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Summary of the doctoral thesis in psychology

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The thesis was developed within the Doctoral School of Psychology at „Ion Creangă" State Pedagogical University.

Composition of the Public Defense Committee for the doctoral thesis:

President of the committee: VÎRLAN Maria, doctor of psychology, university professor, „Ion Creangă" State Pedagogical University

Scientific supervisor: SAVCA Lucia, doctor of special education pedagogy, associate professor, „Ion Creangă" State Pedagogical University

Official reviewers:

RĂȘCANU Ruxandra, doctor of psychology, university professor, „Titu Maiorescu" University, Bucharest

BÎRLE Delia, doctor of psychology, associate professor, University of Oradea

TOLSTAIA Svetlana, doctor of psychology, university professor, Moldova State University

RACU Iulia, doctor habilitated in psychology, university professor, „Ion Creangă" State Pedagogical University

The defence will take place on 02.04.2025, at 10:00 AM, in the meeting of the Doctoral Committee within the Doctoral School of Psychology at UPSC „Ion Creangă", 1 I. Creangă Street, MD-2069, Block 2, Senate Hall.

The doctoral thesis in psychology and the summary can be consulted at the Scientific Library of the „Ion Creangă" State Pedagogical University and on the ANACEC website (www.anacec.md).

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President of the Public Defense Committee
VÎRLAN Maria, ----------
doctor of psychology, university professor,
„Ion Creangă" State Pedagogical University

Scientific supervisor ----------
Savca Lucia,
doctor of special education pedagogy, associate professor,
„Ion Creangă" State Pedagogical University

Author ----------
Vlaicu Cristina

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CONCEPTUAL LANDMARKS OF THE RESEARCH

Relevance and importance of the topic. In the contemporary context, characterised by the rapid pace of social changes and the rise of individualism, loneliness has become an increasingly prevalent issue among the elderly, with significant impacts on their physical, mental, and emotional health. The accelerated ageing process of the population exacerbates this issue, which is approached both from a social perspective and as a public health concern [10]. Changes in family structure and the decline of traditional community support contribute to the growing isolation among the elderly, leaving them vulnerable and at increased risk for health problems. According to recent studies, loneliness affects a significant portion of the population, with approximately 14.7% of Romanians frequently experiencing it, particularly among older people [14]. Data from the National Institute of Statistics in Romania highlights that 45% of women aged 75 and older live alone, exposing them to a higher risk of reduced social connectivity linked to various physical and psychological conditions [13]. At the global level, European data reveals that approximately 30% of older adults experience loneliness, with trends indicating a continuous increase in this percentage [3].

Loneliness among the elderly is not limited to temporary emotional discomfort but constitutes a significant risk factor for physical and mental health [15]. Research indicates that solitude increases the risk of premature death by up to 30%, a risk comparable to the adverse effects of smoking or obesity [22]. It is also correlated with a higher incidence of cardiovascular diseases, hypertension, and other chronic illnesses [8]. From a mental health perspective, it contributes to the intensification of depression and anxiety symptoms, fosters cognitive decline, and increases the risk of dementia by up to 50% [12]. Psychologically, this condition is defined as social pain caused by the lack of meaningful interactions. In this context, elderly individuals are often caught in a vicious circle of isolation, which diminishes their ability to maintain social relationships and intensifies feelings of helplessness [18]. In a context marked by socio-economic instability and the massive migration of younger populations, many elderly lack adequate social support [17]. In Romania, the fragmentation of family structures and the emigration of the younger generation significantly contribute to the increasing social distance among the elderly [31]. A significant proportion of older people spend their final years in isolation, facing both emotional difficulties and challenges in managing daily activities. Loneliness among the elderly represents an important public health challenge, driven by multiple factors, with negative consequences for both their physical and mental well-being [26]. Although interpersonal relationships are highly valued in society, establishing deep connections becomes increasingly tricky, exacerbating solitude in old age [19].

Given the complexity and severity of the situation, multidimensional interventions are needed to support the well-being of this vulnerable group. Initiatives such as social inclusion programs, psychological assistance, and promotion of participation in community activities are essential to reduce the negative

impact of loneliness and facilitate healthy and dignified ageing [20]. Public policies play a crucial role in supporting these efforts by allocating the necessary resources and implementing appropriate legislative measures that improve the quality of life for older people [16]. In conclusion, loneliness among the elderly is an urgent, complex issue with significant implications for public health. By integrating the results of academic research, strengthening social support, and implementing effective public policies, society can support healthy ageing among older people.

Description of the situation in the field and identification of the research problem. Early research on loneliness, reflected in the seminal works of G. Zilboorg (1938) and F. Fromm-Reichmann (1959), provided a solid theoretical foundation for understanding the complexity of this issue, highlighting both psychological and social dimensions [10]. Subsequent studies by R.S. Weiss (1973) and D. Perlman and L.A. Peplau (1973) expanded this conceptual framework, addressing loneliness as a multidimensional reality influenced by various demographic, contextual, and interpersonal factors [17; 32]. The seminal work "Loneliness: A Sourcebook of Current Theory, Research, and Therapy," published by L.A. Peplau and D. Perlman in 1981, offered an extensive synthesis of theories and research, establishing a crucial framework for future investigations [1; 30]. This significant contribution directed attention to identifying loneliness's fundamental mechanisms and determinants.

Over time, the study of loneliness has evolved significantly, moving from initial research in the 1930s and 1980s to current multidisciplinary approaches incorporating neuroscience, psychology, and public health [32]. D. Russell, L.A. Peplau, and M.L. Ferguson (1978) made substantial contributions by developing the UCLA Loneliness Scale, an essential tool for the empirical assessment of loneliness, later used in numerous studies [23]. Around the same time, P. Sadler and T. Johnson (1980) and J. Young (1982) highlighted the influence of the social context of loneliness, demonstrating that a lack of quality relationships intensifies emotional discomfort [24; 22]. Meanwhile, V. Sermat (1978) and J.P. Flanders (1982) emphasized the importance of social support and networks in alleviating loneliness [7; 4]. In the 1980s, J. De Jong-Gierveld (2010) developed another scale for assessment adaptable to various cultural contexts, facilitating the international expansion of studies on this issue [5]. In 2002, J.T. Cacioppo and collaborators highlighted the connection between loneliness and physiological decline, showing that lacking social contacts can trigger chronic stress responses, negatively affecting physical health [2]. Later, J.T. Cacioppo and W. Patrick (2008) explored the influence of this reality on the endocrine system and brain function, highlighting a cycle of social withdrawal and emotional suffering [3]. Their research was complemented by a study by A. Steptoe, A. Shankar, P. Demakakos, and J. Wardle (2013), which underscored the profound correlation between depression, anxiety, and the sense of separation among older people, signalling the need for specific measures for this demographic group [27]. C.R. Victor and A. Bowling (2012) studied the experience of loneliness in older people, exploring the impact of variables such as physical health, social support, and socio-economic status on this condition [28].

Similarly, J. Holt-Lunstad and colleagues (2015) showed that lack of social connections can increase the risk of premature mortality by up to 30%, a risk comparable to factors such as smoking and obesity [12]. More recently, J. De Jong Gierveld and T. Van Tilburg (2010), P. Cowen and C. Browning (2015), along with A.D. Ong, B.N. Uchino, and E. Wethington (2016), emphasized the need for interdisciplinary approaches and cultural adaptations to achieve significant results in combating loneliness [5; 12; 15]. In the same direction, A. Rokach (2018) investigated variations in the experience of loneliness across different demographic groups and emphasised the need for personalized intervention strategies tailored to the specific characteristics of each group [29]. In the Romanian context, researchers such as R. Răşcanu (1987), S.M. Rădulescu (1994), C. Mureşan (2009), M. Popescu (2012), and others analyzed the social consequences of youth migration on the elderly population [14; 19; 20; 21]. They highlighted that the reduction of family support structures significantly contributes to the intensification of loneliness and the decline in the mental and physical health of older people. In the Republic of Moldova, studies by O. Gagauz and M. Buciuceanu-Vrabie (2014), C. Perjan, V. Plămădeală, and S. Sănduleac (2017), L. Savca (2022), and other researchers have also addressed the issue of loneliness among adolescents, young people in conflict with the law, and the elderly, highlighting the essential role of social support and community integration in alleviating loneliness among older adults [9; 16; 25]. These studies demonstrate the progress in understanding the experience of loneliness and emphasize the need for interdisciplinary and culturally adapted intervention strategies to mitigate the negative effects on vulnerable elderly populations [18]. They highlight the importance of collaboration between mental health professionals, sociologists, and policymakers to support social integration and improve the quality of life for older people, using an essential multidisciplinary approach to formulate effective public policies and help vulnerable communities [20].

Considering the high prevalence of loneliness among the elderly and the lack of adequate intervention programs, the following **research problem** emerges: To what extent do socio-demographic factors, psychological variables (including negative emotions such as stress, depression, anxiety, and personality traits), and quality of life influence the manifestation of loneliness in older people? How can personalised psychosocial interventions contribute to alleviating this experience? Based on this situation, a multidimensional approach that offers a comprehensive definition of loneliness becomes justified, contributing to developing effective intervention programs. In a society marked by rapid changes in social dynamics, continuing research and applying its results are essential for the psychosocial well-being and quality of life of older people, bringing significant benefits to public health.

The main objective of this research is to perform both a theoretical and practical analysis of loneliness and identify the risk factors that contribute to its onset and escalation. It also strives to design, implement, and assess the effectiveness of a psychological intervention program specifically aimed at reducing and managing loneliness in individuals experiencing regressive ageing.

The objectives derived from the proposed goal are as follows:

1. Conduct a comprehensive analysis of the specialised literature on loneliness among older adults to identify existing research gaps and establish a robust theoretical foundation for the applied study.
2. Examine the influence of socio-demographic factors—such as age, gender, place of residence, marital status, education level, and income—on the perception of loneliness among individuals experiencing regressive ageing.
3. Investigate how negative emotions contribute to the intensification of loneliness in the context of regressive ageing.
4. Evaluate the impact of quality of life on feelings of loneliness, considering factors such as health, well-being, and social support.
5. Analyze the relationship between personality traits and loneliness in older adults.
6. Design, implement, and validate a psychosocial intervention program to reduce loneliness and enhance the quality of life for individuals facing regressive ageing.

