dining room and perhaps goes for a walk late afternoon. Whenever the researcher came to her, she was lying on her bed, although she was actually one of the very healthy respondents in the study. To the researcher's reflection that she does not like being alone, she responds by saying: "Well, what can one actually do?" Boredom in her case may thus also contribute to feelings of loneliness.

She acknowledges her loneliness with a strong "yes" to that question and goes on by saying that she feels lonely when alone, which is thus most of her day. She says that she feels rejected ("verstote"), although she says she knows it is not true. She says that at the moment she does not feel that way while the researcher is talking to her. Sometimes however, she would like people around her, but then there is no one. She feels that everyone else is busy with their own things. This makes her feel sorrowful. She starts longing for those people who are dead. The fact that she keeps to her room, as well as the many personal losses she experienced in her life seem to intensify her feelings of loneliness. She lost a boyfriend in the war, a husband, her son and her daughter-in-law, etc. Machin (1993) mentions that when primary sources of stability such as for instance a spouse is lost, the result of that loss is greater (3.7.5.).

Her loneliness also becomes evident in what she regards as the thing, which makes her happy, namely a surprise visit by someone close to

her. She says after such an event she will sing, etc. Her mood changes when there is someone to relate to. It seems as if when she is isolated and no one visits, she goes back to a depressed and lonely mood. Then once again the way that she curbs some of the lonely feelings becomes clear as she says that when she is alone she thinks about nothing and rather reads. She also starts to reminisce and explains how she handled being alone as the only daughter in the family on a plot where she used to bathe the children of the workers. She laughs when she talks about this. When talking about her memories, her longing for 'her people' is once again evident. She mourns when the loneliness gets too much.

She feels good about memories like playing and working along with her brothers. Later she reminisces again and says that many times she longs for her childhood years. If she talks to someone, she finds out what their interests are. In the end however, she feels, they will end up talking about the years gone by. When asked what her interests are these days, she says nothing, except her children and grandchildren, but she says she has not seen them since she moved from the Transvaal.

Reminiscence may lessen or on the other hand even intensify feelings of loneliness. This woman seems to experience "both sides of the coin" when she reminisces. In the literature review (3.3.) the writer paid attention to the possible initially negative effect of reminiscence as she referred to Hillier and Barrow (1999) who argue that unresolved issues may surface, thus related emotions may also become evident. When this woman reminisces, it also becomes clear that she integrates past

experiences with the present. This notion is supported by the literature (3.3.) as Hillier and Barrow (1999) mention that reminiscence is a way in which past experiences are integrated with the present and the future.

She acknowledges that she does not converse with anyone in the old age home. She goes on by saying that there is no one who actually wants to talk to her. She feels the other people stare one down. She complains about them not greeting and feels that she is starting to become like them. Once again isolation as well as personality traits and possibly situational factors may contribute to feelings of loneliness in this person.

When we talk about music she responds by saying that she actually prefers television, especially children's stories/ cartoons. However, if music interests her, she tends to listen with concentration. A significant thing that she says is that she will play something just to have some company, so that she can hear some voices. She says that music does not have any special meaning to her now. Then she goes back to the past mentioning that as a younger person she was crazy about the well-known opera singers. Significant is that when she hears or sees them today, she is very glad to hear them again.

When she listens to music, she thinks back to the time when she had her own house and family. She also thinks of her youth. It seems as if music has the ability to elicit more good memories for this person. Then in a sad voice, she says that there are no such days anymore.

This she finds very sad. She says it is the same feeling that you get when you know that someone you love is gone forever.

She emphasises the importance of the researcher being with her when they listened to music, otherwise she says that the music alone would have been her company. She says that the music that we listened to made her feel lighter inside. She feels that our listening to music is very similar to her own listening to music. She starts to reminisce once again when she mentions people like Mario Lanza and her "sweetheart" Bing Crosby. She elaborates and says that the boyfriend who was shot in the war looked like Bing and that she also called him that.

The loneliness that this person experiences becomes evident in the clinical interview as well as through this interview. Although the music sessions made her feel 'lighter', the researcher argues that even though some of the feelings of loneliness may have subsided, there are still intense feelings of loneliness, possibly related to loss in a broad sense, evident. Her loneliness score in the quantitative study changed from 67 to 73. Although not statistically significant it gives an indication that feelings of loneliness lessened after the music intervention, but as suggested by the information from the qualitative analysis the researcher argues that the feelings of loneliness in this person's case seem to be intense.

Interviewee C:

She keeps herself busy, but says that in the old age home you are almost always alone. She says very clearly that she does not like being

alone, except when she wants to sleep. She does not admit to loneliness, but 'avoids' the question by saying that if she visits her son she does not feel lonely at all, only happy.

When she is alone, she thinks back to the past. She starts to reminisce easily during the interview and tells stories about the family time when they were ten children together, how they sang, read the Bible etc. She says that it is sad, as you know that the time has passed forever.

