İNSAN&İNSAN, Yıl/Year 13, Sayı/Issue 42, Yaz/Summer 2026, 11-25 Araştırma Makalesi / Research Article
DOI: https://doi.org/10.29224/insanveinsan.1919451 www.insanveinsan.org e-ISSN: 2148-7537

Levels of Loneliness and Perceptions of Social Support Among Older Adults: The Case of Tazelenme University

İleri Yetişkinlerin Yalnızlık Düzeyleri ve Sosyal Destek Algıları: Tazelenme Üniversitesi Örneği

EMRE BİRİNCİ*

* Assoc. Prof., Anadolu University, Ageing Studies Application and Research Unit, Yunus Emre Campus, 26470 Tepebaşı, Eskişehir/Türkiye.
E-Mail: ebirinci@anadolu.edu.tr
https://orcid.org/0000-0001-9357-0106

Abstract: *Loneliness is recognised as a growing public health issue in contemporary societies. Changing living conditions have increased social isolation and loneliness among older adults. This study was conducted to examine the levels of loneliness and perceived social support among older adults. The participants in this cross-sectional study comprised 205 students from the 60+ Tazelenme University between 1 January and 1 June 2024. Data were collected using the Personal Profile Form, the UCLA Loneliness Scale and the Multidimensional Scale of Perceived Social Support. Weak but statistically significant negative correlations were found between loneliness and perceived social support (ρ = -0.304), family support (ρ = -0.246), support from a significant other (ρ = -0.183) and friend support (ρ = -0.354). The results of the study revealed that older adults' levels of loneliness were moderate and that their levels of perceived social support were generally high.*

Keywords: *Older adults, Elderly, Loneliness, Social support, Ageing*

Öz: *Yalnızlık, günümüz toplumlarında giderek büyüyen bir halk sağlığı sorunu olarak kabul edilmektedir. Değişen yaşam koşulları beraberinde ileri yetişkinler arasında sosyal izolasyonu ve yalnızlığı artırmıştır. Bu çalışma, ileri yetişkin bireylerin yalnızlık ve sosyal destek algı düzeylerini incelemek amacıyla yapılmıştır. Bu kesitsel çalışmanın katılımcılarını, 1 Ocak ile 1 Haziran 2024 tarihleri arasında 60+Tazelenme Üniversitesi'nin 205 öğrencisi oluşturmuştur. Veriler, Kişisel Tanım Formu, UCLA Yalnızlık Ölçeği ve Algılanan Sosyal Destek Çok Boyutlu Ölçeği kullanılarak toplanmıştır. Yalnızlık ile algılanan sosyal destek (ρ=-0,304), aile (ρ=-0,246), özel bir insan (ρ=-0,183) ve arkadaş desteği (ρ=-0,354) arasında zayıf ancak istatistiksel olarak anlamlı negatif korelasyonlar bulunmuştur. Çalışmanın sonuçları, ileri yetişkin bireylerin yalnızlık düzeylerinin orta düzeyde olduğunu ve algılanan sosyal destek düzeylerinin genel olarak yüksek olduğunu ortaya koymuştur.*

Anahtar kelimeler: *İleri yetişkin, Yaşlı, Yalnızlık, Sosyal destek, Yaşlanma*

Gönderim 30 Mart 2026
Düzeltilmiş Gönderim 27 Haziran 2026
Kabul 28 Haziran 2026

Received 30 March 2026
Received in revised form 27 June 2026
Accepted 28 June 2026

Sorumlu Yazar / Corresponding Author:
Emre BİRİNCİ, ebirinci@anadolu.edu.tr

Yayıncı / Publisher: Okur Yazar Derneği / Literacy Association, İstanbul, Türkiye,
https://www.okuryazar.org.tr

Atıf / Citation: Birinci, E. (2026). Levels of loneliness and perceptions of social support among older adults: the case of Tazelenme University. *İnsan ve İnsan Bilim Kültür Sanat ve Düşünce Dergisi, 13*(42), 11-25.
https://doi.org/10.29224/insanveinsan.1919451

Introduction

As is the case all over the world, the rate of old age population keeps growing in Türkiye (United Nations [UN], 2020). On the other hand, the proportion of the old age population in the total population rose from 9.5% in 2020 to 11.1% in 2025 (Türkiye İstatistik Kurumu [TÜİK], 2026). The growth in the old age population on a global scale requires a closer analysis of the social, psychological, and economic effects of the ageing process (UN, 2020). The ageing process leads to significant changes in individuals' lifestyles, social roles, and relationships and makes concepts such as loneliness and social support more important in late adulthood (Pinquart & Sörensen, 2001). Late adulthood is a critical life stage in which individuals go through physical, psychological, and social changes (Baltes & Smith, 2003). During this period, factors such as retirement, health problems, and fewer social roles may increase individuals' experiences of loneliness (Hawkley & Cacioppo, 2010). Loneliness is defined as a subjective experience and refers to an emotional state resulting from quantitative or qualitative deficiencies in an individual's social relationships (Peplau & Perlman, 1982). Loneliness is a common case in older adults and causes negative effects on physical health, mental well-being, and life satisfaction together with social isolation (Baltes & Smith, 2003). Studies have shown that long-term loneliness raises the risk of depression, anxiety, cardiovascular diseases, and premature death (Valtorta et al., 2017). According to a report by the Joint Research Centre of the European Commission, lonely and socially isolated older people are exposed to health risks, such as dementia, coronary artery disease, or stroke, leading to premature death (Sánchez-Moreno et al., 2025).