Based on the established objectives and research goals, we propose **the following general hypotheses** for the experimental study:

The intensity and manifestations of loneliness in individuals experiencing regressive ageing are influenced by a complex interplay of socio-demographic, psycho-emotional, and personal factors.

The implementation of a psychological intervention program grounded in an integrated approach will significantly diminish the level of loneliness among individuals facing regressive ageing.

The research methodology was developed based on an integrated approach, aligned with the study's purpose, objectives, and hypotheses, utilizing a combination of theoretical, empirical, and statistical methods to provide a detailed analysis of loneliness among older people. From an empirical perspective, data were collected through the administration of validated psychological questionnaires and tests, including the UCLA Loneliness Scale, DASS 21-R (Depression, Anxiety, and Stress Scales), the Quality of Life Inventory (QOLI), and the Eysenck Personality Questionnaire, along with observational and controlled experiments conducted in a standardized setting [29]. These methods allowed for the investigation of relevant psychological and socio-demographic variables.

Additionally, psychological interventions were designed and implemented to support behavioural and emotional development and optimisation, aiming to reduce loneliness among elderly individuals, thereby demonstrating the practical applicability of the research. The statistical analysis included normality tests (Shapiro-Wilk, Kolmogorov-Smirnov) and homogeneity of variance tests (Levene) to determine the appropriate methods. Mean comparisons were conducted using the t-test and ANOVA, followed by Tukey's posthoc analysis, while Mann-Whitney and Wilcoxon's tests were applied to non-normal distributions. Relationships between variables were examined using the Spearman coefficient, and predictive analysis was performed using simple and hierarchical linear regression. Descriptive analysis included measures of central tendency and dispersion, while the correlation matrix facilitated the identification of collinearities.

This integrated methodological approach provided a rigorous analytical framework for examining psychological and socio-demographic variables, strengthening the validity and robustness of the conclusions regarding loneliness in older people [29].

The scientific novelty and originality of the research lie in the precise definition and integrated approach to loneliness in individuals of advanced age. The study analyses the relationships between loneliness, socio-demographic factors, negative emotions, quality of life, and personality traits, highlighting differences between institutionalized and non-institutionalized individuals. In this context, a unique definition of loneliness in later life has been developed, described as a perceived distancing experience that arises when relationships fail to fulfil the need for belonging and personal meaning. Influenced by individual expectations and the social context, this experience can generate both suffering and opportunities for introspection and self-growth. Additionally, the research results outline a specific psychological profile for elderly individuals with high levels of loneliness and validate the effectiveness of a multidimensional psychosocial intervention program. This program has proven successful in reducing loneliness and improving well-being, thus contributing to the expansion of theoretical knowledge and the development of practical solutions tailored to the needs of this vulnerable group.

The results that contribute to solving the scientific problem consist of developing an integrated conceptualization of loneliness among elderly individuals, offering a complex perspective on the influence of psychological and socio-demographic factors, quality of life, and personality traits. The risk factors exacerbating loneliness and the personal and social protective resources that can mitigate its effects are identified. The study highlights the interactions between depression, anxiety, stress, and other determinants, demonstrating their impact on amplifying loneliness. Based on these findings, a psychosocial intervention program was developed and implemented, aimed at reducing loneliness and improving quality of life by strengthening emotional resources and facilitating social support. The results provide a solid foundation for the development of applied strategies to reduce loneliness and promote mental and emotional health, opening new directions for research and application in the field of elderly well-being.

The theoretical significance of the research lies in the definition and clarification of the concept of loneliness among elderly individuals, providing a deeper understanding of the determining factors and associated psychological mechanisms. Through the development of an integrated theoretical model and the tailored psychological intervention program, the study supports the creation of effective strategies to reduce loneliness. The integration of interdisciplinary perspectives and the empirical validation of the program offer innovative directions for research and application in the fields of mental health and social psychology. These contributions open new perspectives for personalised interventions and improving the quality of life for elderly individuals.

The practical value of the research lies in the development, implementation, and validation of a psychological intervention program aimed at reducing loneliness and improving the quality of life for

elderly individuals. The program, tailored to meet this vulnerable group's needs, has proven effective and represents a valuable methodological resource for psychologists and caregiving professionals. The research findings demonstrate the program's applicability both in practitioners' professional training and care institutions, offering a replicable framework at the national level. Additionally, the research contributes to the development of public policies focused on social inclusion and the optimization of psychosocial interventions, thereby supporting improving the quality of life for elderly individuals and promoting their well-being in society.

The approval and implementation of the research results were carried out through a rigorous process of academic and practical validation, with their presentation and approval during supervision and evaluation meetings organized by the guidance committee and the Doctoral School of the State Pedagogical University "Ion Creangă" in Chișinău, as well as consultations with the scientific supervisor. These discussions strengthened the theoretical and practical foundation of the research, facilitating the publication of articles and the presentation of findings at national and international conferences. In the future, integrating the research results into the professional training of psychologists, developing a best practices guide, and collaborating with care institutions and non-governmental organisations will support vulnerable individuals. Establishing a national collaboration network and a methodological guide will contribute to the expansion and efficiency of the program, reducing loneliness and improving the quality of life for elderly individuals in regression.

Publications related to the thesis topic. The core content of the research is presented in 15 scientific works, including journal articles and materials from national and international scientific conferences.

Summary of the thesis sections. The structure of the thesis consists of preliminaries (abstracts in two languages, a list of abbreviations, and an introduction), three chapters, general conclusions and recommendations, a bibliography containing 291 references, and 12 appendices, totalling 149 pages of the main text. The thesis also includes 35 figures and 19 tables supporting and complementing the analysis.

Keywords: Loneliness, regression, elderly, integrated approach, psychological impact, risk factors, health, quality of life, intervention.

THESIS CONTENT

The Introduction emphasises the topic's relevance, highlighting the significance of studying loneliness in contemporary social changes through clearly defining the research problem, objectives, and goals. The formulated hypotheses, methodological innovation, the novelty of the results, and the theoretical and practical value of the work are underscored, highlighting the scientific contributions, the methods for implementing the results, and their approval, aspects that emphasise the applicability of the proposed

solutions. Finally, the structure of the thesis is summarised, outlining the organization of the chapters and the argumentative flow of the research.

In **Chapter 1, "Theoretical Foundations of Loneliness in the Age of Regression,"** historical and modern approaches to loneliness are synthesised, highlighting the complexity of this condition generated by the discrepancy between idealised and experienced social relationships. A robust conceptual framework is outlined, integrating relevant scientific contributions and analysing the influence of the ageing process on the experience of loneliness. At the same time, specific manifestations of the regression age, such as the loss of meaningful relationships and functional decline, are explored alongside coping strategies adopted by older people to manage loneliness, providing an essential theoretical basis for developing practical interventions to reduce the negative impact of this experience. Perspectives on loneliness have significantly evolved throughout history, from the negative view of social interaction in Antiquity to the spiritual perspective of the Middle Ages and associations with modern society's alienation in the Renaissance and Enlightenment [8; 17]. Philosophical and sociological contributions have deepened the analysis of social distancing, later complemented by psychological approaches [10]. In the 20th century, research by C.G. Jung and John Bowlby highlighted the impact of early experiences on the tendency toward isolation. At the same time, recent studies have examined the neurological effects of loneliness [4]. On a regional level, youth migration and lack of family support exacerbate loneliness among older people, especially in rural areas of Romania and Moldova [9; 14; 16; 21; 25]. Contemporary research emphasises both the negative impact of loneliness and its potential as a catalyst for personal development and introspection [30]. Loneliness is analysed from multiple theoretical perspectives, each significantly contributing to understanding this complex condition. Cognitive and behavioural approaches highlight the influence of cognitive distortions on the perception of loneliness, while attachment theory explains the connection between attachment styles and their manifestations [10]. The bio-psycho-social model integrates biological, psychological, and social factors, offering a multidimensional perspective and sociocultural, existential, evolutionary, and phenomenological approaches [15].

In modern societies, loneliness is a complex issue influenced by community fragmentation and increased individualism, with significant implications for individual well-being. Theoretical frameworks emphasise the suffering associated with this phenomenon and its potential to stimulate introspection and personal development [22]. Based on these contributions, an integrative definition has been formulated: loneliness is a subjective experience of perceived distancing generated by the discrepancy between desired and existing social relationships, reflecting a sense of disconnection from others and oneself, with implications for overall well-being. This definition provides a solid theoretical framework for future research and interventions aimed at mitigating the adverse effects of the phenomenon and harnessing its constructive potential. Loneliness, influenced by biological, psychological, social, and cultural factors, intensifies with the regression age, exacerbated by personal losses, functional decline, chronic conditions,

and socio-economic barriers [4; 27]. It increases the risk of physical and mental health conditions, while social support is crucial in maintaining health and quality of life [1]. Demographic factors, negative emotions, quality of life, and personality traits significantly influence how older people perceive and experience loneliness, and positive social relationships and social support are essential for protecting mental health and improving quality of life [18]. Adapting to these variables can enhance the effectiveness of intervention measures, promoting social inclusion and the well-being of older people [19]. Given the significant impact of loneliness on mental, physical, and emotional health, personalised interventions are needed to strengthen social connectivity and harness their contributions [2; 21]. In this context, managing loneliness in older people requires an integrated approach that combines psychosocial interventions with individual strategies to promote a positive perspective on life [6]. Community activities, volunteer programs, and social technologies contribute significantly to well-being. At the same time, various therapeutic interventions – including cognitive-behavioural therapies, rational-emotive and behavioural therapy (REBT), art therapy, reminiscence therapy, and family therapy – are essential for reducing loneliness, alleviating depressive symptoms, and managing stress [6]. Social support, provided through support groups, is crucial for social integration and improving physical and mental health [12]. While studies in developed countries provide a solid theoretical framework, longitudinal research in Romania is needed to analyse the evolution of loneliness and establish public policies adapted to this vulnerable group. This direction underpinned the experimental research focused on identifying the determining factors and developing effective interventions to improve the well-being of older people.

Chapter 2, "Empirical Research on the Experience of Loneliness in the Age of Regression," analyses the psychological and socio-demographic influences on loneliness among older people, using a cross-sectional and correlational design to explore the relationships between loneliness, demographic factors, negative emotions, quality of life, and personality traits. The study applies descriptive, analytical, and predictive methods to identify solutions that can reduce the impact of loneliness.

The purpose of the exploratory research is to pragmatically examine loneliness and the risk factors that trigger its onset in individuals in the regression age.