She remarks that she does not talk to others at the old age home and that probably only her son understands her. Her experience of loneliness may thus be curbed by the relationship she has with her son. Personality traits seem to contribute to some of the feelings of loneliness she may experience due to the fact that she tends to isolate herself.

Although the respondent does not readily admit to loneliness, the researcher felt that through the clinical interview, as well as during this interview, there were some incongruencies that suggested otherwise such as for instance the first impressions the researcher gained. This person's body language and facial expression conveyed something like loneliness, bitterness as well as a mistrust of people. The writer thus argues that this may be one of the cases where, as referred to in the literature review, (3.7.1.) people are reluctant to admit to loneliness as Peplau and Perlman (1982) mention that loneliness may be linked to the breakdown of social interactions.

Music is very important to her and she listens with concentration. When talking about music she spontaneously start to talk about the

past “when she was a real singer”. She associates many of the positive traits of her family members with music. “They were those types of people…”. She also mentions that God speaks about music.

This woman does not acknowledge feelings of loneliness directly, but talks about her dislike of being alone. However, she refuses to mingle with the other members of the old age home and thus isolates herself. Other than the contact that she has with her son, she sits in her room and even refuses to go to the dining room. Her experience of loneliness may thus be very specific. In the literature review (3.7.1.), the writer refers to Peplau and Perlman (1982) who mention that the subjective experience of loneliness may be associated with objective isolation. It is suggested that this may be what is happening to this woman.

The music sessions seem to have made her more responsive and she enjoyed the sessions very much. Whether her feelings of loneliness were lessened was very difficult to determine through this analysis.

She did not score particularly low on the loneliness scale and her improvement from a raw score of 72 to 77 may give a slight indication that she is less lonely after the intervention. At this stage the researcher argues that as her experience of loneliness may be very specifically linked to her tendency to isolate herself, it is difficult to determine how lonely she is on either the qualitative or the quantitative study.

However, looking at how she lives and the response to the researcher in that she repeatedly invited the researcher to come visit, one may argue

that her quality of life may have been enhanced through the music experience.

Interviewee D:

The question about his everyday life elicits an almost angry response as the subject asks how do you explain your everyday life when you are lying here. He says that he tries to accept and work through the illness he now has. In other words, he tries to cope with the fact that he lost the use of his legs 'almost overnight'. He says it is difficult as he is now cared for in the same way as when he was a baby. He feels it is degrading, as someone has to change his nappies and do everything for him. He feels it is a tremendous adjustment. He cannot do what he used to do. Two months ago when he came to the old age home after his wife's death, he was still able to drive a car and visit his children. Ferns (1991) mentions that situational and social changes can lead to a sense of loneliness (3.7.3.). The researcher argues that the tremendous changes that this person experienced in about eight to ten weeks, may intensify feelings of loneliness.

He says he is alone every day although the children do visit. When asked what he thinks about he says that at his age you cannot think about the future, as you have no future any longer, thus you think about the past. He says your thoughts wander forward a little bit and then back again. He thinks back to what he has done, where and how it was at different places. His reminiscence centres round his work, thus somehow validating what he has done through his life. Hillier and

Barrow (1999) refer to reminiscence as the way in which a person examines and integrates past experiences with the present. They also say that it adds meaning to life (3.3.).

He likes being alone in the evenings, but during the day just lying there, no. He then wants to talk to people. He acknowledges feeling lonely. The idea of being actively involved comes through as he says that you have to be a participant in life, not just someone who is alive. The lack of feeling personal worth seems to contribute to the feelings of loneliness. He says he is happy when his children or good friends visit. When he is happy he says he talks to the children and makes jokes etc.

He also thinks about the difficult times in his life. He says there were happy days, but also very difficult ones. He says that he does not talk about his memories to someone. However, when he does talk about his memories, it feels as if he has accomplished something ("Dit voel asof jy iets oorbrug het"). When talking to the researcher he does not go into detail where his memories are concerned. He generalises most of the time. In the literature review (3.3.) the individual aspects to reminiscence were paid attention to as reference was made to Hillier and Barrow (1999) who mention that some elderly speak about their memories and others move through the process of reminiscence without really talking about it.

The respondent feels that he does not have any interest these days except his religion. He says he lives 'into' this as he feels that he is serving a living God, not someone who is dead. He says he then feels totally happy. His church and those associated with the church are the

people whom he talks to. He feels that these people also understand him and that he can share more personal matters with them.

He says he listens to music with concentration, especially religious music. He feels it has meaning as you can direct your thoughts anywhere. Significant is that he says that your thoughts do not wander around here. He feels it takes your thoughts away from what you are thinking as you lie there. He also feels that it takes you back to the past. Interesting is his opinion that it also gives you a clearer picture of the future. He feels that our choice of music was very relaxing as he is convinced that if he listens to that music in the evening, he will fall asleep very easily. Our music also brought back memories; it made him feel happy again. He thought about if often, he answered in response to the question of how long he felt that way. "It was not there and then away, you think about it continually." He did not tell others about the music sessions, but he says that he will listen to music more often now.