Recently, more attention has been paid to social isolation and loneliness for older adults (Cudjoe et al., 2020). Changes in life conditions, such as retirement, loss of a partner or friend, finances, health problems, and mobility difficulties, make older adults vulnerable to isolation and loneliness (Czaja et al., 2021). According to current estimates, about a quarter of older adults aged 65 and over who live in the community are socially isolated (Czaja et al., 2021; Anderson & Thayer, 2018). On the other hand, 43% of people aged 60 and over feel lonely (Czaja et al., 2021; Cudjoe et al., 2020).

The relationship between loneliness and social support in later life can be situated within Carstensen's Socioemotional Selectivity Theory (SST), which holds that as future time horizons shrink with age, individuals progressively prioritise emotionally meaningful goals over knowledge-related, exploratory ones, leading them to invest preferentially in close, high-quality relationships rather than in expanding their social network (Carstensen, 2006). Later work using data from the Berlin Aging Study similarly found that, although social networks become smaller with age, this reduction reflects a selective, largely preference-driven narrowing rather than the passive loss of relationships through death or disability, with emotional closeness to remaining network members increasing over time (Carstensen, 2021; Lang et al., 1998). According to SST, this narrowing of social circles maximises emotional well-being by concentrating limited social and emotional resources on close, high-quality relationships rather than on a larger number of peripheral ones (Carstensen, 2006). This theoretical lens helps explain why the perceived quality of social support, rather than the sheer size of one's social network, may serve as a

stronger protective factor against loneliness among older adults, and it provides the conceptual basis for examining the relationship between perceived social support and loneliness in the present study.

Social support is defined as the emotional, informational, or material assistance that individuals receive from their families, friends, or social institutions, and organisations (Thoits, 2011; Taylor, 2011). Social support is a multidimensional structure that plays a critical role in individuals' coping with stress, providing emotional relief and maintaining their quality of life (Pinquart & Sörensen, 2001). A high perception of social support in older adults may positively affect psychological well-being by lowering loneliness levels (Cacioppo et al., 2006). However, weakening or loss of social support networks may raise the risk of loneliness among this age group (Cornwell & Waite, 2009). However, the perception of social support stands out as a protective factor in coping with loneliness (Antonucci, 2001; Thoits, 2011). Older adults with adequate social support have been found to have lower loneliness levels and higher psychological resilience (Taylor et al., 2018). The literature has frequently emphasized that older adults with strong social support systems have fewer loneliness perceptions and greater life satisfaction (Pinquart & Sörensen, 2001).

The perception of loneliness among older adults is considered to interact in a complex manner with individual psychological resilience and social environment factors (Hawkley & Cacioppo, 2010). In this sense, the related studies have supported that loneliness is not only an individual emotional state but is also shaped by the influence of social structure and family dynamics (Pinquart & Sörensen, 2001). It has been suggested that the perception of social support is affected by factors such as the quality, frequency, and quantity of the relationships that the individual establishes with their surroundings, and if this perception is strong, the feeling of loneliness can be significantly less (Courtin & Knapp, 2017). Factors such as the narrowing of the social circle with ageing, death of a spouse, retirement, and loss of physical mobility may increase the feelings of loneliness among older adults, whereas the presence of social support systems may reduce these effects (Nicholson, 2012).

Although the relationship between loneliness and social support among older adults has been extensively documented internationally, existing research has predominantly focused on community-dwelling or institutionalised older adults (Sánchez-Moreno et al., 2025), while older adults engaged in structured, university-based lifelong-learning programmes remain comparatively underexamined. Where such programmes have been studied, research has shown that older adults' participation in University of the Third Age courses can moderate the relationship between loneliness and life satisfaction via self-esteem (Szcześniak et al., 2020), yet the specific relationship between loneliness and multidimensional perceived social support has received comparatively less direct attention in this population. Clarifying this relationship within a lifelong-learning context, while grounding the analysis in an appropriate theoretical framework, is therefore necessary to extend current understanding of loneliness and social support in later life.

60+Tazelenme University programmes constitute a growing model of lifelong learning in Türkiye, offering older adults structured opportunities for social

interaction, intellectual engagement, and continued participation in academic life, in line with the broader international University of the Third Age (U3A) movement. Because participation in such programmes inherently involves regular peer interaction and institutional belonging, this setting offers a relevant context for examining how loneliness and perceived social support manifest among older adults who remain socially and educationally active. This characteristic motivated the selection of the 60+ Tazelenme University setting as the context for the present study.

This study aims to examine the loneliness and social support perception levels of older adults. In this sense, the socio-demographic variables with which older adults' loneliness and perceived social support levels are associated, as well as the relationship between perceived social support and loneliness, will be evaluated. The research questions are as follows:

- How are the loneliness levels of older adults?
- How are the social support perception levels of older adults?
- Which socio-demographic characteristics are associated with loneliness levels among older adults?
- Which socio-demographic characteristics are associated with perceived social support levels among older adults?
- Is there any correlation between loneliness levels and social support perceptions of older adults?