The following objectives were established to achieve the proposed goal:

1. To examine the impact of socio-demographic factors on loneliness in older adults.
2. To evaluate the influence of negative emotions on loneliness among older people.
3. To assess how quality of life affects loneliness in older individuals.
4. To explore the relationship between loneliness and personality traits in older adults.

General hypothesis: We assume that the intensity and manifestations of loneliness in individuals of the regression age are determined by a series of socio-demographic variables, as well as psychological, psycho-emotional, and personal factors.

The operational hypotheses, formulated by the general hypothesis, are as follows:

H1: Socio-demographic factors, such as age, place of residence, gender, marital status, education level, socioeconomic status, occupation, and health condition, influence loneliness in individuals experiencing regressive ageing.

H2: There exists a statistically significant correlation between loneliness and the intensity of negative emotional states, including depression, anxiety, and stress, among older adults.

H3: A statistically significant correlation exists between loneliness and quality of life, as reflected in material well-being and access to social support.

H4: There is a statistically significant correlation between loneliness and personality traits, including emotional stability, extraversion, and neuroticism.

The research objectives and hypotheses defined ***the experimental variables***. The dependent variable is loneliness, while the independent variables include the living environment (institutionalised or family-based), gender, health status, marital status, occupation, educational level, and life satisfaction. Additionally, mediator variables reflecting the personality traits of older people, such as extraversion, neuroticism, and psychoticism, are integrated.

The assessment tools are based on standardised psychometric techniques to measure the psychological variables of interest. These include the UCLA Loneliness Scale (unidimensional), the DASS 21-R (which assesses depression, anxiety, and stress), the Eysenck Personality Questionnaire, and the Quality of Life Inventory (QOLI) [29].

The demographic analysis of the sample included 200 elderly participants, aged between 65 and 95 years (M = 71.89 years), selected to ensure statistical validity. The sample was balanced, with 100 institutionalised individuals from the Residential Care and Assistance Center for Dependent Persons – Berceni, and 100 non-institutionalized individuals from family environments, distributed across three age groups: 65–74 years (76%), 75–84 years (21%), and over 85 years (3%). The gender distribution was balanced, with 50 men and 50 women in each group. Regarding the origin environment, 70% of participants came from urban areas, and 15% from rural regions. Marital status showed a prevalence of widowhood (38% institutionalised, 37% non-institutionalized), with significant differences in the categories "divorced" (20% vs. 10%) and "remarried" (5% vs. 17%). Regarding health status, only 11% of participants reported being in good health, with most having chronic health issues. Religiously, 83.5% of participants identified as Orthodox, 7% as Adventists, and 6% as Roman Catholics, with 34% considering themselves practising, with a higher prevalence among non-institutionalized individuals. Education varied from a lack of formal education (15%) to higher education (8.5%), with most higher education graduates being non-institutionalized. Occupationally, 74% of participants were retirees, receiving income solely from pensions; 22.5% had never had a job and did not benefit from any income, while 3.5% remained professionally active, receiving a pension simultaneously. These data provide a solid foundation for adapting assessment tools and developing specific interventions to alleviate the impact of loneliness among older people.

The analysis of socio-demographic variables influencing loneliness among older adults (N = 200) revealed a mean score of M = 50.86 (SD = 15.35) on the UCLA Loneliness Scale, indicating a moderate level of loneliness. Approximately 49% of participants reported high or very high levels of loneliness, highlighting the significant prevalence of this experience among older people (Figure 1).

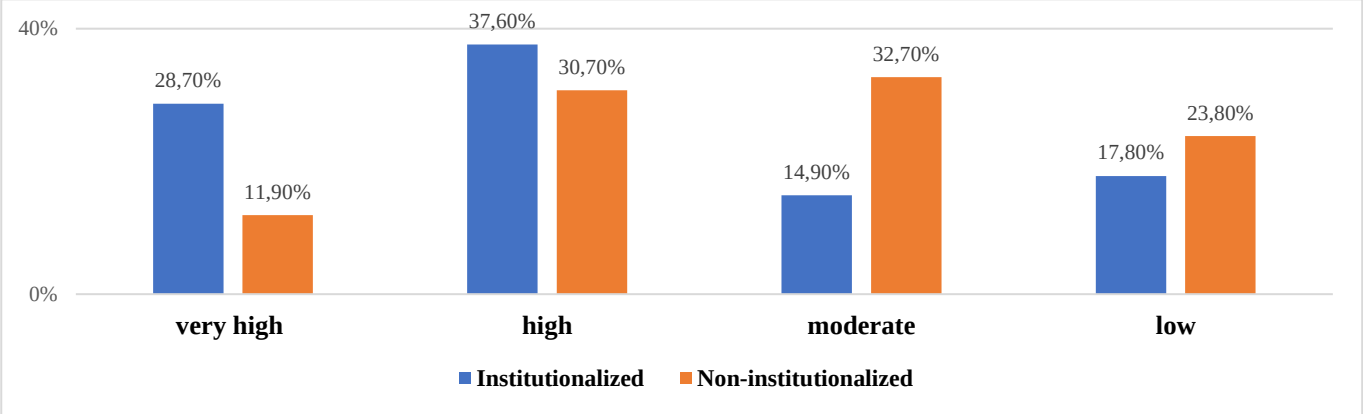

Figure 1. The distribution of loneliness levels based on the place of residence

Significant differences between institutionalised elderly (M = 54.97) and those in family environments (M = 46.74) (p = 0.001) suggest that institutional isolation significantly contributes to loneliness. Additionally, loneliness increased with age, with scores of M = 56.43 for the 75–84 age group and M = 62.50 for those over 85 (Figure 2).

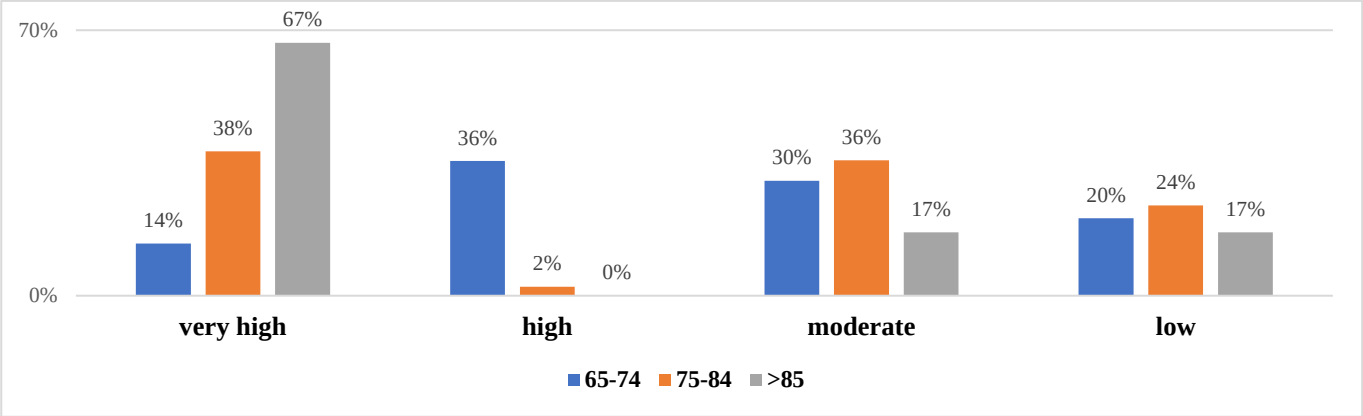

Figure 2. The distribution of loneliness levels based on age

Marital status significantly influenced the level of loneliness, with unmarried (37%) and divorced (33%) individuals reporting higher scores, while married and remarried individuals recorded lower scores (p = 0.001), emphasising the protective effect of partnership. Similarly, elderly individuals with chronic conditions exhibited a significantly higher level of loneliness (M = 54.71) compared to those who reported good health (M = 35.73) (p = 0.001) (Figure 3).

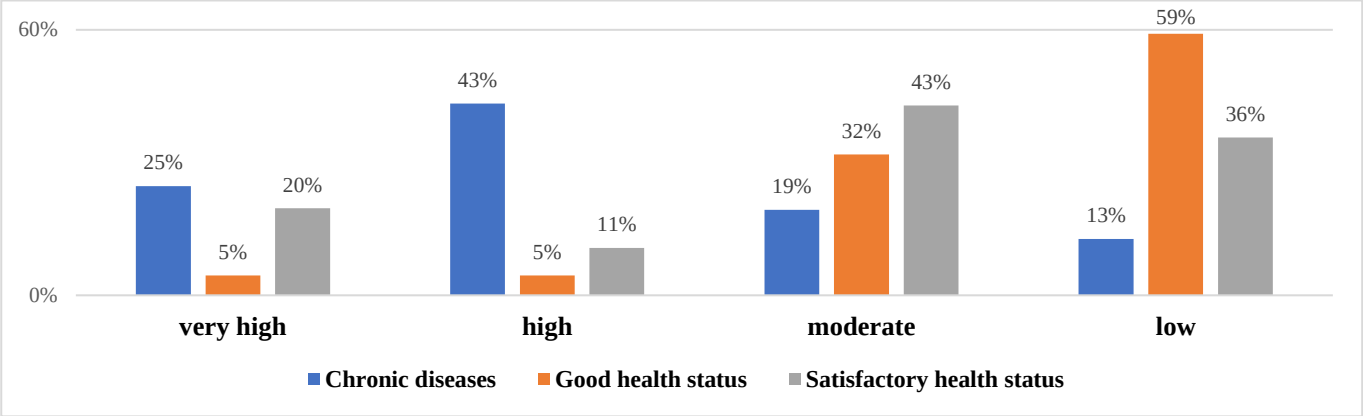

Figure 3. Distribution of loneliness levels based on health status

Findings highlight the role of social support in mitigating loneliness among elderly individuals with health issues, as poor medical conditions exacerbate loneliness. The educational level also proved to be a significant factor, with older adults having primary education or no formal schooling reporting higher loneliness scores (M = 58.55) compared to those with secondary, vocational, or university education, a difference confirmed through ANOVA ($p = 0.001$). These results suggest that higher education levels enhance social integration and access to emotional resources, protecting against loneliness. Loneliness in older adults is influenced by the residential environment, marital status, health, and education, whereas gender and religious involvement showed no significant impact. In conclusion, elderly individuals experiencing high levels of loneliness face more significant emotional risks, and lack of social support amplifies isolation and negatively affects self-esteem.