The researcher argues that music may contribute to this person's quality of life. In the literature review (2.5.) reference was made to this aspect of the therapeutic use of music. Yon describes it as follows: "Simply music lifts me: My feelings, thinking and spirit are extended beyond the structures of ordinariness, paradoxically by taking me physically inward to my body centre" (Yon, 1993, p.84).

With a raw score of 88 on the loneliness scale before and a score of 90 afterwards, it is unjust to conclude that this person was very lonely at first and that the music intervention helped. The researcher suggests that his loneliness became evident through the clinical interview and

now in this interview. However, the writer argues that his experience of loneliness is specifically linked to situational factors such as the death of his wife and the 'loss of his legs'. Through this he is isolated and thus experiences feelings of worthlessness and loneliness.

The impact of the music intervention is at this stage described as 'contributing to quality of life'. The researcher argues that it is difficult to determine the success of the program, as the traumatic event of losing the use of his legs happened after the researcher did the 'before' loneliness scale and during the music intervention period, thus directly influencing the results.

Interviewee E:

Interviewee E is very reality- and routine orientated and talks about how her days are, giving factual responses. She is involved with her children and grandchildren in that she looks after one of the grandchildren some days and even washes and cooks for her one daughter.

She watches a lot of television and keeps herself busy with crossword puzzles, even deep into the night, if she cannot sleep. During weekends, when the others go to their children, she feels really alone. In times of sickness, she prefers not to be alone. She acknowledges that when she is alone, she feels extremely lonely. She says the following about being alone, especially when ill, it seems: "That is the only time in my life that I wish I had a shoulder to cry on." She then wishes to have someone with her who cares or is interested in her,

someone who is there for her. She takes responsibility for her situation as she says it depends on yourself if you are lonely or not.
In relation to her children it seems as if she is the one who 'gives'. In the literature review (3.7.3.) reference was made to Fischer and Phillips (1982) who mention that isolation may also be related to the lack of confidants who can provide support and guidance and that people may then become prone to emotional loneliness. The researcher argues that the experience of loneliness may centre round this aspect as far as this person is concerned.

When she is alone, she thinks back to her childhood years. It seems as if she curbs her loneliness through reminiscence. When she reminisces, her pictures of experiences of her childhood years are very clear and specific. For instance she recalls how she sat with her feet in the water or how she saw she sun rising over their farm. She mentions that she talks to her children about her memories, but also says that there are things that hurt in your life, that you do not want to talk about. She feels that to talk about one's memories is part of life. The reader is reminded about what has been said about the fact that people differ as far as the aspect of reminiscence is concerned in that some talk about it and others not.

About communication she feels that she cannot talk to people who are 'stupid' and she has one friend with whom she can talk at the old age home. Her need to talk about relevant issues becomes evident as she mentions that with this person one could talk about the possible war in Iraq or music etc. Her confidant is her daughter in law with whom she shares more personal information.

She listens to music on the radio all day long. She listens selectively in that she will cut out part of the music and for instance just concentrate on the drums, which she is particularly fond of. In the *Introduction* it was mentioned that Nelson and Wheathers (1998) refer to finding the salient languages of a client's soul – whatever moves him in his unique path towards individuation. The importance of entering the frame of reference of the person clearly is important. A music in therapy intervention may be more successful if the therapist "taps into" individual preferences. This woman feels that music is very important to her, it is the way she grew up. She listens to a wide variety of music. She says that, as you get up, you decide in what mood you are, which influences your choice of music.

She says that music makes her long for her younger years. Our listening to music was a peaceful and calm experience. It made her feel good. It made her think of the father of her two sons whom she divorced, as he liked such music. She told her daughter about our listening to music.

She became less lonely after the music intervention if one looks at the raw score of 82 that became 89 after the intervention in the quantitative study. During the qualitative interview it was suggested that she has already employed music as one of the means through which she curbs loneliness. The writer argues that her experience of loneliness centres round emotional loneliness related to the lack of stimulating conversations with confidants. If music in therapy is used to lessen the feelings of loneliness significantly in this person, the writer argues that an intervention program may have to look at a more prominent role for

the therapist in conducting the therapy. Relationship may play a significant role in alleviating feelings of loneliness in this person.

Interviewee F:

The first question in the interview refers to a typical day in the life of the person. This candidate responds by telling the interviewer about the past, for instance her wedding day, the birth of her children, when she moved into her own house and when the family visited. Her voice lightens up whenever she speaks about this.