Methods

Design, Setting and Participants

This cross-sectional study was conducted between 1 January and 1 June 2024 at the 60+Tazelenme University Anadolu Campus in Eskişehir, Türkiye. The inclusion criteria for the study were: being aged 60 or over and a student at 60+Tazelenme University, agreeing to participate in the study, and being literate in Turkish. The exclusion criteria were: being under 60 years of age; failing to answer the questions on the data collection forms in full; and requesting to withdraw from the study. No sample size calculation was performed; instead, all individuals meeting the inclusion criteria were included in the sample using a census method between 1 January 2024 and 1 June 2024.

Measurement Tools

The data were collected using a Personal Description Form, the UCLA Loneliness Scale, and the Multidimensional Scale of Perceived Social Support. The Personal Description Form was prepared by the researcher to collect data on some socio-demographic characteristics (class, age, gender, marital status, educational level, economic standing, etc.). The UCLA Loneliness Scale (UCLA) was developed by Russell, Peplau and Ferguson (1978) and was adapted into Turkish by Demir (1989). This is a 4-point Likert-type scale consisting of 20 items. The lowest possible score on the scale, which consists of 10 reversed and 10 straight items, is 20, while the highest score is 80. The adaptation studies reported an internal consistency coefficient of 0.96 and a test-retest correlation coefficient of 0.94 (Demir, 1989). The Multidimensional Scale of Perceived Social Support (MSPSS) was

developed by Zimet et al. (1988) to assess the individual's perception of the adequacy of social support source. The Turkish validity and reliability study of the scale was conducted by Eker et al. This seven-point (1-7 points) Likert-type scale consists of 12 items with three subscales consisting of four items in each to determine the support from families, friends, and a significant other (a person other than family and friends). The score of the subscale is calculated by summing the scores on the four items in each subscale, and the total score of the scale is calculated by summing all subscale scores. A high score indicates a high level of perceived social support. The lowest score of the entire scale is 12, and the highest is 84. A high scale score signifies a high level of social support (Eker et al., 2001).

Data Collection

Face-to-face interviews were conducted to collect research data. A university researcher provided information to the participants and invited them to take part in the study. Participants completed the data collection forms in empty classrooms. The forms were completed independently by the participants; the researchers did not intervene in this process. The completed forms were collected by the researcher. Completing the data collection forms took approximately 15 minutes. The information obtained from the forms was analysed by a statistician independent of the researchers.

Data Analysis

IBM SPSS Statistics 25.0 package was used to perform the analyses. The suitability of the data for a normal distribution was examined using the Kolmogorov–Smirnov and Shapiro–Wilk tests. Both tests indicated that the UCLA Loneliness Scale and MSPSS subscale scores deviated significantly from a normal distribution ($p < 0.05$ for all variables); accordingly, non-parametric tests were used throughout the analysis. When comparing groups that did not follow a normal distribution, the Mann–Whitney U and Kruskal–Wallis tests were used. These tests were employed to determine whether the variables differed across various groupings. The correlation distributions of data not following a normal distribution were analysed using the Spearman correlation test. A p-value of <0.05 was considered statistically significant in the statistical evaluation.

Ethical Considerations

For the study, written ethical approval was obtained from the Anadolu University Social and Human Sciences Scientific Research and Publication Ethics Committee (no. 516339, dated 02/05/2023), and the data collection process (1 January and 1 June 2024) was carried out within the validity period of this approval. All participants were informed about the purpose and procedures of the study, and written informed consent was obtained from each participant prior to data collection.

Limitations of the Study

The relatively small sample size of the study constitutes a notable limitation, as the generalizability and robustness of the findings could be improved through similar research conducted with larger and more diverse participant groups across multiple settings. In this context, future studies employing broader samples and

longitudinal designs are recommended to enhance the validity and reliability of the results. Several additional limitations should be acknowledged. First, the cross-sectional design of the study precludes any causal inference regarding the relationship between loneliness and perceived social support; the associations identified should be interpreted as correlational rather than directional. Second, the study was conducted at a single centre (the 60+ Tazelenme University, Anadolu Campus), which may limit the generalizability of the findings to other lifelong-learning programmes or cultural contexts. Third, all data were collected via self-report instruments, which are subject to recall bias and social desirability bias. Fourth, the sample was restricted to older adults who were already enrolled in a structured lifelong-learning programme; this population is likely to differ systematically from community-dwelling or institutionalised older adults in terms of social engagement and may therefore not be representative of the broader older adult population. Future research employing longitudinal, multi-centre designs with more diverse older adult populations is needed to address these limitations and to clarify the directionality of the relationships identified.

Result

Table 1 shows the frequency-percentage distributions of the demographic characteristics (class, gender, age, place of residence, educational attainment, marital status, children, and income level) of the participants who represented the sample of the study.