The study examining the relationship between ***negative emotions and loneliness among older adults*** revealed significant correlations between emotional distress and loneliness levels. Analysis of a sample of 200 participants using the DASS 21-R scale indicated mean scores of stress (M = 22.10), anxiety (M = 24.52), and depression (M = 22.18), with a normal distribution (Kolmogorov-Smirnov, $p < 0.05$).

Severity distribution showed high levels of stress (22%), anxiety (68.5%), and depression (31%), highlighting difficulties in adjusting to physical decline, personal losses, and status changes. ANOVA analysis revealed significant differences ($p < 0.001$) between institutionalised and non-institutionalized older adults across all emotional components, with institutionalised individuals reporting lower stress and anxiety levels but higher depression scores, underscoring the impact of the residential environment on emotional vulnerability (Table 1).

Table 1. ANOVA Analysis for the DASS 21-R scale based on the residence environment

	N	Mean	Standard deviation	Standard error	Minimum	Maximum

Stress	Institutionalised	100	19.46	9.56	0.96	3	40
	Non-institutionalized	100	24.74	9.21	0.92	2	42
	Total	200	22.10	9.73	0.69	2	42
Anxiety	Institutionalised	100	21.88	11.14	1.11	2	42
	Non-institutionalized	100	27.16	10.36	1.04	2	42
	Total	200	24.52	11.05	0.78	2	42
Depression	Institutionalised	100	25.06	9.01	0.90	2	40
	Non-institutionalized	100	19.30	9.03	0.90	4	39
	Total	200	22.18	9.45	0.67	2	40

Spearman's correlation analysis revealed significant relationships between loneliness and negative emotions. Loneliness showed a moderate correlation with stress ($r = 0.466$, $p < 0.001$), a substantial correlation with anxiety ($ro = 0.502$, $p = 0.001$), and a strong correlation with depression ($r = 0.564$, $p < 0.01$), indicating that higher levels of stress, anxiety, and depression exacerbate emotional vulnerability and social isolation in older adults. Non-institutionalized elderly individuals reported higher stress and anxiety levels, while institutionalised individuals exhibited more significant depression, influenced by environmental restrictions and loss of autonomy. These findings underscore the strong connection between loneliness and negative emotions, further amplified by socio-demographic factors, personal losses, and health decline.

Among participants, 59.5% reported a very low ***quality of life***, 17% low, 19.5% moderate, and only 12.5% high, revealing a significant negative correlation with loneliness. Individuals with poor quality of life exhibited higher levels of social and emotional isolation, intensifying their perception of loneliness. The Kolmogorov-Smirnov test ($K\text{-}S = 0.09$, $p < 0.001$) confirmed normality, allowing for the use of parametric statistical methods. The mean score ($M = -0.52$, $SD = 3.38$) indicates a very low quality of life.

Comparative analysis revealed significant differences ($p = 0.001$) between institutionalised and non-institutionalized older adults, highlighting the influence of the living environment on loneliness perception and subjective well-being (Figure 4).

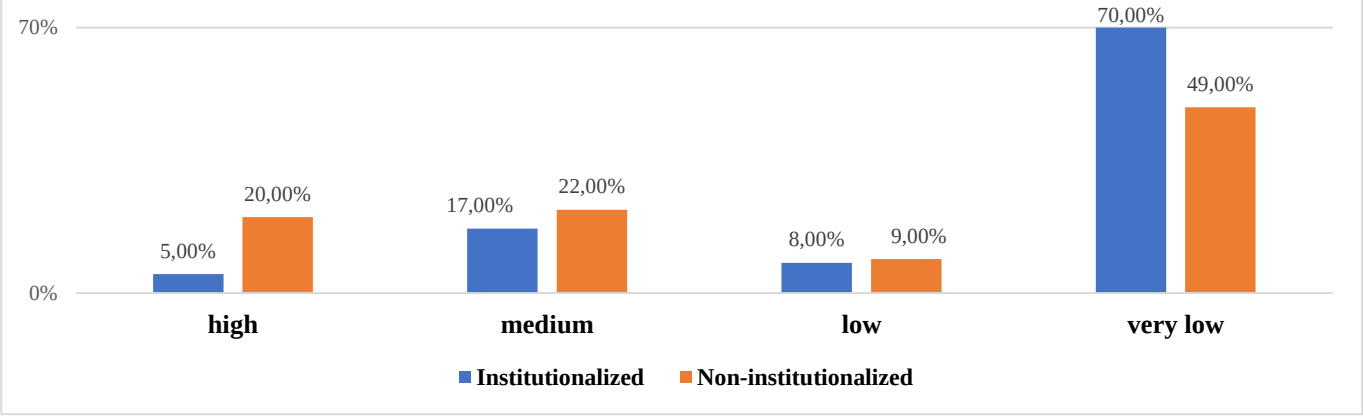

Figure 4. The level of Quality of Life among older people in the residential environment

Among institutionalised elderly individuals, 70% reported a very low quality of life, compared to 49% of those living in a family environment. In comparison, higher quality of life scores were more frequent among non-institutionalized individuals (20% vs. 5%). The family environment, characterised by consistent emotional support and a stable social network, fosters a sense of belonging and security. In contrast, the institutional environment, by restricting autonomy and social connections, increases loneliness and anxiety risk. ANOVA analysis ($p = 0.001$) confirmed significant differences in perceived quality of life between the two groups. Institutionalised older adults exhibited lower quality of life scores ($M = -1.41$) than those in a family setting ($M = 0.38$), primarily due to reduced autonomy, limited recreational activities, and diminished social interactions. Loneliness and lack of emotional support further heightened stress and anxiety.

Spearman's correlation analysis ($r = -0.663$, $p < 0.001$) indicated a strong negative association between quality of life and loneliness, showing that higher loneliness levels contribute to the deterioration of subjective well-being, reducing life satisfaction and triggering a cycle of social withdrawal and emotional decline. Additionally, QOLI analysis revealed generalised dissatisfaction across all measured life domains (scores between -6 and 6), with the lowest satisfaction levels in relationships with children ($M = -0.23$) and community engagement ($M = -0.67$). These findings highlight the significant influence of health, love, and social relationships on quality of life perception. Spearman's correlations further demonstrated a significant association between satisfaction in health, self-esteem, friendships, and community involvement with lower levels of loneliness, emphasising the impact of these factors on emotional well-being (Figure 5).

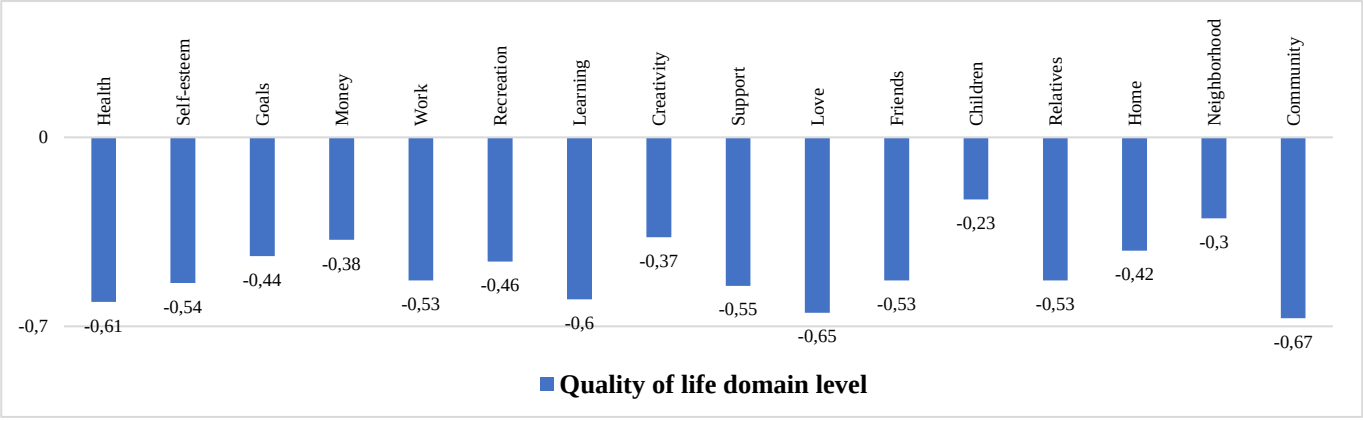

Figure 5. Statistical analysis of individual means in quality of life dom

The evaluation indicates that good health and belonging to a community can reduce loneliness, and satisfaction in these areas plays a vital role in mitigating the perception of isolation. The correlations were moderate for health, love, friendships, and community and high for self-esteem, play, children, and

relatives, highlighting the importance of satisfaction in these domains. The study supports that improving quality of life through social support and physical and emotional health can reduce loneliness, and interventions focused on social support and an active lifestyle are essential to alleviating loneliness's adverse effects on older people's health.

Beyond social support, ***individual personality traits significantly influence the perception of loneliness***. This study examined the impact of personality on loneliness in older adults using the Eysenck Personality Questionnaire and the UCLA Loneliness Scale. The results revealed significant correlations ($p < 0.05$) between extroversion, neuroticism, and psychoticism and the perception of loneliness, confirming the influence of these traits. The analysis indicated moderate mean scores for extroversion ($M = 6.26$), neuroticism ($M = 6.21$), and psychoticism ($M = 6.05$), within a 0-12 range, suggesting a balanced distribution of personality traits. Response validity was ensured through the Eysenck Lie Scale, with no participant exceeding the threshold of 4, thus eliminating the risk of social desirability bias.

Statistically significant differences ($p = 0.001$) were observed between institutionalised and non-institutionalized elderly individuals, with higher levels of extroversion (38%) and neuroticism (38%) in institutionalised settings. This indicates an increased need for social interaction and heightened emotional sensitivity. In contrast, psychoticism was lower in the family environment (42% vs. 19%), suggesting more excellent emotional stability. ANOVA analysis ($p = 0.001$) confirmed significant differences in all personality traits across groups, highlighting the influence of the living environment on personality traits, as detailed in Table 2.