It may thus be of importance to notice that a question that does not normally encourage reminiscence actually elicits such a response. Peters (2000) mentions that reminiscence is the way in which elderly people dream about the future (2.6.). In other words as younger people dream about the future, the elderly 'dream about the future in the past'. Analysing this specific response, the researcher argues that this may be indeed what is happening with this woman. Throughout the interview memories surface all the time and reminiscence is thus identified as an important recurrent theme, which may contribute to the developmental process that this person is moving through. Through reminiscence value and meaning are given to current life situations.

It seems as if these memories lessen the feelings of loneliness and feelings of worthlessness as she finds her value in what she has achieved in the past, while at the same time she mourns the fact that she cannot live that life any longer. When the researcher repeats her question and refers the person back to the current situation, she

actually responds by saying that she does not know what to say, but that it is not enjoyable everyday. Her voice becomes more matter of fact and she emphasises the routine of everyday life at the old age home.

The theme of loneliness surfaces when she talks about weekends, specifically Sundays and other holidays. This candidate distinguishes clearly between being alone, which according to her can be a desirable state in which she keeps herself busy in comparison to the loneliness she sometimes experiences. She is reluctant to elaborate on the last. However, she immediately responds by saying that when she is lonely she thinks back and mentions examples of the marriage and children again. Here she uses the Afrikaans word “heimwee”, meaning that she longs for the past. Once again reminiscence as a theme thus becomes evident. The researcher argues that it thus may serve as a coping mechanism for loneliness. It may however also intensify such feelings.

This woman emphasises the positive feelings that these memories evoke. When the researcher asks what she thinks about when she is alone, it is important to notice that past and present seem to be mixed in the sense that she says that she thinks about her children and her husband. She refers to the children and the husband in the same time context, although the husband has already passed away some time ago. At this moment she then shifts to memories again and talks about her life as a young person and a married woman. Once again she emphasises the enjoyment of talking about the past and adds that she wishes one could have it back. She also looks back in retrospect in that she says with the knowledge that she has now, she could have added more value to, for instance, her parents’ lives.

Friendship seems to add value to this person's life as she mentions her friend. The researcher notices that they apparently talk more about everyday occurrences. One may argue that with a friend, who understands her context and is part of the same developmental phase, it may not always be necessary to find validation in the past. However, at this stage of the interview the interviewee mentions that very few people really understand her. This experience of not being understood may thus be one of the reasons for her experience of loneliness, which she acknowledged clearly in the clinical interview.

Up to this point of the conversation she used the first person to express herself, but now shifts to 'us'. She says that they at the old age home are all in the same position and that they have to adjust, but that what their children expect of them, is not easy, especially for those who are still active, younger and healthy. Here the conflict between staying involved in later life and disengaging becomes evident. This may thus contribute to feelings of worthlessness and even loneliness when elderly people are either expected to disengage when they are not yet ready or on the other hand, when they are expected to stay involved when they actually do need to start to disengage. The researcher argues that this may be a typical example of a person experiencing feelings of loneliness.

In this woman's case her 'retirement' from her role as mother and wife as well as housekeeper and active farm woman seems to contribute to feelings of loneliness. Bond, Coleman and Peace (1993) mention that the striving for independence and the difficulty to move though a developmental phase may contribute to feelings of loneliness (4.6.4.1.). Her very specific role repertoire thus also contributes to these feelings

as she has been a wife and mother for very long and the role of a widow at an old age home does not seem particularly suitable. Bond, Coleman and Peace also refer to the vulnerability of women when they are widowed to the experience of loneliness (4.6.4.1.).

It is interesting that her children tell her to forget the past and then she says that she cannot understand why she could not have stayed on the farm a little longer. Although she has been in the old age home for about four years, she still refers to Windhoek and the old age home as an alien place, with different people, different ways, etc. She says that she has to stay here, but that she does not want to. At this stage of the interview her frustration becomes evident as she mentions her differences with the other women, she feels that many times they just go and eat out of boredom and that she has never eaten so much and done so little in her life. Her experience of loneliness may thus indeed be intensified through being bored.

As for music, she acknowledges that it is important to her and that she listens with concentration. Reminiscence as a theme becomes clear again as she says that if familiar music plays, she remembers how she danced with her boyfriends and her husband. She starts to laugh and once again emphasises the beautiful memories. “Then I see the men, hear the men.” It becomes reality! “It makes you feel young and lets you think back.” She responds to our listening to music in a quiet voice and specifically thinks back to her older brother. She says that the music calmed her. However, she also feels that she relaxes more on her own when she listens to music. She told people about our music sessions. She says that she is now more interested in music than

before. She mentions that it was very good for her, good for her spirit and elaborates that if you listen to the music all your worries of how you should or could have done things are far away, you're calm. "You feel totally different. More enthusiastic about life." ("Meer lus vir die lewe.").

The music in therapy experience seems to have had a significant and positive effect on this person's experience of loneliness. The researcher comes to this conclusion as the subject conveyed clear feelings of loneliness during the initial clinical interview. However, in analysing this interview, the researcher is aware that feelings of loneliness seem to have subsided to some extent and attributes it to the music experience, specifically because the subject herself mentions the effect. According to the social worker the subject could not wait for the researcher to come to the old age home every day and spoke to the others about what we were doing and what it means to her.

