

Effect of Counseling Sessions as a Nursing Intervention on Depression and Loneliness among Elderly at Assiut City

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Abstract: *The present study aimed to determine the effectiveness of counseling sessions as nursing intervention on depression and loneliness among elderly. The study was carried out in the geriatric club in legitimate assembly and geriatric club in Cultural Center at Assiut City, Egypt. The study sample comprised of one hundred elderly person aged 60 years and above. They were assigned randomly in two groups as 50 intervention group and 50 control group. Three tools were used for data collection, namely: Socio-demographic data structured interview sheet, UCLA loneliness scale, Beck Depression Inventory Scale (BDI). The main results yielded by the study proved that, there were a highly significant difference between the mean scores of the intervention and control group at ($P < 0.001$). This result suggests that counseling sessions was effective on reducing depression and loneliness among elderly people. Also, there were statistically significant highly correlation between depression and loneliness ($r = 0.892$, $p = 0.001$). The study recommended that psycho-educational program is needed to assist psychologists, counselors and social workers, nurses, who work with the elderly, to utilize the theoretical principles and the therapeutic process of this approach as a nursing intervention on reducing depression and loneliness among elderly.*

Key words: *Depression, loneliness, counseling, elderly.*

I. Introduction:

There are so many changes in the human's life due to aging and approaching to the geriatric phase that include most importantly of loss, loneliness and social isolation, poverty, feeling of rejection, trying to find the meaning of life, dependence, despair and hopelessness, fear of death and dying, grieving the death of the others, regretting the past and concerns about deterioration of mind and body. These changes can make special problems in this transitional stage, therefore it requires specific consideration. These concerns and approaching to the end of life and to death, compels a particular stress on the elderly people which loneliness and depression are more noticeable among them (Corey M, et al, 2013).

People with the history of depression, will experience it more intensive in their old ages, (Norton, et al, 2008). The previous studies showed that one third of the old outpatients attending to psychiatric clinics suffer from most common mental disorders such as depression, cognitive and anxiety disorders respectively. The mild forms of depression are so common in old people as well, (Heravi, et al, 20003, Foroughan et al, 2006).

Loneliness in elderly is one of the main excruciating problems that is not sufficiently considered whereas 25 to 50 percent of all people older than 65 years in different populations have experienced this feeling due to their age and gender they have explained elderly stage as the period of loneliness and been afraid of this unpleasant experience, (Wenger G BV, 2004).

Depression is the most common mood disorder in later life. It may be associated with serious consequences, including; disability, functional decline, diminished quality of life, increased mortality and increased service utilization. Moreover it is undiagnosed in about 50% of cases (Charney et al, 2003). World health organization (WHO) considered that the age of 65 is the beginning of aging, but in Egypt, the age of 60 is still considered the beginning of aging according to the retirement age for most of people (Sheriff, 2000).

World Health Organization is predicting that by the year 2020, depression will become the second leading cause of disability, so it is considered as a major public health problem, (Finley et al, 2002 & Ustun et al, 2004). The Causes and risk factors that contribute to depression in the elderly include: Living alone due to deaths or relocation; decreased mobility due to illness or loss of driving privileges (Lawrence et al, 2004). Estimates of major depression in older people living in the community range from less than 1 percent to about 5 percent, but rises to 13.5 percent in those who require home healthcare and to 11.5 percent in elderly hospital patients (Hybels and Blazer 2003).

In Egypt the prevalence of depression among the studied group was 37.5%. Old age and the presence of comorbidities were predictors for depression. Female sex, a lower social class, insufficient income, partial independence and loneliness feeling are significant predictors for depression. Being married and loneliness feeling are significant predictors for anxiety, whereas the functional status is a significant predictor for mixed depression and anxiety (Ahmed D. et al 2014).

II. Significance of the Study:

Aging is a series process that begins with life and continues throughout the life cycle. It represents the closing period in the lifespan, a time when the individual looks back on life, lives on past accomplishments and begins to finish off his life course. The incidence of depression and loneliness was higher in older people who were in worse health, living in a care facility or nursing home, or who were otherwise isolated. Situations such as illness, disability, loss and loneliness are more common for older people. It is normal to grieve when faced with loss or illness, but depression is a more severe and persistent sadness. So adjusting to the changes that accompany old age requires that an individual is flexible and develops new coping skills to adapt to the changes that are common to this time in their lives. Thus we need to create counseling sessions as nursing intervention to promote the mental wellbeing of elderly people.