Table 2. Analysis of score distributions in the Eysenck Personality Questionnaire about the residential environment

		N	Mean	Standard deviation	Standard error	Minimum	Maximum
Extraversion	Institutionalised	100	7.07	3.23	0.32	0	12
	Non-institutionalized	100	5.46	3.17	0.32	0	12
	Total	200	6.27	3.29	0.23	0	12
Neuroticism	Institutionalised	100	7.03	3.25	0.32	0	12
	Non-institutionalize	100	5.38	3.08	0.31	0	12
	Total	200	6.21	3.26	0.23	0	12
Psychoticism	Institutionalised	100	6.87	2.84	0.28	0	12
	Non-institutionalized	100	5.24	2.66	0.27	0	12
	Total	200	6.06	2.86	0.20	0	12

Spearman’s analysis identified significant correlations between loneliness and extroversion ($r = 0.518$, $p < 0.01$), neuroticism ($r = 0.616$, $p < 0.01$), and psychoticism ($r = 0.538$, $p < 0.01$). These results

suggest that extroverts' need for social validation, neurotics' emotional vulnerability, and relational difficulties in individuals with psychoticism traits are strongly associated with higher levels of loneliness in older adults. Hierarchical regression analysis demonstrated that living environment and health significantly influence loneliness ($R^2 = 0.241$, $p < 0.001$). Adding anxiety ($R^2 = 0.463$, $p < 0.001$) and neuroticism ($R^2 = 0.486$, $p = 0.003$) improved the predictive model, confirming their impact. Institutionalised individuals exhibited higher loneliness levels ($B = 8.41$, $p < 0.001$), whereas better health reduced this risk ($B = -3.99$, $p = 0.003$). Both anxiety and neuroticism emerged as significant positive predictors, highlighting emotional vulnerability.

The correlations between stress, depression, and personality traits (neuroticism: $R^2 = 0.423$, psychoticism: $R^2 = 0.562$) confirm the mediating role of personality in the relationship between loneliness and negative emotional states. These findings emphasise the need for personalised interventions tailored to personality profiles, focusing on social support and loneliness prevention as essential strategies for protecting and enhancing the psychological well-being of older adults.

Based on the obtained results, a psychological profile of elderly individuals with high levels of loneliness was created, considering socio-demographic, emotional, and behavioural factors. This profile allowed for a detailed understanding of the characteristics of elderly individuals experiencing loneliness, helping to identify the factors contributing to this experience and opening the way for developing appropriate interventions to reduce loneliness and improve their quality of life. The results highlighted specific vulnerabilities related to each living environment. In institutional settings, elderly individuals exhibit pronounced cognitive decline, emotional instability, and a tendency toward isolation, worsened by the loss of autonomy and daily routine. In family environments, loneliness is influenced by insufficient support and intergenerational tensions, leading to emotional fluctuations and social withdrawal. Overall, elderly individuals with high levels of loneliness face cognitive regressions, emotional vulnerability, and difficulties in social integration. Factors such as advanced age, health problems, and lack of family support exacerbate isolation and significantly affect quality of life, highlighting the need for personalised interventions. In conclusion, it is noted that a range of interdependent factors, such as institutionalisation, age, marital status, educational level, and health, influence loneliness in older people. Negative emotional states and personality traits, such as neuroticism, contribute to the intensification of isolation. Personalised psychosocial interventions that support cognitive resources and emotional resilience, including intellectual stimulation and emotional support, are essential to improving social integration and quality of life for older people, reducing the adverse effects of loneliness.

Chapter 3, " Ameliorating Loneliness in Late Adulthood in an Experimental Context," presents the development of a structured psychological intervention program designed to reduce loneliness and enhance the quality of life in older adults. This integrated approach is based on scientifically validated interventions, including cognitive-behavioural, rational-emotive, reminiscence, art, and systemic family

therapy. By addressing the cognitive, emotional, and behavioural dimensions of loneliness, this program provides comprehensive and personalised strategies tailored to the complexity and diversity of loneliness in ageing individuals.

The formative experiment aims to develop, implement, and assess the effectiveness of a psychological intervention program that diminishes loneliness among individuals in the regression age.

The general objectives of the experiment are outlined as follows:

1. Develop a psychological intervention program to reduce loneliness by alleviating negative feelings of stress, anxiety, and depression, as well as improving aspects of quality of life.
2. Implementing the psychological intervention program among the elderly population.
3. Comparative analysis of the formative and control groups following the psychological intervention.
4. Identifying the effects of the psychological intervention program on loneliness levels, quality of life,
   emotional states, and personality traits in older adults.
5. Determining the relationship between the socio-demographic characteristics of participants and the effects of the psychological intervention program.
6. Evaluating the effectiveness of the psychological intervention program about the level of loneliness.

***Formative experiment hypothesis*:** We assume that implementing the psychological intervention program, based on an integrated approach, will significantly reduce loneliness among individuals in the regression age.

The independent variable analysed in this study is participation in the structured psychological intervention program. As for the ***dependent variables***, they include the level of loneliness, emotional states (anxiety, depression, and stress), quality of life, and personality traits (extraversion, neuroticism, psychoticism, and the tendency to distort reality). Socio-demographic variables will also be analysed to identify potential differences in older people's responses to the intervention, including educational level, living environment (institutionalised or family-based), marital status, occupation, health status, and religious affiliation.

The methodology of the formative experiment involved a test-retest design applied to both the experimental group (EG) and the control group (CG), allowing for the comparison of results before and after the intervention to validate the hypothesis regarding the program's impact. The sample consisted of 24 participants, selected based on a high or moderate level of loneliness according to the UCLA Loneliness Scale, divided into two groups of 12 individuals each, balanced by living environment (institutionalised vs. non-institutionalized) and gender. The participants' ages ranged from 64 to 75 years, with an average age of 71.5 years for the EG and 70.3 years for the CG. All participants were from urban areas, facilitating accessibility to the intervention program. The program, conducted between November 2023 and March

2024, consisted of 15 weekly group therapy sessions, each lasting 90-120 minutes, held at the Residential Care and Assistance Center for Dependent Persons Berceni. The location was chosen for its accessibility to participants with mobility difficulties and to reduce their reluctance to the family environment, adapting the program to the needs of each group. The evaluation of the intervention focused on its impact on loneliness levels, emotional states, quality of life, and personality traits, exploring the relationships between these factors to support the development of personalised psychological strategies.

Based on preliminary data highlighting the connection between loneliness and factors such as depression, anxiety, and the decline in quality of life, the program focuses on developing social skills, coping strategies, and emotional resilience to improve the quality of life for older people. Using scientifically validated therapeutic methods such as Cognitive Behavioral Therapy (CBT), Rational Emotive Behavioral Therapy (REBT), Art Therapy, Systemic Family Therapy, and Reminiscence Therapy, the program addresses the specific needs of older people. CBT and REBT focus on correcting dysfunctional thoughts and irrational beliefs, art therapy facilitates emotional expression, and family therapy supports communication and reduces isolation. In contrast, reminiscence therapy helps to rediscover meaning and strengthen interpersonal relationships. The program is structured at the cognitive, affective, and behavioural levels, including interactive sessions and therapeutic exercises for experiential learning and the strengthening of social skills. Cognitive intervention corrects cognitive distortions, affective intervention regulates emotions through mindfulness and muscle relaxation techniques, and behavioural intervention promotes social participation and the expansion of support networks. The family dimension is integrated to highlight the impact of relationships on loneliness. The intervention combines cognitive, emotional, and behavioural approaches to reduce loneliness and improve the quality of life of older people, strengthening support networks and adapting to the social and family context. The expected outcomes include reduced loneliness, improved emotional states, and enhanced personality traits. The research contributes to developing a theoretical and practical framework for psychological interventions aimed at older people, promoting a more active and connected life.

In this context, ***the effectiveness of the psychological intervention program was analysed about the level of loneliness among elderly individuals***, using the UCLA Loneliness Scale on a sample consisting of two groups: experimental (EG) and control (CG). Comparing the results before and after the intervention revealed the initial homogeneity of the groups (EG: $M_1 = 57.92$, $SD_1 = 12.04$; CG: $M_2 = 59.00$, $SD_2 = 13.63$), with no significant differences ($U = 65.5$, $p > 0.05$). After the intervention, the experimental group showed a significant decrease in loneliness levels, with an average reduction from $M_1 = 57.92$ to $M_2 = 40.42$ ($t = 7.72$, $p \leq 0.001$), confirming the intervention's effectiveness. The homogeneity of the groups was confirmed by the Mann-Whitney test ($U = 65.5$, $p = 0.707$), indicating the comparability of the initial loneliness levels between the EG and CG groups (Figure 6).

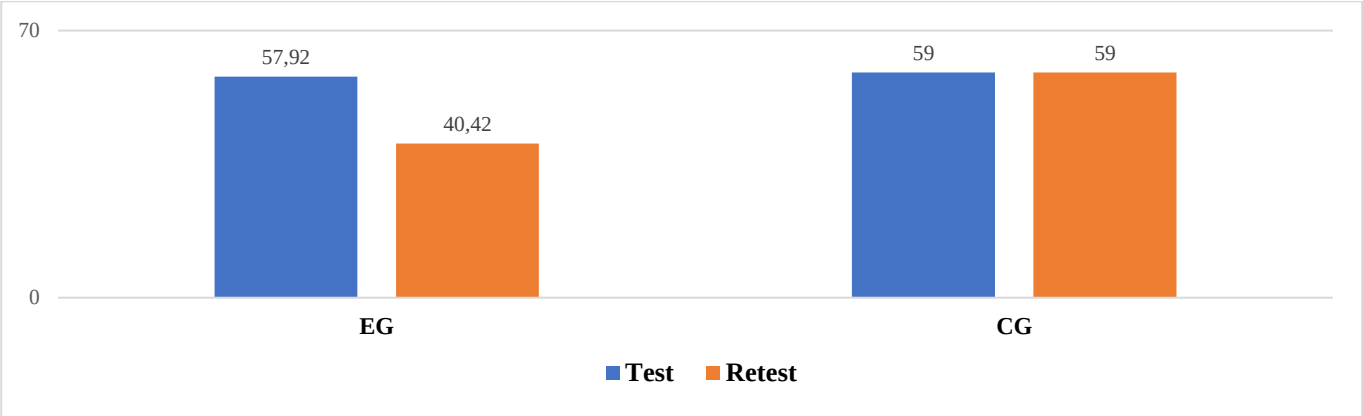

Figure 6. Mean values on the UCLA Loneliness Scale (pre-test and post-test) for EG and CG

After the intervention, the experimental group showed a significant decrease in loneliness ($M_1 = 57.92$ to $M_2 = 40.42$; $t = 7.72$, $p \leq 0.001$), and the correlation coefficient ($r = 0.896$) indicated a consistent reduction. The Wilcoxon test ($Z = -3.06$, $p \leq 0.002$) confirmed these results. The control group remained constant ($M = 59.00$, $SD = 14.21$), and the Mann-Whitney test ($U = 28.50$, $p \leq 0.012$) highlighted significant differences between the groups, supporting the positive impact of the intervention on reducing loneliness in the experimental group. The obtained results support the effectiveness of the intervention, showing significant differences between the experimental group (EG) and the control group at retesting, with a substantial reduction in loneliness in the experimental group.