The reader is also referred to the quantitative results. Although the results are not statistically significant, the raw score of 72 of this person before, and the raw score of 92 afterwards, indeed points to some lessening in feeling lonely. Thus the researcher argues that the quantitative and qualitative results regarding this specific candidate seems to be supportive of the hypothesis.

Interviewee G:

When asked about a typical day in his life, he responds by saying that he cannot refer to a day, but years and then he starts to reminisce. He talks about the fact that he was never a healthy person. This is significant as his current situation of being in the old age home was triggered by the fact that he became very ill.

After going back to the past first, he then recounts his recent illness and the fight he had to stay alive. Recent trauma may thus intensify the feelings of loneliness that his man conveyed clearly during the clinical interview. In the literature review (3.5.5.) it was argued that as a person grows older he becomes vulnerable to diseases. Posner (1995) then mentions that meaning and emotions do depend on bodily states. The writer suggests that this is possibly one of the reasons why this man feels lonely. The subject seems to be emotional, depressed, hopeless and pessimistic in addition to the feelings of loneliness that were conveyed. Peplau, Miceli and Morasch (1982) say that loneliness is accompanied by pessimism and hopelessness (3.7.4.).

He further adds that he is alone all day except when his wife visits or when he visits their home every two weeks and can play with the dog. When alone he reads, but he says that he does not like being alone the whole day. He feels that when he is ill, no one will in any case know it, but that when he is better, he feels he should not be alone anymore. He also says that they should not know that he is ill. It seems as if there is an aspect of pride concerning the privacy of being ill.

He says he withdraws back to his chair and then no one must disturb him. He admits to being lonely when alone. He feels that he cannot communicate with the other people. He feels that they are already old. He also feels that when he for instance talks about politics, they don't understand and he says that when this happens, he feels lonely once again. He says that when he is alone he tries not to think too much. He feels that the more he thinks, the more the problem surfaces and the more dissatisfied he will get. The fact that he does not have something in common with those around him, seems to intensify the feelings of loneliness. Bond, Coleman and Peace (1993) for instance emphasise the importance of a confidant to protect the elderly from loneliness (4.6.4.1.). Except for his wife there seems to be no one in the old age home at this stage who can fill that void in his life, thus he is prone to feelings of loneliness.

He says that most of his memories are negative. He feels he has seen too many bad things like for instance in the war where he had to rescue people or bury bodies or parts of bodies. The researcher argued in the operationalisation of loneliness that psychological problems that have accompanied the person, in this case possible depression as well as some elements which may be associated with PTSD, may contribute to feelings of loneliness. A memory that for instance stuck in his mind is that he and his father donated blood every second week in exchange for food. He does not like to talk about these memories. He says good memories are for instance those of his marriage.

His interests these days he says centre around the fact that he wants to get healthy again and to be a little happy again. He is rather

preoccupied with aspects concerning his health and for instance feels that all the pills that he had to drink poisoned his body.

He listens to music almost all day long and says he tries to figure out why for example Mozart wrote such a piece of music. Our listening to music evoked memories from the times when he went to the theatre to listen to music. At this stage he gets quite excited to such an extent that he has difficulty catching his breath again. He says that our listening to music was good for him, beautiful. He told his wife about the music sessions and says if was beautiful and that it provides some kind of a break in his day. He says that when he listens to music on his own, he starts to dream. He dreams about the people who wrote the music and says that when he then goes to bed, he is satisfied and at peace. It is interesting that he says that when he listens to music on his own, his thoughts are wandering, but when we listened to music he tried to concentrate very hard. He says it made him feel bad when his thoughts wandered when we listened to music.

Through the qualitative analysis the writer realised that this man experiences intense feelings of loneliness. Contributing factors vary a lot from bodily issues, self-esteem, unresolved issues that may have intensified with age, personality traits as well as situational factors. This man intuitively realises and uses the healing potential in music and it seems as if the music intervention enhanced the already established pattern of utilising music for wellbeing. In the *Introduction* the writer referred to Pickett (1976) who states that music can fulfil the most profound needs of people. It seems as if this man fulfils some of his needs through listening to music. According to Pavlicevic (1999) the

non-verbal focus of music therapy bypasses verbally-based constructs of the world and direct contact with the emotional life of the person, whatever his cultural or linguistic background, can be established (Introduction). The researcher found that the music, specifically the classical music, established common ground between her and this person. It also seems as if he is able to experience a whole range of emotions when he listens to music.

It is significant to notice that his loneliness score in the quantitative study changed from 62 to 82, which the writer argues, is quite a noticeable change from before the music intervention. Thus the writer argues that the music intervention was rather successful in curbing loneliness in this person.