Aim of the study

The study aimed to determine the effectiveness of counseling sessions as nursing intervention on depression and loneliness among elderly.

III. Subject and methods

Research design:-

A Quasi experimental research design was used in the study.

Setting of the study:

The study was carried out at two setting which affiliated in the West Assiut City (geriatric club in legitimate assembly) and East Assiut City (geriatric club in Cultural Center). Participation of Geriatric club in Legitimate assembly was yearly and the elderly paid 40 pounds every year, also the participation the same in club of cultural center but the elderly paid 10 pounds every year. The elderly participate in both clubs, these clubs provide many services for elderly such as, internal and external trips, birth day party, and library for reading books (cultural and religious books), and also there is a religious guider. There is visitant physician in geriatric club of legitimate assembly for follow up of elderly with diabetes and hypertension, the physician come to club every Saturday and Tuesday for measuring blood pressure and sugar level in blood.

Subjects:

Subjects of the study comprised of one hundred elderly person aged 60years and above. They were classified into two subgroups. Each group includes fifty elderly people. The participants were selected using simple random sampling among 200 elderly women. First, a list of all elderly attending to geriatric club, and then 100 elderly were randomly selected among them. 50 participants were assigned randomly in each group as control and intervention group, according to the inclusion criteria such as: 1) Lack of mental retardation based on their IQ evaluation in the files; 2) being at least 60 years old; 3) The ability to read and write and agree to participate in the study. Depression and loneliness scales were evaluated as pre and post test. All of the participants are women and from urban area.

Study hypotheses:-

Counseling group sessions can significantly improve loneliness feeling and may reduce the risk of its serious consequences such as depression.

Tools of data collection:

1- Sociodemographic Data Structured Interview Sheet:-Which include, elderly name, age, marital status, level of education, occupation, and living with whom, residence.

2- UCLA loneliness scale: - It will be used to assess the feeling of loneliness among elderly people. UCLA Loneliness Scale (Version 3). It Developed by **Russell (1996)**. It consists of twenty items which assess feeling of loneliness in elderly people. The subjects responds on a 4-point (1=indicate never, 2=rarely, 3=sometimes, 4=often). The scoring system of this scale as the following from 15 and 20 are considered a normal experience of loneliness. Scores above 30 indicate a person is experiencing severe loneliness. 9 items are revised scoring. This scale was translated into Arabic language. Both the Arabic and English items were submitted to five experts from the English section, Faculty of Art, Assiut University to be reviewed for its translation. A jury of five experts in the psychiatric field examined the content validity, and tested for its validity. Cronbach's alpha reliability coefficient of the questionnaire is reported 0.68.

3- Beck Depression Inventory Scale (BDI) (1961): Arabic modified version by Ghareeb, (1990). It consists of 13 items. It will be used to assess the feeling of depression. Each item is containing four statements ranked in order of severity and measured on a likert scale of four points (0-3). The scoring system ranged from 0-9 not

depressed, 10-15 mild depressed, 16-24 moderate depression, 25-39 severe depression. With alpha coefficients of 0, 86.

Methods of data collection:-

1- An official approval was obtained from the Dean of Faculty of Nursing, Assiut University to the director of geriatric club in legitimate assembly and director of geriatric club in cultural center to obtain their vital assistance and necessary approval to conduct the study. This letter includes permission to carryout the study and explains the purpose and nature of the study.

Ethical consideration:-

Research proposal were approved from Ethical Committee in the Faculty of Nursing. There is no risk for study subject during application of research. Written consent was obtained from patients or guidance that are willing to participate in the study, after explaining the nature and purpose the study. Confidentiality and anonymity were assured. Study subject have the right to refuse to participate or withdraw from the study at any time.

Counseling sessions:-

Initially the participants were personally contacted and rapport was established with them, then the participants completed the questionnaires given to them. Counseling sessions developed by the researcher to test the effectiveness of counseling on depression and loneliness among elderly about four different aspect of counseling therapy as psychological aspect which include (e.g. catharsis, improving self understanding, reinforcement of coping strategies, and improving elderly self-esteem) social aspect (e.g. socialization, relative and friend visits and recreational activity) religious aspect (e.g. prayer and religious rituals), physical aspect (meet elderly physical need as, healthy nutrition, sleep, exercise, physical appearance) distributed on "6" sessions "2" sessions per week, each session ranged from 45 to 60 minutes, were conducted for the intervention group. After one week of the last session, depression and loneliness were evaluated as post test. Within a period of three months from March to May 2015.