The intervention promoted psychological benefits, such as strengthening social relationships, improving self-perception, and social integration, thereby contributing to improved quality of life. The program integrated scientifically validated techniques, including Cognitive Behavioral Therapy (CBT), Rational Emotive and Behavioral Therapy (REBT), Art Therapy, Systemic Family Therapy, and Reminiscence Therapy. Therapeutic activities, such as relaxation exercises, art therapy, role-playing, and mindfulness, supported emotional management and improvement of social relationships. Reminiscence therapy and gradual desensitisation techniques helped participants overcome social fears and reconnect with their past. The involvement of families and the use of modern technologies facilitated social connections, significantly reducing loneliness and improving quality of life.

Another objective of the research was to investigate ***the relationship between the socio-demographic characteristics of older people and the effects of the psychological intervention program***. In this regard, it was explored whether the program's effectiveness varies based on variables such as the living environment (family or institutionalised), gender, health status, educational level, occupation, and religious beliefs. Differences between the scores obtained on the UCLA Loneliness Scale before and after the intervention were evaluated for the experimental group (EG) and the control group (CG), generating a dependent variable used in statistical analysis. The Shapiro-Wilk test showed that the data distribution was normal for both the experimental group ($p < 0.89$) and the control group ($p < 0.92$). ANOVA analysis

indicated that the living environment and gender had no significant impact on reducing loneliness (p = 0.078, p = 0.127), suggesting that the program was effective for both groups. However, the educational level significantly influenced the reduction in loneliness (p = 0.003), with greater effectiveness observed among participants with high school, post-secondary, and university education (Figure 7).

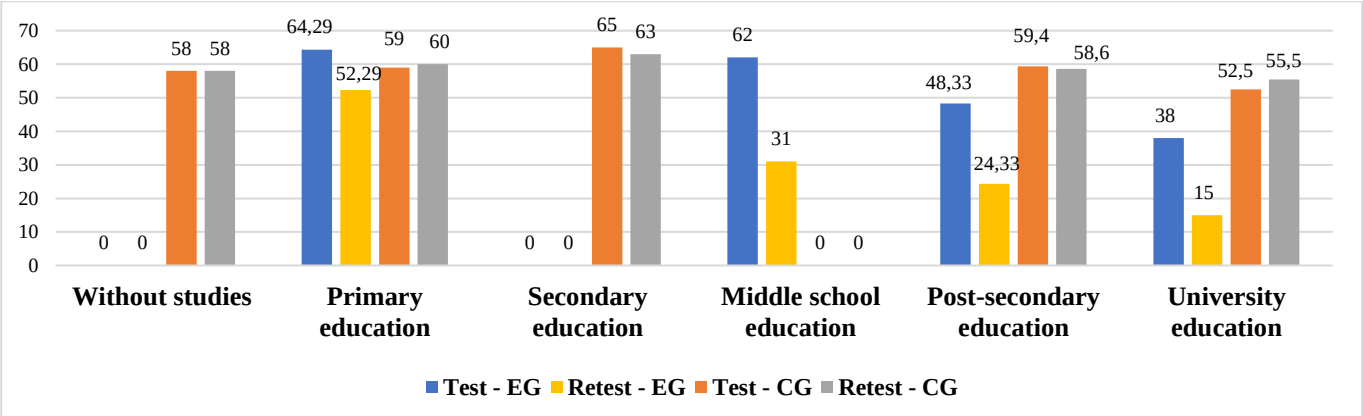

Figure 7. Mean test-retest values on the UCLA Loneliness Scale for EG and CG based on education level

The Tukey test highlighted significant differences between participants with primary education and those with higher education (p = 0.009 and p = 0.011), emphasising that individuals with higher educational levels benefited more from the program. This result can be attributed to the more developed cognitive abilities of individuals with higher education, which facilitate the application of psychological techniques and a greater openness to change and self-reflection. Additionally, the occupation had a significant impact on the outcomes (p = 0.042), with active participants showing substantial progress in reducing loneliness compared to retirees or individuals without occupation (p = 0.049) (Figure 8).

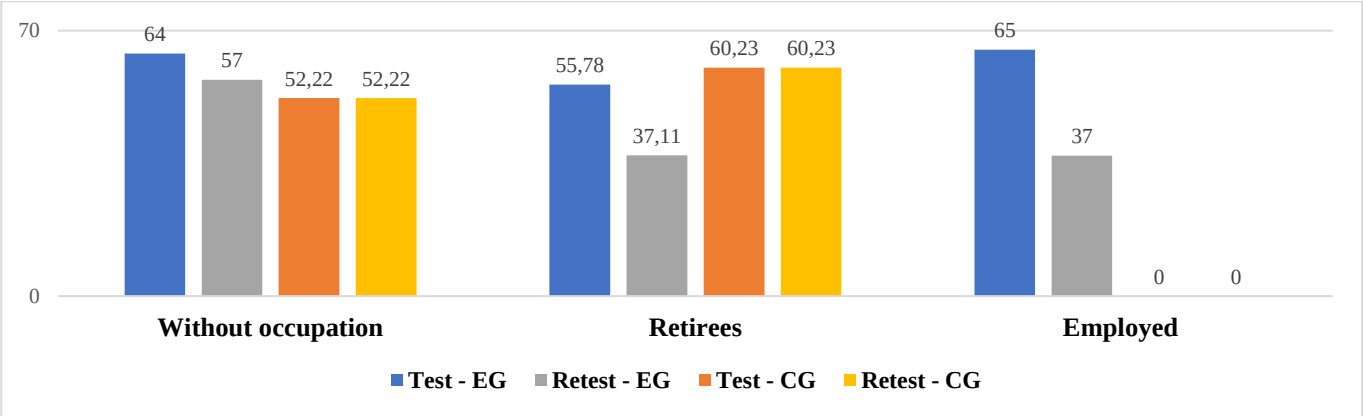

Figure 8. Mean test-retest values on the UCLA Loneliness Scale for EG and CG based on occupation

Active elderly individuals benefit from additional income, a defined social role, and an essential support network in combating loneliness and maintaining emotional balance, facilitating their integration into the community. In contrast, retirees or those without occupation may experience social isolation, which limits the effectiveness of the intervention and explains the observed differences in outcomes. Regarding health variables, marital status, and religious beliefs, no significant differences were identified between the experimental and control groups ($p > 0.05$ for all), indicating that the program had a similar impact regardless of these variables. The research results highlight that the psychological intervention program effectively reduced loneliness among older people, with variations in effectiveness based on educational level and occupation. This suggests the need for personalised psychological interventions to maximise their effectiveness in reducing loneliness and improving quality of life.

The research evaluated ***the impact of the psychological intervention program on the emotional states of older people***, focusing on reducing stress, anxiety, and depression, using the DASS 21-R test before and after the intervention for both the experimental group (EG) and the control group (CG). The initial analysis showed homogeneity between the groups, with similar values for stress (EG: $M_1 = 25$, $SD_1 = 7.66$; CG: $M_2 = 29$, $SD_2 = 9.95$), anxiety (EG: $M_1 = 27.33$, $SD_1 = 9.99$; CG: $M_2 = 33.67$, $SD_2 = 9.94$), and depression (EG: $M_1 = 27.5$, $SD_1 = 10.4$; CG: $M_2 = 27.08$, $SD_2 = 7.72$), confirmed by the Mann-Whitney test ($p > 0.05$) (Figure 9).

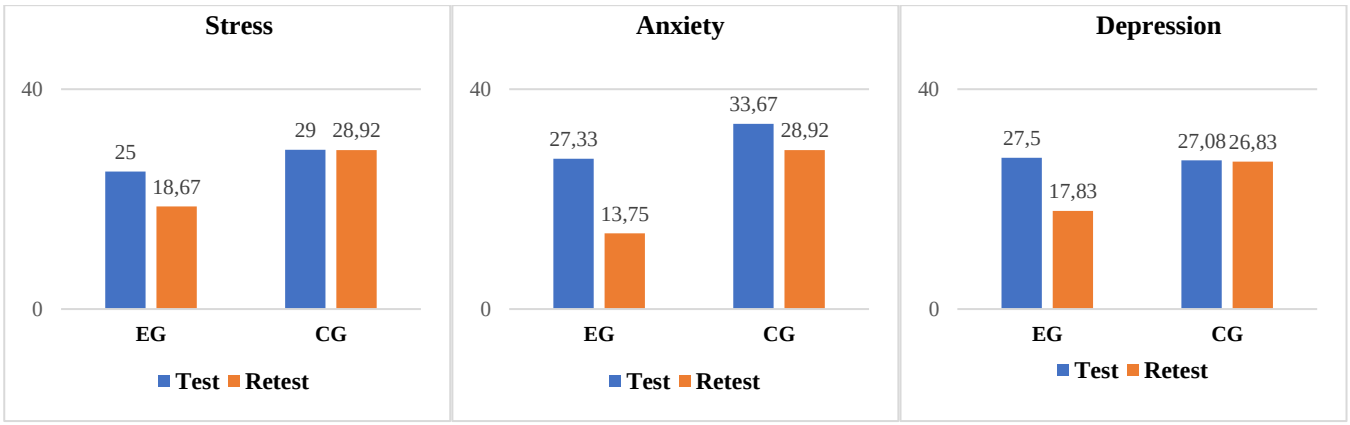

Figure 9. Mean test-retest values on the DASS 21-R for EG and CG

After the intervention, the experimental group showed significant reductions in stress ($t = 3.89$, $p = 0.003$), anxiety ($t = 5.56$, $p < 0.001$), and depression ($t = 4.75$, $p < 0.001$), with significantly lower scores compared to the control group (stress: $U = 30.50$, $p \leq 0.016$; anxiety: $U = 12.00$, $p < 0.001$; depression: $U = 32.50$, $p \leq 0.022$). The results suggest a significant positive impact of the program on the participants' emotional state, with strong correlations between measures ($r = 0.719$ for stress, $r = 0.577$ for anxiety, and $r = 0.738$ for depression). The experimental group recorded significant reductions in all three emotional dimensions compared to the control group. The implemented interventions, including Cognitive Behavioral

Therapy (CBT), Rational Emotive Behavioral Therapy (REBT), art therapy, mindfulness, and relaxation exercises, significantly contributed to reducing stress, anxiety, and depression, improving older people's emotional and psychological state. The psychological intervention program proved to be effective in reducing stress, anxiety, and depression by identifying and restructuring negative thoughts and promoting a balanced emotional response. CBT and REBT helped restructure dysfunctional thoughts, while relaxation techniques and mindfulness contributed to stress and anxiety management. Art therapy facilitated non-verbal emotional processing and improved self-esteem. The program positively impacted the reduction of loneliness, enhanced quality of life, and modified personality traits, demonstrating its effectiveness and applicability in similar contexts. It holds potential for implementation in public policies and psychological practices to support the well-being of older people.