Interviewee H:

Interviewee H is still very focused in the 'here and now' of everyday life and also very much involved in the community around her. During the initial stages of this interview the researcher had the same experience as with the clinical interview, namely that this person cannot be lonely, as she is so busy every day, actively involved with those around her. As with the clinical interview, the researcher also picked up on elements that gave the suggestion that this person may be 'faking good' as in analogy to a statistical test where the respondent wants to 'look good'.

In response to the question of being alone the person says that she is really alone in the evenings when she closes her door. She starts to talk about her late husband and says that she has not forgotten him, but

that the intense feelings of loneliness seems to be less these last few days. When she talks about him she becomes very emotional.

When asked about how she feels when lonely, she gives a very specific example. After the researcher had left the previous day, she felt that the weekend held nothing, but then told herself that no, she was not going to think such thoughts and sat down and read her book. In general she would read, listen to music or read her Bible when alone. She likes being alone when she reads her Bible, but says she does not like being alone when sorrowful. She once again becomes emotional and says that when she feels like that, she does not want to be with people either, while at the same time she actually also prefers not to be alone. She admits not knowing how to explain it all.

She explains her loneliness in the following way: She says that she is not really lonely as God is always with her, that one longs for the presence of just another person. Loneliness is when she longs for her children. ("Dis soos wat ek behoefte het aan my man of aan my kinders…"). She feels she wants to be able to tell these people that something like for instance her tape recorder is broken etc. It becomes clear that she still misses her husband a great deal. Feelings of loneliness, frustration and a sense of being powerless are conveyed at this stage of the interview. She tends to become emotional and tells about how many things broke the previous year. Loss seems to be an important theme at this stage in this person's life, thus the feelings of loneliness may be linked to the prolonged grief that she seems to be experiencing. Bond, Coleman and Peace (1993) refer to the vulnerability of widows to loneliness (4.6.4.1.). It seems as if this widow

is an example of those widows who experience loneliness after a long marriage where the husband passed away later in life.

At this stage of the interview she does not respond with memories to any of the questions except where her husband is concerned. While most of the respondents started to reminisce when asked what they think about when lonely, this woman pays attention to everyday detail like saying that she thinks what she still has to do etc.

When specific reference is made to memories, she talks about her married life. She mentions the fact that she knows that he loved her etc. Here she also talks about her earlier life and this is thus where reminiscence starts to play a role. A lot of hardship and regrets become evident through this, for example the fact that she sometimes wore the children's old clothes when there was no money. Her loneliness seems to be intensified by some unresolved emotional issues. These issues further seem to link with the prolonged grief experience. When she talks about the hurts that she has started to resolve recently, she tends to become very emotional. Her 'loneliness' thus also lies in 'the past' to some extent. When thinking about these memories she says she hurts. She also has memories like being on the school committee, which gave her a sense of significance. As for her religion, she keeps very busy these days and in addition she also bakes cakes etc.

She easily talks to people about general things, but in the old age home she has only one person with whom she shares more personal information. Other than that she feels no one really understands.

Music is a very important part of her life. She listens to music with concentration as well as, as background. She feels that music soothes her emotions. She further says that you always form a picture when listening to music. Here reminiscence as a significant theme may be mentioned as she gives the example of “La Montanara” and says that when she hears that song, she is back in their little home, with the children home from the hostel, her husband making the coffee on a Sunday morning.

When we listened to music she visualised her husband sitting in one of the chairs, listening with closed eyes. Here some of the unresolved emotional issues become evident as she conveys her regrets for always being the hasty one, never acknowledging his need for being a poet, a romantic. In the literature review (3.7.5.) Machin (1993) mentions that if a primary source of stability such as a spouse is lost, it may lead to the reduction of physical and emotional resourcefulness. The loss of her husband seems to have had a noticeable impact on her emotional resourcefulness. The sense of loss seems to intensify the experience of loneliness.

She emphasises that our listening made her feel calm and happy and that the feeling lasted for the rest of the day. She for instance feels that when a waltz plays, she still dances with her husband, which she enjoys very much. She also mentions that in listening to music old things and memories are brought to the surface. Normally one is too busy to pay attention to these.

Although some feelings of loneliness may have been resolved through the musical intervention, it seems as if in this woman's case reminiscence and the feelings evoked have intensified the feelings of loneliness. This may be possible as unresolved emotional issues have surfaced during the process and her experience of loneliness may thus be embedded in these as well as her experiencing grief, which still gives her an immense sense of loss. The information gathered from the qualitative analysis thus seems to give some explanation for the increase in loneliness on the quantitative study as well.

5.3. Evaluation:

If elderly people are able to curb loneliness through their intuitive use of music, which may have been made more sustainable through the music in therapy intervention, quality of life may be improved. Through this perspective the writer argues that the music therapy intervention can be considered successful.