Table 1

Demographic Characteristics of the Participants (n=205)

Variables	*N*	*%*	*UCLA Total Score*	*MSPSS Total Score*	*Family subscale*	*Significant other subscale*	*Friends subscale*
			Mean± SD	*Mean± SD*	*Mean± SD*	*Mean± SD*	*Mean± SD*
University year							
1st Year	44	21.5%	35.75±7.72	69.84±10.73	24.07±4.11	22.36±5.44	23.41±3.98
2nd Year	42	20.5%	37.1±7.27	68.24±12.71	24.55±3.81	21.02±6.29	22.67±4.9
3rd Year	45	22.0%	38.91±6.62	67.53±10.86	24.56±3.31	20.11±6.85	22.87±4.19
4th Year	74	36.1%	38.28±6.57	71.58±13.03	25.38±4.5	22.45±6.23	23.76±4.72
Test value (U/χ^2) P			χ^2=6.64 0.084	χ^2=6.60 0.086	χ^2=8.75 0.033	χ^2=5.22 0.156	χ^2=2.90 0.407
Gender							
Female	160	78.0%	37.44±7	69.77±11.86	24.86±3.97	21.46±6.48	23.44±4.29
Male	45	22.0%	38.33±7.17	69.16±12.91	24.33±4.31	22.2±5.42	22.62±5.13
Test value (U/χ^2) P			U=3295.0 0.386	U=3685.0 0.810	U=4009.5 0.233	U=3524.5 0.830	U=3939.5 0.331
Age Group							
60-64 years	50	24.4%	36.66±7.0	67.56±11.9	24.8±3.76	19.4±6.93	23.36±4.4

			6				3
65-69 years	100	48.8%	37.71±7.31	70.46±11.03	24.83±3.95	22.49±5.61	23.14±4.15
70-74 years	42	20.5%	38.57±6.46	67.81±14.48	24.19±4.75	20.95±6.58	22.67±5.41
75 years and above	13	6.3%	37.77±6.78	77.15±9.06	25.69±3.54	25.69±4.03	25.77±3.39
Test value (U/χ^2) P			χ^2=2.42 0.491	χ^2=8.76 0.033	χ^2=2.02 0.568	χ^2=16.30 <0.001	χ^2=6.16 0.104
Place of Residence							
Metropolitan City	155	75.6%	37.62±6.98	70.08±11.55	25.19±3.51	21.64±6.27	23.25±4.26
Province/District/Village-Town	50	24.4%	37.68±7.25	68.26±13.59	23.36±5.17	21.58±6.29	23.32±5.16
Test value (U/χ^2) P			U=3777.0 0.789	U=4129.5 0.486	U=4715.0 0.018	U=3895.5 0.956	U=3643.0 0.523
Educational Level							
High School and below	96	46.8%	38.56±6.81	70.43±12.36	24.92±4.22	21.82±6.47	23.69±4.5
Associate's Degree	45	22.0%	35.73±7.58	71.87±10.45	25.8±2.83	22.51±5.28	23.56±4.3
Bachelor's/Master's degree	64	31.2%	37.58±6.79	66.88±12.37	23.75±4.32	20.7±6.53	22.42±4.53
Test value (U/χ^2) P			χ^2=4.83 0.089	χ^2=5.71 0.058	χ^2=8.26 0.016	χ^2=2.32 0.313	χ^2=4.80 0.091
Marital Status							
Married	119	58.0%	37.85±7.07	69.23±11.82	24.52±3.79	21.71±6.04	23±4.46
Single	86	42.0%	37.34±7	70.2±12.46	25.06±4.37	21.51±6.58	23.63±4.53
Test value (U/χ^2) P			U=5701.5 0.163	U=4807.5 0.460	U=4326.0 0.053	U=5138.0 0.961	U=4579.0 0.196
Presence of a Child							
Yes	199	97.1%	37.72±7.05	69.58±12.13	24.73±4.07	21.62±6.25	23.23±4.52
None	6	2.9%	34.67±6.22	71.33±10.82	25.17±3.31	21.67±7.06	24.5±3.39
Test value (U/χ^2) P			U=478.0 0.407	U=619.5 0.878	U=582.0 0.917	U=600.0 0.986	U=672.5 0.598
Income Level							
Income less than their expenses	24	11.7%	37.42±6.98	67.92±11.93	25.13±3.8	19.67±7.64	23.13±3.92
Income equal to their expenses	169	82.4%	37.8±6.98	69.7±12.31	24.62±4.17	21.76±6.11	23.32±4.59
Income more than their expenses	12	5.9%	35.75±8.13	72.17±8.8	25.75±2.34	23.67±4.48	22.75±4.37
Test value (U/χ^2) P			χ^2=3.52 0.172	χ^2=1.03 0.597	χ^2=0.80 0.669	χ^2=2.47 0.291	χ^2=0.60 0.742

Mann Whitney U Test, Kruskal-Wallis Test, *p < 0.05

The mean age of the participants was 67.52 (SD=4.01). It was found that 36.1% of the participants were fourth-year students, 22.0% were third- year students, 21.5% were first-year students, and 20.5% were second-year students. When it comes to gender distribution, it was determined that females were the majority, with 78.0%, and males were 22.0%. While 75.6% of the participants lived in metropolitan cities, 24.4% lived in provinces, districts, villages, or towns. 46.8% of the participants held a high school diploma or less, 22.0% held an associate degree, and 31.2% held a bachelor's or graduate degree. 58.0% of the participants were married and 42.0% were single according to their marital status. While 97.1% of the participants had children, only 2.9% had no children. While 82.4% of the participants had an income equal to their expenses, 11.7% had an income less than their expenses, and 5.9% had an income more than their expenses (Table 1).