Additionally, ***the impact of the psychological intervention program on the quality of life of older people*** was evaluated using the Quality of Life Inventory (QOLI). The initial testing confirmed homogeneity between the experimental group (EG) and the control group (CG), with minimal differences between the scores obtained (Mann-Whitney: $U = 71$, $p \leq 0.954$), thereby validating the data for subsequent evaluations. After the intervention, the experimental group showed a significant improvement in quality of life, with a mean change from $M_1 = -2.05$ to $M_2 = 0.04$ ($p \leq 0.038$), compared to the control group (Figure 10).

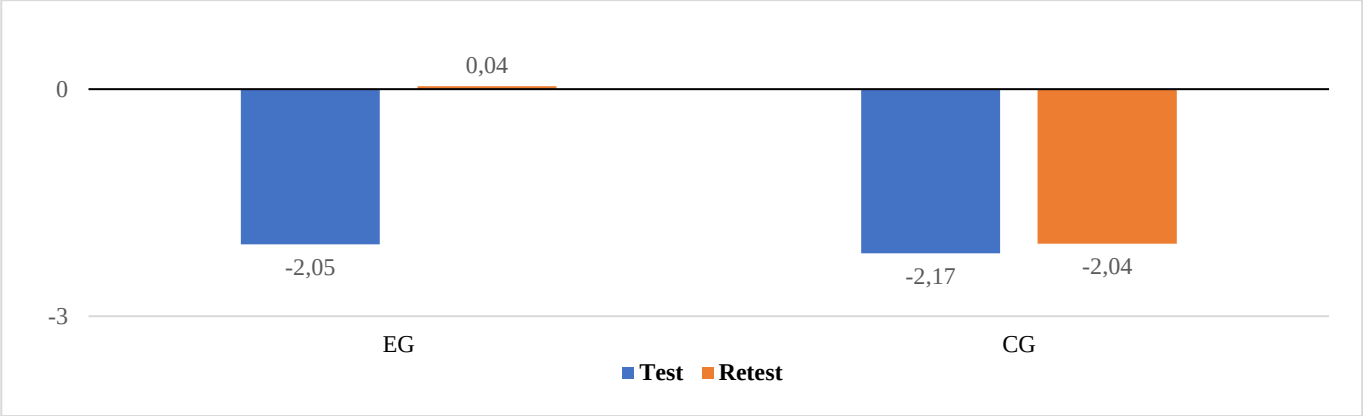

Figure 10. Mean test-retest values on the QOLI for EG and CG

Comparing the scores between groups, a statistically significant difference was observed between the experimental group (EG) and the control group (CG), confirmed by the Mann-Whitney test ($U = 36.00$, $p \leq 0.038$), highlighting a significant effect of the psychological intervention on the experimental group. The psychological intervention program led to substantial improvements in the quality of life for older people, with notable changes in dimensions such as self-esteem, play, learning, help, love, friendships, children, relatives, housing, neighbourhood, and community ($p < 0.05$ for all). These changes were statistically confirmed, with significant p-values between the initial test and retesting. Health, goals, money, and work

did not significantly improve ($p > 0.05$). Student's t-test ($r = 0.97$, $p \leq 0.001$) and the Wilcoxon test ($Z = -3.06$, $p < 0.002$) confirmed a significant correlation between the quality of life averages before and after the intervention, indicating a constant positive impact. When comparing the experimental group to the control group, the experimental group recorded significantly higher scores ($M = 0.04$ vs. $M = -2.05$), and the Mann-Whitney test ($U = 36.00$, $p \leq 0.038$) confirmed the significant differences, emphasising the positive impact of the intervention on older people's quality of life. The psychological intervention program significantly improved older people's quality of life, influencing self-esteem, interpersonal relationships, learning, and community integration. Interventions, including CBT, art therapy, and mindfulness, reduced symptoms of depression and anxiety, stimulating social interaction and mobility through physical and intergenerational activities. The results highlight the effectiveness of these interventions in promoting active ageing and suggest their integration into elderly care strategies, with long-term benefits for mental health.

Furthermore, the research evaluated ***the impact of the program on personality traits such as extraversion, neuroticism, and psychoticism*** using the EPQ scale. In the initial test, the experimental (EG) and control (CG) groups showed similar scores for extraversion, neuroticism, psychoticism, and lying, confirming the homogeneity of the groups (Mann-Whitney: $p > 0.05$ for all dimensions). After the intervention, significant reductions were observed in neuroticism and psychoticism in the experimental group, with scores of 5.08 ($SD = 2.503$) for neuroticism and 5.33 ($SD = 2.015$) for psychoticism, compared to the control group (neuroticism: $M = 6.58$, $p \leq 0.001$; psychoticism: $M = 6.75$, $p < 0.002$). Both the Student's t-test and the Wilcoxon test confirmed the significant reductions in neuroticism ($t = -1.59$, $p < 0.001$; $Z = -2.71$, $p < 0.007$) and psychoticism ($t = -3.08$, $p < 0.002$; $Z = -3.08$, $p < 0.002$) (Table 3).

Table 3. Statistical results for the test/retest phase regarding personality traits (GE)

EPQ	Average scores		Standard deviation	Student's t-test				Wilcoxon test	
				Corr. value	Sig.	T-test value	p	Z	p
	Test	Retest							
Extraversion	7.42	7.92	1.09	0.926	$p < 0.001$	-1.59	0.139	-1.46	0.145
Neuroticism	6.33	5.08	0.97	0.972	$p < 0.001$	4.49	0.001	-2.71	0.007
Psychoticism	7.83	5.33	1.51	0.876	$p < 0.001$	5.74	$p < 0.001$	-3.08	0.002
Lying	1.08	1.08	0.60	0.808	0.001	$p < 0.001$	1.000	$p < 0.001$	1.000

On the other hand, extraversion and lying did not show significant changes ($p > 0.05$). The comparison between the experimental group and the control group revealed substantial differences for neuroticism ($U = 37.50$, $p \leq 0.045$) and psychoticism ($U = 36.00$, $p \leq 0.035$) but not for extraversion ($U =$

61.00, $p \leq 0.522$) and lying ($U = 58.00$, $p \leq 0.371$), indicating the positive impact of the intervention on emotional stability and interpersonal relationships. The psychological intervention program had a significant effect on neuroticism and psychoticism levels, which contributed to improving emotional stability and interpersonal relationships among the participants. These results are supported by previous research regarding the effectiveness of cognitive-behavioral therapies (CBT) in reducing dysfunctional personality traits. Extraversion did not show significant changes, as it is a more stable trait over the long term. These findings emphasise the importance of psychological interventions in enhancing the quality of life for older adults, reducing loneliness and facilitating social integration.

The research demonstrated the effectiveness of the psychological intervention program for reducing loneliness in older people, using integrated approaches on cognitive, emotional, and social levels. Factors such as education and occupational status influenced the success of the interventions, and techniques from cognitive-behavioural therapy, relaxation, and art therapy were effective in managing negative emotions. The program improved quality of life, self-esteem, and social involvement, reducing neuroticism and psychoticism and improving social relationships. The validation of the results highlights the potential of integrating this program into public health policies for older people.

GENERAL CONCLUSIONS AND RECOMMENDATIONS

Following the in-depth analysis, this research examined loneliness in older adults, highlighting key predictive factors such as socio-demographic conditions, emotional states, quality of life, and personality traits. The results validated an integrated psychological intervention model (cognitive, emotional, behavioural, and familial) effective in reducing loneliness and improving physical, psychological, and social health. The theoretical review and empirical studies led to the formulation of the following relevant conclusions and practical recommendations for improving the well-being of older adults:

1. Loneliness in older adults is a complex and subjective experience influenced by a variety of factors, such as socio-demographic variables (age, gender, marital status), negative emotional states (anxiety, depression, stress), and personality traits (neuroticism, low extraversion). Distinct from social isolation and solitude, loneliness involves internal mechanisms that significantly affect the quality of life and physical and mental health. Its multidimensional nature highlights the interaction between psychological, social, and individual factors, emphasising the need for an integrated approach to understanding and effective intervention. The definition and development of holistic strategies tailored for older adults are essential for alleviating this phenomenon and improving their well-being. The definition we propose in this research is that loneliness *is a perceived sense of disconnection that occurs when interactions and relationships with others fail to fulfil the deep need for belonging and personal meaning. It transcends the simple physical absence of others and reflects a sense of rupture, both from others and oneself. This experience, influenced*

by personal expectations and the social context, varies in intensity and duration, potentially generating both suffering and introspection and opportunities for self-growth.

2. The living environment significantly influences the loneliness levels of older adults, with institutionalised individuals experiencing higher levels of social and emotional loneliness than those living in family settings. This highlights the need for specific interventions, promoting community-based living, home support services, and social integration in care institutions through policies and programs aimed at reducing loneliness and supporting the social integration of older adults.
3. Negative emotions, such as anxiety, depression, and stress, intensify loneliness and contribute to social withdrawal, hurting overall well-being. Addressing this requires integrating emotional regulation techniques and developing relational competencies in interventions to reduce the impact on general well-being and promote constructive relationship-building.
4. Improving the quality of life of older adults is directly related to reducing loneliness, significantly impacting their perception of their own life, social relationships, and level of community involvement. Social integration and emotional support are essential factors in promoting the general well-being of this population.
5. Reducing negative personality traits, such as neuroticism and psychoticism, through psychological Interventions led to an improvement in emotional stability and empathy, having a positive effect on interpersonal relationships. These changes significantly contributed to the reduction of social isolation perception and, consequently, to a decrease in loneliness.
6. Multidimensional psychological approaches, integrating cognitive, emotional, behavioural, and family strategies have effectively reduced loneliness, enhanced self-esteem, improved social relationships, increased the perception of community and family support, and improved older adults' emotional state and quality of life.
7. The study validated a comprehensive theoretical-practical model for analysing and intervening on loneliness in older adults, providing a solid scientific basis for developing effective strategies to reduce loneliness and improve the well-being of older adults.