Pilot study

A pilot study was conducted at the beginning of the study. It included 10% of the total sample to investigate the feasibility of data collection tools and their clarity. Subjects included in the pilot study were excluded from the total studied sample.

IV. Statistical analysis:

Statistical analysis was done by using SPSS version 20 Software Package. Data collected were coded and analyzed. The results were tabulated and statistically compared using categorical variables were described by number and percent (N, %), where continuous variables described by mean and standard deviation (Mean, SD). Chi-square to compare between categorical variables, t-test to compare difference between two mean. Continuous variables were tested for normal distribution using Kolmogorov Smirnov test and Q-Q Plots. Pearson Correlation coefficient used to assess the association between Beck Depression Inventory Scale (BDI) and UCLA loneliness scale. A two-tailed $p < 0.05$ was considered statistically significant.

V. Results:-

Table (1) illustrates sociodemographic characteristics of intervention and control group. The mean +SD age of the intervention group was 66.3+4.8years ranged from 60 to 76 years old, while control group was 65.9+5.4ranged from 60 to 75 years old. As regard marital status; 74.0% of intervention group were widow, and26% were married. While 66% of control group were widow, 34% were married. According to living with whom about 48 % of intervention group and 40% of control group living alone and the rest of them were living with first degree relatives. As regard level of education 28% of intervention group have secondary school, and 32% of control group were secondary level of education.

According to the results obtained from post-test to compare the intervention and control groups in table(2) intervention group have higher mean scores than the control group at ($P < 0.001$) which was significant. This result suggests that counseling sessions was effective on reducing depression among elderly people.

According to the results obtained from post-test to compare the intervention and control groups in table(3) intervention group have higher mean scores than the control group at ($P < 0.001$) which was significant. This result suggests that counseling sessions was effective on reducing loneliness among elderly people.

Table (4) illustrate that there were a highly statistically significant differences between the intervention group in the pre and post test of depression at (P<0.001) .While there were no statistically significant differences between the control group in the pre and post test at (P= 0.921).

Table (5) represents that there were a highly statistically significant differences between the intervention group in the pre and post test of loneliness at (P<0.001). While there were no statistically significant differences between the control group in the pre and post test at (P= 0.826).

Figure (1) shows that there were statistically significant highly correlation between depression and loneliness (r= 0.892, p = 0.001).

Table 1: Demographic data as regards intervention and control groups

	Intervention group(n=50)		Control (n=50)		P. value
	No.	%	No.	%	
Age (range)	(60-76)		(60-75)		
Mean +SD	66.3+4.8		65.9+5.4		0.696
Marital status					
Married	13	26.0	17	34.0	0.383
Widow	37	74.0	33	66.0	
Education					
Read and write	6	12.0	6	12.0	0.925
Primary	10	20.0	9	18.0	
Laboratory	10	20.0	12	24.0	
Secondary	14	28.0	16	32.0	
University	10	20.0	7	14.0	
Living with whom					
Living alone	24	48.0	20	40.0	0.421
With first degree relatives	26	52.0	30	60.0	
Chronic illness					
Hypertension	22	44.0	19	38.0	0.542
Diabetic	18	36.0	16	32.0	0.673
Heart disease	14	28.0	13	26.0	0.822

Table 2: Comparing the Pre and post test means of depression between intervention group and control groups

	Beck Depression Inventory Scale (BDI)		P. value
	Pre-test	Post-test	
Intervention group	19+3.1	3.3+1.6	<0.001**
Control group	18.9+3	19.2+3.1	0.603 ^{ns}
P. value	0.819 ^{ns}	<0.001**	

^{ns} No statistically significant difference (p>0.05)

** Statistically significant difference (p<0.01)

Table 3: Comparing the Pre and post test means of loneliness between intervention group and control group

	UCLA loneliness scale		P. value
	Pre-test	Post-test	
Intervention group	63.9+5.4	25.7+2.8	<0.001**
Control group	64.1+5.5	64.7+5.8	0.576 ^{ns}
P. value	0.913 ^{ns}	<0.001**	

^{ns} No statistically significant difference (p>0.05)