When the UCLA and MSPSS scores were examined in relation to the independent variables, no significant difference was found in the UCLA total score across gender, age, place of residence, class, educational level, marital status, presence of children, and income levels ($p > 0.05$). A statistically significant difference was found between age groups and overall perceived social support ($\chi^2=8.76$, $p=0.033$) and support from a significant other ($\chi^2=16.30$, $p<0.001$), with participants aged 75 years and above reporting higher perceived social support and support from a significant other than participants in the younger age groups. In addition, a statistically significant difference was found between university year and perceived family support ($\chi^2=8.75$, $p=0.033$), with fourth-year students reporting higher perceived family support than students in other years. A statistically significant difference was also found between place of residence and perceived family support ($U=4715.0$, $p=0.018$), with participants living in metropolitan cities reporting higher perceived family support (25.19±3.51) than those living in provinces, districts, villages, or towns (23.36±5.17). Likewise, perceived family support differed significantly by educational level ($\chi^2=8.26$, $p=0.016$), with participants holding an associate's degree reporting the highest perceived family support (25.80±2.83) among the three educational groups. Taken together, these findings address the fourth research question: although loneliness levels did not differ significantly by any socio-demographic characteristic, perceived social support—and in particular its family and significant-other dimensions—varied significantly across age group, university year, place of residence, and educational level.

Table 2

The UCLA and MSPSS Mean Scores (Mean±sd) and Minimum-Maximum (Min-Max) Values of the Participants (n=205)

Scales	*Mean± SD*	*Min-Max*	*Cronbach's Alpha*
UCLA loneliness scale	37.63±7.03	25-54	0.610
MSPSS	69.63±12.07	13-84	0.885
Family	24.75±4.04	4-28	0.769
Significant other	21.62±6.26	4-28	0.900
Friends	23.26±4.49	5-28	0.814

Table 2 shows the means, standard deviations (SD), and minimum-maximum values of the scores on the UCLA and MSPSS. The participants perceived social

support highly. While support from family represented the highest support group, the support from friends was perceived at a moderately high level. On the other hand, the mean score of the UCLA loneliness scale was found to be 37.63, indicating a moderate feeling of loneliness.

Table 3 presents the results of the Spearman's rank-order correlation analysis conducted to determine the relationship between older adults' perceptions of loneliness and their multidimensional perceived levels of social support.

Table 3

The Correlation of the MSPSS and Its Subscales with Loneliness

Scales		*Total Score on the Social Support*	*Total Score on the Family Subscale*	*Total Score on the Friends Subscale*	*Total Score on the Significant other scale*
Total Score on the Loneliness	ρ	-0.304	-0.246	-0.354	-0.183
	p-value	<0.001	<0.001	<0.001	0.009

According to Table 3, there were weak, statistically significant negative correlations between feelings of loneliness and perceived social support (ρ=-0.304), family support (ρ=-0.246), support from a significant other (ρ=-0.183), and friend support (ρ=-0.354).

Discussion

The findings of the study indicated that the MSPSS total mean score of the participants was 69.63 ± 12.07, and their UCLA mean score was 37.63 ± 7.03, indicating a moderate level of loneliness. For example, a field study conducted in Türkiye reported that the median score of loneliness was 33 (IQR 27-40), indicating similar levels among the older adults living in the community (Arslantaş et al., 2015). By contrast, studies conducted in institutional settings have generally reported higher scores on loneliness. Eskimez et al. (2019) found that the mean score of loneliness among nursing home residents in Türkiye was 41.74 ± 11.52. On the other hand, another study found the mean score of loneliness to be 41.87±8.43 (Bilgili et al., 2012). A study conducted in Korea reported a mean score of loneliness of 41.47 and 49.03 in older adults who lived under family care and those who lived in institutions, respectively (Shin & Ko, 1996). Although moderate loneliness was common among older adults, it was observed that those who lived in institutions had higher scores on loneliness than those who lived in the community.

No significant difference was found in the UCLA scores across the socio-demographic variables such as gender, age, marital status, educational level, income level, or place of residence. This result raises questions about the assumption that demographic factors are the major determinants of loneliness in old age. The findings suggest that loneliness is more strongly influenced by psychosocial and contextual variables than structural demographic characteristics. Previous studies have yielded conflicting outcomes regarding the role of demographic factors in

shaping loneliness in the older adults. For example, some studies have reported that women and single individuals are more predisposed to loneliness due to differences in social roles and social networks (Kim, 2024). A study conducted on older Chinese adults revealed that single people, those with low educational level, and those who lived alone had higher scores in loneliness (Wang et al., 2024). Contrary to these studies, a study conducted reported that variables such as age, income level, and educational level had no significant correlation with loneliness (Bower et al., 2023). Another study found no significant difference in the loneliness levels of older adults according to gender (Maes et al., 2019). Likewise, another study found that the level of loneliness did not differ according to gender, marital status, or age (La Grow et al., 2012). In their study, Steed et al. (2007), found no evidence of a correlation between age and loneliness. These studies are closely aligned with the findings of this study and suggest that demographic characteristics alone may not adequately explain differences in loneliness among older adults.