It seems that although the experience of loneliness may be very individual and specific, the inability to sustain quality of life may indeed set the stage for being a lonely elderly person. Contributing factors that the writer at this stage associates with the experience of loneliness, are those aspects which became evident in the qualitative analysis. Aspects such as isolation due to interaction style and situational factors, unresolved personal issues, trauma, or other psychological problems, come to mind. These are the shared themes in this study. Most of the subjects also felt that they do not belong and do not have someone that they can relate to.

The strategies to curb loneliness seem to be universal to a certain extent, but the way in which they are incorporated seems to be individualistic. It also seems that the older the person gets, the more sophisticated the manoeuvres to keep loneliness at bay, become. As people progressively grow older and the possibility of loneliness with age increases, the more adequate skills have to be to avoid or cope with feelings of loneliness.

In the qualitative analysis reminiscence as a developmental process that 'very naturally' takes place, was emphasised. The therapeutic value of this process in itself as a form of catharsis and also of gaining meaning and identity from the past in the present became evident. However, the writer also contemplates that reminiscence, as a therapeutic vehicle, should be handled with care as it may open a so-called can of worms. Thus the writer argues that the wellbeing of the person in 'the here and now' should also be kept in mind if this 'natural' developmental task is used therapeutically.

Music is one of the more sustainable manoeuvres of curbing loneliness. One of the arguments behind this is that in these two old age homes the availability of music to all the participants was noticeable and it is something they could 'keep' with them. Music also serves as a trigger for reminiscence. It became evident in the qualitative analysis that music elicits memories from the past that enable the elderly to relive the past in the here and now. Music in psychotherapy may thus serve as a catalyst, which enables the client to bring his personal involvement in history into the therapeutic relationship.

Chapter 6:

Conclusion:

This study aimed to determine whether the elderly in two old age homes in Windhoek, Namibia are lonely, and if so, whether an intervention in the form of music in therapy will alleviate or lessen feelings of loneliness.

The results of the quantitative study are not statistically significant on the 0,05 level of significance. However, the raw scores of individual subjects have been discussed and it seems as if some of the subjects were less lonely after the music in therapy sessions.

The rather insignificant results of the quantitative study may be the result of the following:

a) The instrument is not suitable for elderly people in so far as they seem to be threatened by the pencil and paper procedures.
b) The sample was too small and homogenous.
c) Extraneous variables like physical wellbeing could have influenced the results.
d) The sample from the population was not totally representative due to the fact that physical limitations e.g. deafness, senility perhaps excluded exactly those who were lonely.

The findings on the qualitative study seemed more rewarding in terms of an understanding of loneliness among the elderly in the sense that a

more detailed understanding of the loneliness concept and the influence of music in therapy have resulted.

Despite the limitations of the current study, it showed that within the Namibian context much research relating to the phenomenon of loneliness and the elderly still needs to be done. Music in therapy may prove to be a suitable therapeutic tool to enrich the quality of life and may indeed alleviate loneliness.

In further studies variables such as for instance the role of the therapist in the music in therapy intervention, should be considered. In the literature review (3.5.7.) the writer referred to Kontos (2000) who mentions that qualitative research and more specifically personal accounts of old people themselves serve as platform on which an alternative interpretation of knowledge of old age is possible. The writer argues that the qualitative analysis of this study may have shed some light on the individual experience of loneliness as the semi-structured interview gave some room for personal accounts pertaining to, amongst other things, the experience of loneliness.

The writer also argued that the experience of loneliness might include very specific criteria for different individuals. Thus the uniqueness of loneliness may be difficult to grasp through quantitative research, as the universality of the experience may be overemphasised through instruments such as the loneliness scale used in this study. The writer is of the opinion that in future studies personal accounts of loneliness may contribute to a better understanding of the phenomenon.

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APPENDIX A

UNIVERSITEIT VAN DIE ORANJE-VRYSTAAT

Instruksies: x Lees elke stelling noukeurig deur.
x Beantwoord elkeen van hulle deur ‘n kruisie (x) in die toepaslike blokkie te maak.

	Beslis waar van my (altyd)	Waar van my (Soms)	Nie waar van my nie (Selde)	Beslis nie waar van my nie (Nooit)
1. Ek hou daarvan om alleen te wees.				
2. Ek het in ‘n liefdevolle ouerhuis groot geword.				
3. My ouers was baie by my kleinkinderjare betrokke.				
4. Daar is mense wat my werklik verstaan.				
5. Ek voel ongelukkig omdat ek so terug-getrokke is.				
6. Mense is rondom my maar nie met my nie.				
7. Daar is mense met wie ek kan praat.				
8. Daar is mense wat my kan help.				
9. My ouers het ‘n gelukkige huwelikslewe (gehad).				
10. Ek het nie baie vriende nie.				
11. Ek is baie gelukkig.				
12. Ek is ‘n skaam mens.				
13. Ek voel deel van ‘n groep vriende.				
14. Ek het baie gemeen met die mense rondom my.				
15. Ek is nie geheg aan enigiemand nie.				
16. Ek hou van die mens wat ek is.				
17. Ek kom uit ‘n gebroke huis.				
18. Ek voel eensaam.				
19. Ek voel vergete.				
20. My sosiale verhoudings is kunsmatig.				
21. Niemand ken my werklik goed nie.				
22. Ek voel afgesonder van ander.				
23. Ek kan geselskap vind as ek daarna soek.				