** Statistically significant difference (p<0.01)

Table 4: Comparison between Pre and post of depression level as regards intervention group and control groups

Beck Depression Inventory Scale (BDI)	

	Intervention group				P. value	Control				P. value
	Pre-test		Post-test			Pre-test		Post-test		
	No.	%	No.	%		No.	%	No.	%	
Not depressed	3	6.0	35	70.0	<0.001**	4	8.0	5	10.0	0.921 ^{ns}
Mild depression	7	14.0	6	12.0		9	18.0	11	22.0	
Moderate depression	38	76.0	9	18.0		34	68.0	32	64.0	
Severe depression	2	40.0	0	0.0		3	6.0	2	4.0	

^{ns} No statistically significant difference (p>0.05)

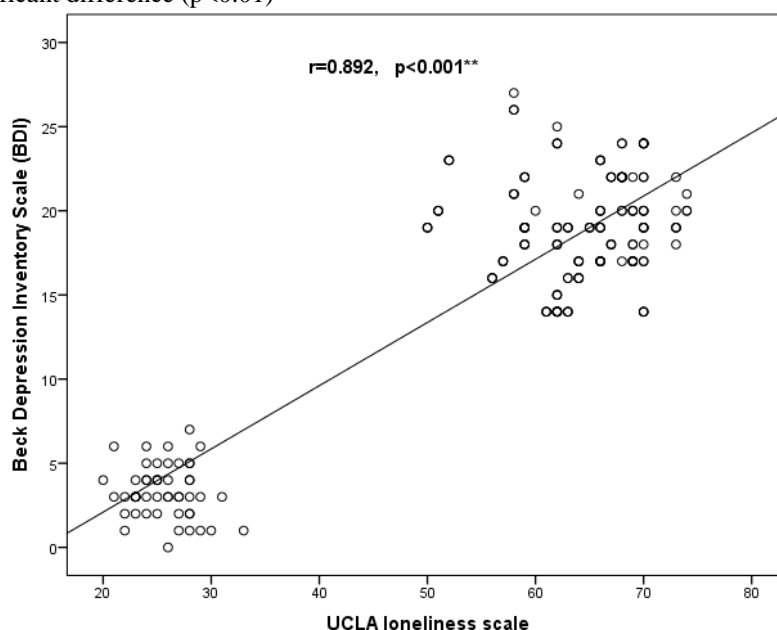
** Statistically significant difference (p<0.01)

Table 5: Comparison between Pre and post of loneliness level as regards intervention group and control groups

	UCLA loneliness scale									
	Intervention				P. value	Control				P. value
	Pre-test		Post-test			Pre-test		Post-test		
	No.	%	No.	%		No.	%	No.	%	
Normal experience of loneliness	3	6.0	38	76.0	<0.001**	2	4.0	1	2.0	0.826 ^{ns}
Moderate experience of loneliness	11	22.0	9	18.0		10	20.0	11	22.0	
Severe experience of loneliness	36	72.0	3	6.0		38	76.0	38	76.0	

^{ns} No statistically significant difference (p>0.05)

** Statistically significant difference (p<0.01)



VI. Discussion:

Depression in the elderly is a widespread problem that is often not diagnosed and frequently under treated. Many older people will not admit to the signs and symptoms of depression, for fear that they will be seen as weak or crazy, **Screening for Depression Recommendations and Rationale (2002)**. A study by **Max et al. (2005)** revealed that the presence of perceived loneliness contributed strongly to the effect of depression on mortality. Thus, in the oldest old, depression is associated with mortality only when feelings of loneliness are present. Depression is a problem that often accompanies loneliness. In many cases, depressive symptoms such as withdrawal, anxiety, lack of motivation and sadness mimic and mask the symptoms of loneliness.

According to demographic characteristics of the studied groups, it was found that most of the studied sample was 66.3±4.8 (60- 75) years. About three quarter of the studied sample were widow, less than half of the studied sample living alone and less than one third of them have secondary school. This finding is partially

supported by, **Sayied, et al, (2012)**, who stated that, more than two third of the studied group aged less than 70 years. Also Sayed et. Al slated that less than half of the studied group were secondary level of education and 22% of them living alone. Also **Singh, and Misra, (2009)** revealed that many people experience loneliness and depression in old age, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in the community activities. With advancing age, it is inevitable that people lose connection with their friendship networks and that they find it more difficult to initiate new friendships and to belong to new networks. According to level of education about less than half of the studied groups were secondary level of education, 22% of them living alone.