In contrast to loneliness, several dimensions of perceived social support varied significantly across socio-demographic groups, addressing the study's aim of identifying the socio-demographic correlates of social support. Notably, perceived family support differed significantly by educational level (χ^2=8.26, p=0.016): associate's-degree holders reported the highest family support (25.80±2.83) and the most highly educated group the lowest, indicating a non-linear association. Evidence on this relationship is mixed, with some studies finding no difference in perceived support across educational levels (Reinwarth et al., 2024) and others reporting an association for particular subgroups, such as older women (Lozano-Hernández et al., 2022). Given the modest cell sizes within the educational strata, this finding should be regarded as hypothesis-generating. It nonetheless underscores that the determinants of perceived social support—which here also varied by university year and place of residence—are distributed differently from those of loneliness, indicating that the availability of specific support sources remains sensitive to educational and residential context.

Weak but statistically significant negative correlations were determined between loneliness and perceived social support (ρ=-0.304), family (ρ=-0.246), significant other (ρ=-0.183), and friend support (ρ=-0.354). These findings suggest that higher perceived social support is correlated with less loneliness among the older adults. These results are compatible with studies that have consistently demonstrated an inverse correlation between social support and loneliness in older populations. A study conducted in Korea reported that elderly people who were highly socially supported felt significantly less lonely, regardless of whether they lived in the community or in institutions (Shin & Ko, 1996). The study conducted by Kang et al. (2018), with the elderly revealed that social support alleviated loneliness. In another study, also showed that higher support from a spouse/partner and friends was correlated with less loneliness (Chen & Feeley, 2014). In their study, Sánchez-Moreno et al. (2025), concluded that the correlation between social support and loneliness in the older adults was quite complex and largely associated with the source of support and its different meanings for the emotional and social dimensions of loneliness. In their meta-analysis, Pinquart and Sörensen reported that social support was consistently and inversely associated with loneliness across the studies they reviewed (Pinquart & Sörensen, 2001). Chen et al. (2014), explained that perceived social support did not always protect against loneliness, since

loneliness could also stem from unmet expectations of closeness and companionship rather than from a simple lack of social contact. Likewise, Domènech-Abella et al. (2019) concluded that interventions focusing solely on improving social support may not effectively alleviate loneliness. Interestingly, the strongest correlation in this study was observed between support from friends and loneliness (ρ = -0.354). This is noteworthy given that family support was in fact the most highly rated source of perceived support in this sample (see Table 2); the comparatively weaker association between family support and loneliness, relative to friend support, may instead reflect the largely obligatory and expected nature of family ties, whereas friendships are more freely chosen and may more closely correspond to older adults' actual desire for companionship and closeness (Chen et al., 2014). Thus, while family remains the most available source of support among older adults in this sample, the protective role of friendships in alleviating loneliness may be comparatively stronger.

It is noteworthy that the moderate level of loneliness and the generally high level of perceived social support observed in this sample emerged within the specific context of the 60+ Tazelenme University programme, a setting that, by its very nature, provides older adults with structured opportunities for social interaction and intellectual engagement. This is consistent with evidence that participation in University of the Third Age programmes can moderate the relationship between loneliness and life satisfaction among older adults (Szcześniak et al., 2020). From the perspective of Socioemotional Selectivity Theory, the consistently stronger associations observed for friend and family support, rather than for support from a significant other, may reflect older adults' tendency to selectively invest in a smaller number of emotionally close relationships rather than in a wider but less intimate social circle (Carstensen, 1992, 2006), an orientation that the Tazelenme University environment may actively facilitate through regular peer contact among participants of similar life stage. This suggests that lifelong-learning programmes for older adults may serve not only an educational function but also a protective social role, distinguishing the present findings from studies conducted with community-dwelling or institutionalised older adult populations who lack comparable structured social settings.

Conclusion

Results of this study revealed that the loneliness levels of individuals in the old age group were moderate, and their perceived social support levels were generally high. No significant difference was found in loneliness scores across the socio-demographic variables such as gender, age, marital status, educational level, income level, or place of residence. High perceived social support is correlated with less loneliness among older adults. Social support is not only important quantitatively but also qualitatively for the fulfilment of relationships as well as the size of social support networks. Considering that loneliness may also be correlated with factors independent of social support, holistic assessment and intervention approaches can be adopted. These conclusions should be read in light of the specific context in which the data were gathered: the 60+ Tazelenme University, a structured lifelong-learning setting that, by its very nature, offers older adults regular peer interaction

and a sense of institutional belonging. Interpreted through the lens of Socioemotional Selectivity Theory, the moderate loneliness and generally high perceived social support observed in this sample are consistent with older adults' tendency to concentrate their limited social and emotional resources on a smaller number of emotionally close, high-quality relationships rather than on a wider but more peripheral network. From this perspective, lifelong-learning programmes such as Tazelenme University may serve not only an educational function but also a protective social one, and embedding social support within such settings represents a promising avenue for reducing loneliness and enhancing the well-being of older adults. As a general recommendation drawn from the broader literature rather than from the present data, strengthening social support systems and encouraging older adults to participate in social activities may help to improve their quality of life and psychological well-being.