The research results suggest the need to develop and implement national and international strategies to prevent and reduce loneliness among older adults, with an integrated approach at both macrostructural and microstructural levels. At the macrostructural level, it is recommended to create a legislative and financial framework that supports the social integration of older adults and ensures equitable access to services. This framework should align with international initiatives such as Agenda 2030 and the EU Strategy for Active Aging, promoting community-based living, reducing dependence on institutionalisation, and supporting home-based services and multifunctional day centres. These measures

should prevent isolation while maintaining a family-oriented environment. At the microstructural level, it is proposed to reform education for older adults through continuing education programs, digital education, and intergenerational initiatives that promote social inclusion and reduce the generation gap. Digital education is key in connecting older adults with family and community. Furthermore, it is recommended that psychological counselling services, including in rural areas, be expanded, and community activities that stimulate social interaction through recreational, educational, and cultural events should be developed. In residential centres, interventions are recommended to promote an active social environment and improve the psychological well-being of institutionalised older adults through group activities and cognitive stimulation, preventing mental health deterioration and supporting their social integration.

Personalised loneliness risk assessments, using predictive tools, will help adjust interventions to individual needs. Monitoring health status, personality traits, and quality of life will support loneliness prevention. Implementing these measures requires partnerships between governments, non-governmental organisations, and academic institutions to develop and efficiently monitor public policies. The research provides valuable insights for creating personalised and multidisciplinary interventions, contributing to creating an inclusive and sustainable society for older adults. Future research will refine these policies and interventions.

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ANNOTATION

Vlaicu Cristina. Loneliness in older adults in regression. PhD Thesis in Psychology, Chișinău, 2025

Thesis structure: Annotations, abbreviations, introduction, three chapters, general conclusions and recommendations, bibliography (291 titles), 12 appendices, 143 pages of core text, 35 figures, and 19 tables. The obtained results have been published in 15 scientific papers.

Keywords: Loneliness, regression, elderly, ageing, psychological impact, quality of life, health.

Research aim: The theoretical and applied analysis of loneliness and the risk factors contributing to its emergence and intensification, as well as the design, implementation, and evaluation of the effectiveness of a psychological intervention program aimed at reducing and managing loneliness in elderly individuals experiencing regression.

Research objectives: To analyse the specialised literature on loneliness among older people to identify research gaps and establish the theoretical foundation for the applied study; to investigate the influence of socio-demographic factors on the perception of loneliness in elderly individuals experiencing regression; to analyse the impact of negative emotions on the intensification of loneliness in regression-age individuals; to assess the influence of quality of life on loneliness, including dimensions such as health, well-being, and social support, to explore the relationship between personality traits and loneliness among older people, to develop, implement, and validate a psychosocial intervention program to reduce loneliness and improve the quality of life in regression-age individuals.

Results: The obtained results provide an integrated conceptualisation of loneliness in the elderly, highlighting the relationships between loneliness, socio-demographic factors, negative emotions, quality of life, and personality traits associated with social isolation. Furthermore, the research identifies protective personal and social resources. It validates a psychosocial intervention program proven effective in reducing loneliness and improving quality of life by strengthening emotional resources and facilitating social reconnection.

Scientific novelty and originality: The research's novelty and uniqueness lie in the precise definition and integrated approach to loneliness in elderly individuals experiencing regression. The study examines the relationships between loneliness, socio-demographic factors, negative emotions, quality of life, and personality traits, emphasising differences between institutionalised and non-institutionalized individuals. Additionally, it outlines a specific psychological profile of elderly individuals with high levels of loneliness. It validates a multidimensional psychosocial intervention program, demonstrating its effectiveness in reducing loneliness and improving well-being. This contributes to expanding theoretical knowledge and developing practical solutions tailored to this vulnerable category.

Theoretical significance: The theoretical importance of the research consists in defining and clarifying the concept of loneliness in elderly individuals, offering an in-depth understanding of its determining factors and associated psychological mechanisms. By developing an integrated theoretical model and an adapted psychological intervention plan, the study supports elaborating effective strategies for reducing loneliness. The integration of interdisciplinary perspectives and the empirical validation of the program provide innovative directions for research and application in the fields of mental health and social psychology. These contributions open new perspectives for personalised interventions and improving elderly individuals' quality of life.

Practical value: The practical value of the study lies in the development, implementation, and validation of a psychological intervention program aimed at reducing loneliness and improving the quality of life of elderly individuals. The program, customised to meet the specific needs of this vulnerable category, has proven effective and represents a valuable methodological resource for psychologists and care professionals. The research results demonstrate the program's applicability both in practitioners' professional training and care institutions, offering a replicable framework at the national level. Additionally, the research contributes to the development of public policies focused on social inclusion and the optimisation of psychosocial interventions, thus supporting the enhancement of elderly individuals' quality of life and promoting their well-being in society.

Implementation of scientific results: Scientific publications, conference presentations, and academic sessions have validated the research results. The intervention program, successfully implemented in care institutions, has demonstrated its effectiveness, contributing to specialised literature and having the potential to influence public policies to improve the quality of life of elderly individuals.

ADNOTARE

Vlaicu Cristina. Singurătatea la persoanele în vârsta de regresie.
Teză de doctor în psihologie, Chișinău, 2025

Structura tezei: adnotări, lista abrevierilor, introducere, trei capitole, concluzii generale și recomandări, bibliografie (291 de titluri), 12 anexe, 143 pagini de text de bază, 35 figuri și 19 tabele. Rezultatele obținute sunt publicate în 15 lucrări științifice.

Cuvinte cheie: singurătate, regresie, vârstnic, îmbătrânire, impact psihologic, calitatea vieții, sănătate.

Scopul cercetării: Analiza teoretică și aplicativă a singurătății și a factorilor de risc ce contribuie la apariția și intensificarea acesteia, precum și proiectarea, implementarea și evaluarea eficienței programului de intervenție psihologică destinat diminuării și gestionării singurătății la persoanele în vârsta de regresie.

Obiectivele cercetării: Analiza literaturii de specialitate privind singurătatea în rândul persoanelor vârstnice, în vederea identificării lacunelor de cercetare și a fundamentării teoretice a studiului aplicativ; investigarea influenței factorilor socio-demografici asupra percepției singurătății la persoanele în vârsta de regresie; analiza impactului emoțiilor negative asupra intensificării singurătății la vârsta de regresie; evaluarea influenței calității vieții asupra singurătății, incluzând dimensiuni precum sănătatea, bunăstarea și suportul social; explorarea relației dintre trăsăturile de personalitate și singurătatea vârstnicilor; elaborarea, implementarea și validarea programului de intervenție psihosocială pentru diminuarea singurătății și îmbunătățirea calității vieții la vârsta de regresie.

Rezultatele obținute oferă o conceptualizare integrată a singurătății la vârstnici, evidențiind relațiile dintre aceasta, factorii socio-demografici, emoțiile negative, calitatea vieții și trăsăturile de personalitate asociate izolării sociale. În plus, cercetarea identifică resursele personale și sociale protective și validează un program de intervenție psihosocială, demonstrat eficient în diminuarea singurătății și îmbunătățirea calității vieții prin consolidarea resurselor emoționale și facilitarea reconectării sociale.

Noutatea și originalitatea științifică a cercetării rezidă în definirea precisă și abordarea integrată a singurătății la persoanele în vârsta de regresie. Studiul analizează relațiile dintre singurătate, factorii socio-demografici, emoțiile negative, calitatea vieții și trăsăturile de personalitate, evidențiind diferențele între persoanele instituționalizate și cele neinstituționalizate. Totodată, conturează un profil psihologic specific al vârstnicilor cu niveluri ridicate de singurătate și validează un program de intervenție psihosocială multidimensional, demonstrând eficiența acestuia în reducerea singurătății și îmbunătățirea stării de bine, contribuind astfel la extinderea cunoștințelor teoretice și la dezvoltarea de soluții practice adaptate acestei categorii vulnerabile.

Semnificația teoretică a cercetării constă în definirea și clarificarea conceptului de singurătate la persoanele vârstnice, oferind o înțelegere aprofundată factorilor determinanți și mecanismelor psihologice asociate. Prin dezvoltarea modelului teoretic integrat și a planului de intervenție psihologică adaptat, studiul sprijină elaborarea strategiilor eficiente pentru reducerea singurătății. Integrarea perspectivelor interdisciplinare și validarea empirică a programului oferă direcții inovatoare pentru cercetare și aplicare în domeniul sănătății mentale și psihologiei sociale. Aceste contribuții deschid noi perspective pentru intervenții personalizate și îmbunătățirea calității vieții persoanelor vârstnice.

Valoarea aplicativă a lucrării constă în dezvoltarea, implementarea și validarea programului de intervenție psihologică destinat reducerii singurătății și îmbunătățirii calității vieții persoanelor vârstnice. Programul, personalizat pentru a răspunde nevoilor specifice ale acestei categorii vulnerabile, s-a dovedit eficient și reprezintă o resursă metodologică valoroasă pentru psihologi și specialiști în domeniul îngrijirii. Rezultatele cercetării demonstrează aplicabilitatea programului atât în formarea profesională a practicienilor, cât și în instituțiile de îngrijire, oferind un cadru replicabil la nivel național. De asemenea, cercetarea contribuie la elaborarea unor politici publice axate pe incluziunea socială și optimizarea intervențiilor psihosociale, sprijinind astfel îmbunătățirea calității vieții persoanelor vârstnice și promovând bunăstarea acestora în societate.

Implementarea rezultatelor științifice: Rezultatele cercetării au fost validate prin publicații științifice, prezentări la conferințe și sesiuni academice. Programul de intervenție, implementat cu succes în instituții de îngrijire, a demonstrat eficiență, contribuind la literatura de specialitate și având potențial de influențare a politicilor publice pentru îmbunătățirea calității vieții vârstnicilor.

VLAICU CRISTINA

THE LONELINESS OF PEOPLE IN THE REGRESSIVE AGE

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