

## Letter to the Editor

# Loneliness in Older Adults: A Choice that could be Conquered by Dance-Based Activities

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*Helping Hands* is an organization in my church community which recognizes special needs of older adults and offers assistance. An older adult, who was referred to the organization two years after his sister's death, with whom he lived. He wanted to remain in their home but needed Meals on Wheels during the week with supplemental weekend meals to fill the gap. *Helping Hands* volunteers would bring a hot lunch and a cold sandwich plate for dinner, to cover the nutritional needs for two meals. I volunteered for the weekend meals project for several years and through my relationship with this man slowly gained an insight into the window of loneliness.

This man, who I have named Ray, had the most limited contact with human beings of anyone I had ever met. Only once in three years was another person in his home when I visited. Visitors that did come were only there briefly to check in on him. He had numerous health problems which made it not impossible, but difficult to get out on his own. So he chose to be homebound, which precipitated isolation and loneliness.

He never married and had no partner or no children. He was found in bed crying after his sister died. I wondered if he knew the isolated fate which lay ahead. The house had not changed in two years since his sister's death. He followed a simple daily routine, venturing slowly with his walker from bed to chair to table. The time of day, day of week, month of year, and even decade were irrelevant. Chronic isolation filled every season. There were no responsibilities, no challenges and no one to love.

On one of my last meal visits before he was hospitalized and subsequently died, I realized a factor in his loneliness which I had not seen before. I asked him if he was able to cast his absentee ballot during the election. He told me he would have voted a straight Democrat ticket but did not feel in touch with the issues and candidates. The tragedy I discovered was to see a person read the paper thoroughly, watch hours of political shows, view the news regularly and not feel in touch with the world. The truly sad fact is that he cared about no one.

I began to reflect on the choices we make that impact our destiny. He chose isolation, remoteness and emptiness. He was isolated because he would rather not get involved with people. I felt sad when I think about him now because living this way would be a horrible existence for me. But I understand now, as

I did not in the beginning, that he would have it no other way. His life had been a series of choices which resulted in this final isolation; not getting married or having a partner, not keeping in touch with friends, not choosing a retirement or nursing home, and now, not choosing to be in touch with or care about his fellow man. Did he have clinical depression or situational depression? Was he being treated? I don't know, but regardless, the choice to be in the situation he was in was a result of a lifetime of choices.

We as nurses are trained and committed to help people learn to make choices that will have positive health promotion outcomes. It goes against our nature to see patients make choices that may impede their health. We advocate for our patients and try to find the reason they made these choices. We explore their health literacy capacity and shudder when the health care team labels them as noncompliant.

We look deeper and try to identify why choices are made. We learn about genetic predisposition and personality traits. We study theoretical models of change. Maybe the patient is not ready to change? Maybe the patient is just preparing to change, or perhaps they have relapsed in the readiness to change? We look at concepts with our research lenses and systematically review the literature on issues like loneliness. We become experts on the theoretical components of physical, psychosocial, and spiritual factors that impact our patients so we can look at the whole person and treat each part. We practice holistic medicine. We try to fix problems our patients are having. And we become very good at it.

Since the years of *Helping Hands* and Ray, I have been privy to hundreds of frail older adults benefitting from the physical and psychosocial benefits of dance-based exercise. These older adults were equally or more physically challenged than Ray, with a greater number of comorbidities. Likewise many used walkers, canes and wheelchairs. One was an older adult with a below the knee amputation and two of these individuals were blind. And many were decades older than Ray. I have also witnessed hundreds of older adults with cognitive issues, depression, and intellectual disabilities benefit from dance. The difference that I saw between these older adults and Ray is that they chose to be open to dancing to the music in their soul. They reported positive psychosocial outcomes and I witnessed measurable physical outcomes. Reflecting on these years of research with older adults

and dance-based therapy, the positive outcome for these patients was choosing to be in touch with other human beings. But then again, maybe they had made lifelong choices to do this, unlike Ray.

At the end of the day, nurses do all that we can to facilitate positive outcomes for our patients. We experience compassion fatigue, burnout, injuries, and still go forward. We choose to be engaged with our patients and we feel sad when our patients, like Ray, are not examples of positive outcomes. We wonder if Ray had been offered dance-based exercises via group settings or even Skype, becoming available today, if he would have chosen to be engaged.

Ray expressed his gratitude for the service *Helping Hands*

provided. Without us, he said, he did not know what he would do. There was no one else to help him. Sometimes I wonder if we were actually helping him to be lonely by making his isolated existence possible. But, then I remember, it was his choice.

Best Regards,

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