The present study showed that effectiveness of counseling sessions therapy on reducing depression among elderly people, who entered the program as being higher than pre- program levels, which supports the hypothesis and consistent with the study of, **Anvar, et al,(2014)**, who reported that, counseling therapy can reduce depression in older women. Also he found that, t , is equal to (5.75) at ($P < 0.01$) level which was significant. This result suggests that counseling therapy was effective on reducing depression in older women. Also, **Naziri, et al, (2009)**, stated that, counseling therapy can reduce depression among older women. These findings may be related to elderly people looks back to all the unpleasant events in his/her own mind, therefore he/she will be disappointed and hopeless and their thoughts endure a very powerful negativism so that the person sees a dark and blurred world and would not be able to see the positive aspects. So counseling therapy help elderly people to ventilate their feeling and give them a constant self confidence and make them change their broken identities to heroic status.

Similarly, **Nichols, (2008) reported that** , counseling therapy facilitates recognizing individual capabilities and problems as well as encouraging their personal functioning through focus on their resources. In this respect, **Ching, (2009)**, found that, counseling therapy helps in improving senile cognitive orientation and prevents or eliminates older adults' anxiety and depression.

Results of the present study revealed that there were highly significant difference between intervention group in pre and post less than the control group at ($P < 0.001$) which was significant. This Study suggests that counseling therapy could reduce the loneliness feeling among older women. Two key issues that can explain the effectiveness of counseling therapy on reducing the loneliness feelings are: a) the role of human interaction especially with peers and, b) the role of catharsis and externalization of bitter/sweet memories, reorganizing them and clarification of previous blind spots. In this respect, **Payne, (2006)**, found that counseling therapy allows individuals to speak about what is important to them because of its focus on positive interactions and quality, and provides a supportive and comforting environment that enhances the communication and interaction between people.

Also **Singer, (1991)** stated that, reviewing the past gives older adults the opportunity to communicate with the people who have similar concerns and experiments. Since depression over the loss and changes in life is the main theme of elderly life, group can make a safe place for them to express their feelings of loneliness and despair and facilitates to overcome their isolation. In addition, group counseling therapy provides the opportunity for seniors to rewrite their life stories and at the same time choose the appropriate communication strategies in relationship with family members and friends to recruit again and develop their relationships.

Similarly, **Singh, and Misra, (2009)**, reported that, despite the elderly being sociable, they experienced increased feelings of loneliness. Possible explanation for this may be that feeling lonely not only depends on the number of connections one has with others but also whether or not one is satisfied with his life style. An expressed dissatisfaction with available relationships is a more powerful indicator of loneliness. This may be due to the loss of a significant person in one's life or as a result of dysfunction o f communication.

The results of the present study revealed that, there were statistically significant highly correlation between depression and loneliness ($r = 0.892$, $p = 0.001$). This finding supported by, **Sayied, etal, (2012)**, who found that, that there were statistically significant highly correlation between depression and loneliness of the studied group ($r = 0.709$, $p = 0.000$). Also, **Blazer, (2000)** stated that, depression in old age was found to be strongly associated with feelings of loneliness. Also **Max et al (2005)** reported that depression with feelings of loneliness differs from depression without feelings of loneliness. Depression with feelings of loneliness leads to more pronounced motivational depletion and serious consequences, including social isolation, reduced self-care, decreased mobility and poor diet. Furthermore, the study of **Chou & Chi (2004)** stated that loneliness has been identified as a risk factor for depressive symptoms in cross-sectional and longitudinal studies of older adults.

VII. Conclusion:

Based upon the study results, it is concluded that there were a highly significant difference between the mean scores of the intervention and control group at ($P < 0.001$) than control group, this result suggests that

counseling sessions was effective on reducing depression and loneliness among elderly people. Also, there were statistically significant highly correlation between depression and loneliness ($r=0.892$, $P=0.001$)

VIII. Recommendation:

In the light of the study findings, it is recommended that psycho-educational program is needed to assist psychologists, counselors and social workers, nurses, who work with the elderly, to utilize the theoretical principles and the therapeutic process of this approach as a nursing intervention on reducing depression and loneliness among the elderly. Training to geriatric clubs personal about how to deal with the elderly and help them to express their feeling.

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