24. My vriende maak my gelukkig.				
25. Ek hou daarvan om mense te komplimenteer.				
26. Ek voel in harmonie met die mense rondom my.				
27. Ek het ‘n gebrek aan geselskap.				
28. Niemand kan my help nie.				
29. Ek is iemand wat uitreik na ander.				
30. My belangstellings en idees word deur niemand rondom my gedeel nie.				

VIR KANTOOR GEGRUIK

Ru-telling :
Skaal : 120 90 60 30

UNIVERSITEIT VAN DIE ORANJE-VRYSTAAT

X Voltooi al die vrae asseblief.

X Omkring die toepaslike syfer in die blokkie wat met u keuse ooreenstem.

X Merk slegs een alternatief per vraag.

Vir kantoorgebruik

		1
1. Geslag: Manlik	1	
Vroulik	2	2
2. Ouderdom: 55 – 64	1	
65 – 74	2	
75 – 84	3	
85 and older	4	3
3. Huistaal: Spesifiseer:	1	

Baie dankie vir u samewerking.

BLAAI OM ASSEBLIEF

APPENDIX B

<u>Die volgende kenmerke kan as riglyn dien by die identifisering van bejaardes wat moontlik eensaamheid ervaar:</u>

- Ouer inwoners.

- Persone wat om een of ander rede geisoleerd of tot ‘n mate geisoleerd is – sosiaal sowel as fisiek gesproke.

❖ *Bv. Persone met gehoor probleme.*
  - ❖ *Persone wie se sig belemmer is.*
  - ❖ *Persone met dementia of Altzheimer’s.*
  - ❖ *Persone wat moeilik beweeg.*
  - ❖ *Persone wat sieklik is.*
  - ❖ *Persone wat probleme met inkontinensie het.*
  - ❖ *Persone met klein of onbetrokke families m.a.w. daar waar ‘n mens wonder oor die ondersteuning sisteme.*
  - ❖ *Persone met min vriende – waar baie van die vriende al afgesterf het.*
  - ❖ *Persone wat om een of ander rede nie gesamentlike etes bywoon nie, maar wat alleen in hulle kamers eet of wat bv. min of nooit ‘n maat het om ‘n ete mee te deel nie.*

- Inwoners met geldelike tekort/probleme m.a.w. sg. arm mense.

- Persone met emosionele probleme.

  - ❖ *Bv. Persone wat moontlik aan depressie ly.*
  - ❖ *Persone wat anstig is.*
  - ❖ *Persone wat deur traumatiese ervarings soos dood of ernstige siekte moet of moes worstel.*
  - ❖ *Persone wat aan oorlog of erge natuur of ander rampe bloodgestel was.*
  - ❖ *Persone wat uit ons oogpunt moeilike mense is bv. die kwaai persoon wat niks met enige iemand te doen wil hê, heelwat konflik veroorsaak en met ander konflik het, oor alles kla, nie betrokke wil wees ens.*
  - ❖ *Persone wat bv. versigtig is om sosiale verhoudings met ander aan te knoop en bv. blootgestel was aan problematiese verhoudings in*

hulle vroeëre lewe soos 'n moeilike huwelik, probleme met kinders of 'n slegte verhouding met ouers gehad het.

- ❖ *Persone wat alkohol of dwelm afhanklik was of is.*
- ❖ *Persone met selfbeeld probleme.*
- ❖ *Persone met enige sg. sielkundige probleme.*

- Persone vir wie onafhanklikheid baie belangrik is – wat bv. nie sommer hulp wil aanvaar nie m.a.w. die persone wat solank moonlik absolute beheer oor hulle lewens wil hê.

- Vrouens

- Persone wat nie goed eet nie.

- Persone wat voel hulle is waardeloos.

- Persone wie se sosiale vaardighede beperk is. Selfs mense wat bloot skaam is, kan in ag geneem word.

- Persone wat hulle persoonlike versorging afskeep.

- Persone wat neig om passief te wees m.a.w. onaktiewe mense of mense met min of geen belangstellings.

- Persone wat voel hulle pas glad nie in nie of dat hulle nie in 'n ouetehuis of in die spesifieke ouetehuis hoort nie. Of selfs ook net diegene wat voel hulle het niemand om mee te gesels nie, niemand deel hulle belangstellings of kan 'n sinvolle gesprek met hulle voer nie.

- Moontlik ook persone wat 'n gevoel van frustrasie ervaar of selfs net die wat verveeld is.