Hakem Değerlendirmesi: Dış bağımsız.
Çıkar Çatışması: Yazar, çıkar çatışması olmadığını beyan etmiştir.
Finansal Destek: Bu çalışma, Anadolu Üniversitesi tarafından SBA-2023-2320 proje kodu kapsamında desteklenmiştir.
Yapay Zeka: Yazar, bu çalışmada yapay zeka kullanmadığını beyan etmiştir.

Peer-review: Externally peer-reviewed.
Conflict of Interest: The author has no conflicts of interest to declare.
Financial Disclosure: This study was supported by Anadolu University under project code SBA-2023-2320.
Use of Artificial Intelligence: The author declared that no generative artificial intelligence tools were used during the preparation of this study.

References

Anderson, G. O., & Thayer, C. E. (2018). *Loneliness and social connections: a national survey of adults 45 and older.* AARP Foundation.

Antonucci, T. C. (2001). Social relations: an examination of social networks, social support, and sense of control. In J. E. Birren ve K. W. Schaie (Eds.), *Handbook of the Psychology of Aging* (pp. 427–453). Academic Press.

Arslantaş, H., Adana, F., Abacigil Ergin, F., Kayar, D., & Acar, G. (2015). Loneliness in elderly people, associated factors and ıts correlation with quality of life: a field study from western Turkey. *Iranian journal of public health*, *44*(1), 43–50.

Baltes, P. B., & Smith, J. (2003). New frontiers in the future of aging: from successful aging of the young old to the dilemmas of the fourth age. *Gerontology*,*49*(2), 123–135. https://doi.org/10.1159/000067946

Bilgili, N., Kitiş, Y., & Ayaz, S. (2012). Yaşlılarda yalnızlık, uyku kalitesi ve etkileyen faktörlerin değerlendirilmesi. *Turkish Journal of Geriatrics*, *15*(1), 81–88.

Bower, M., Lauria, E., Green, O., Smout, S., Boyle, J., Donohoe-Bales, A., … Teesson, M. (2023). The social determinants of loneliness during covid-19: personal, community, and societal predictors and implications for treatment. *Behaviour Change*, *40*(1),1–10. https://doi.org/10.1017/bec.2023.3

Cacioppo, J. T., Hughes, M. E, Waite, L. J, Hawkley, L. C., & Thisted, R. A. (2006). Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. *Psychology and Aging, 21*(1), 140–151. https://doi.org/10.1037/0882-7974.21.1.140

Carstensen, L. L. (1992). Social and emotional patterns in adulthood: support for socioemotional selectivity theory. *Psychology and Aging, 7*(3), 331–338. https://doi.org/10.1037/0882-7974.7.3.331

Carstensen, L. L. (2006). The influence of a sense of time on human development. *Science, 312*(5782), 1913–1915. https://doi.org/10.1126/science.1127488

Carstensen, L. L. (2021). Socioemotional selectivity theory: the role of perceived endings in human motivation. *The Gerontologist, 61*(8), 1188–1196. https://doi.org/10.1093/geront/gnab116

Chen, Y., & Feeley, T. H. (2014). Social support, social strain, loneliness, and well-being among older adults: an analysis of the health and retirement study. *Journal of Social and Personal Relationships, 31*(2), 141–161. https://doi.org/10.1177/0265407513488728

Chen, Y., Hicks, A., & While, A. E. (2014). Loneliness and social support of older people in China: a systematic literature review. *Health & Social Care in the Community, 22*(2), 113–123. https://doi.org/10.1111/hsc.12051

Cornwell, E. Y., & Waite, L. J. (2009). Social disconnectedness, perceived isolation, and health among older adults. *Journal of Health and Social Behavior, 50*(1), 31–48. https://doi.org/10.1177/002214650905000103

Courtin, E., & Knapp, M. (2017). Social isolation, loneliness and health in old age: a scoping review. *Health & Social Care in the Community, 25*(3), 799–812. https://doi.org/10.1111/hsc.12311

Cudjoe, T. K. M., Roth, D. L., & Szanton, S. L. (2020). The epidemiology of social isolation: national health and aging trends study. *Journals of Gerontology: Social Sciences, 75*(1), 107–113. https://doi.org/10.1093/geronb/gby037

Czaja, S. J., Moxley, J. H., & Rogers, W.A. (2021). Social support, ısolation, loneliness, and health among older adults in the PRISM randomized controlled trial. *Front. Psychol. 12*, 1–14. https://doi.org/10.3389/fpsyg.2021.728658

Demir, A. (1989). U.C.L.A. Yalnızlık ölçeğinin geçerlilik ve güvenirliği. *Psikoloji Dergisi, 7*, 14–8.

Domènech-Abella, J., Mundó, J., Haro, J. M., & Rubio-Valera, M. (2019). Anxiety, depression, loneliness and social network in the elderly: Longitudinal associations from the Irish Longitudinal Study on Ageing (TILDA). *Journal of affective disorders, 246*, 82–88. https://doi.org/10.1016/j.jad.2018.12.043

Eker, D., Arkar, H., & Yaldız, H. (2001). Factorial structure, validity, and reliability of revised form of the multidimensional scale of perceived social support. *Turkish Journal of Psychology, 12*(1), 17–25.

Eskimez, Z., Demirci, P., Tosun Öz, I. K., Öztunç, G., & Kumaş, G. (2019). Loneliness and social support level of elderly people living in nursing homes. *Journal of Contemporary Medicine*, *9*(3), 305–11.

Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: a theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine, 40*(2), 218–27. https://doi.org/10.1007/s12160-010-9210-8

Kang, H. W., Park, M., & Wallace (Hernandez), J. P. (2018). The impact of perceived social support, loneliness, and physical activity on quality of life in South Korean older adults. *Journal of Sport and Health Science. 7*(2),237–244. https://doi.org/10.1016/j.jshs.2016.05.003

Kim, J. H. (2024). *Multiculturalism and the wellbeing of older US immigrants*. [Doctoral dissertation, Syracuse University]. Syracuse University Libraries.

La Grow, S., Neville, S., Alpass, F., & Rodgers, V. (2012). Loneliness and self-reported health among older persons in New Zealand. Australas. *J. Ageing, 31*, 121–23. https://doi.org/10.1111/j.1741-6612.2011.00568.x

Lang, F. R., Staudinger, U. M., & Carstensen, L. L. (1998). Perspectives on socioemotional selectivity in late life: how personality and social context do (and do not) make a difference. *The journals of gerontology. Series B, Psychological sciences and social sciences*, *53*(1), 21–29. https://doi.org/10.1093/geronb/53B.1.P21

Lozano-Hernández, C. M., López-Rodríguez, J. A., Rico-Blázquez, M., Calderón-Larrañaga, A., Leiva-Fernández, F., Prados-Torres, A., del Cura-González, I. (2022). Sex differences in social support perceived by polymedicated older adults with multimorbidity. MULTIPAP study. *PLoS ONE, 17*(7), e0268218. https://doi.org/10.1371/journal.pone.0268218

Maes, M., Qualter, P., Vanhalst, J., Van den Noortgate, W., & Goossens, L. (2019). Gender differences in loneliness across the lifespan: a meta-analysis. *Eur J Personal, 33(6),* 642–54. https://doi.org/10.1002/per.2220

Nicholson, N. R. (2012). A review of social isolation: an important but underassessed condition in older adults. *The Journal of Primary Prevention, 33*, 137–52. https://doi.org/10.1007/s10935-012-0271-2

Peplau, L. A., & Perlman, D. (1982). Perspectives on loneliness. In L. A. Peplau & D. Perlman (Eds.), *Loneliness: a sourcebook of current theory, research and therapy* (pp. 1–18). Wiley.

Pinquart, M., & Sörensen, S. (2001). Influences on loneliness in older adults: a meta-analysis. *Basic and Applied Social Psychology,23*(4), 245–66. https://doi.org/10.1207/S15324834BASP2304_2

Reinwarth, A. C., Petersen, J., Beutel, M. E., Hautzinger, M., & Brähler, E. (2024). Social support in older adults: validation and norm values of a brief form of the Perceived Social Support Questionnaire (F-SozU K-6). *PLoS ONE, 19*(3). https://doi.org/10.1371/journal.pone.0299467

Russell, D., Peplau, L. A., & Ferguson, M. L. (1978). Developing a measure of loneliness. *Journal of Personality Assessment, 42*(3), 290–94. https://doi.org/10.1207/s15327752jpa4203_11

Sánchez-Moreno, E., Gallardo-Peralta, L. P., Rodríguez-Rodríguez, V., de Gea Grela, P., & García Aguña, S. (2025). Unravelling the complexity of the relationship between social support sources and loneliness: a mixed-methods study with older adults. *PLoS ONE*, *20*(1), 1–28. https://doi.org/10.1371/journal.pone.0316751

Shin, M. H., & Ko, S. H. (1996). Loneliness and social support in the elderly. *Journal of Korean Academy of Psychiatric and Mental Health Nursing*, *5*(1),78–89

Steed, L., Boldy, D., Grenade, L., & Iredell, H. (2007). The demographics of loneliness among older people in Perth. West. Australia. *Australa. J. Ageing.* 26(2), 81–6. https://doi.org/10.1111/j.1741-6612.2007.00221.x

Szcześniak, M., Bielecka, G., Madej, D., Pieńkowska, E., & Rodzeń, W. (2020). The role of self-esteem in the relationship between loneliness and life satisfaction in late adulthood: evidence from Poland. *Psychology Research and Behavior Management, 13*, 1201–1212. https://doi.org/10.2147/PRBM.S275902

Taylor, H. O., Taylor, R. J., Nguyen, A. W., & Chatters, L. (2018). Social isolation, depression, and psychological distress among older adults. *Journal of Aging and Health*, *30*(2), 229–46. https://doi.org/10.1177/0898264316673511

Taylor, S. E. (2011). Social support: a review. In M. S. Friedman (Ed.), *The Handbook of Health Psychology* (pp. 189–214). Oxford University Press.

Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior*, *52*(2), 145–61. https://doi.org/10.1177/0022146510395592

Türkiye İstatistik Kurumu. (2026). İstatistiklerle Yaşlılar, 2025.

United Nations. (2020). *World population ageing 2020 highlights: living arrangements of older persons.* Department of Economic and Social Affairs, Population Division.

Valtorta, N. K, Kanaan, M., Gilbody, S., Ronzi, S., & Hanratty, B. (2016). Loneliness, social isolation and social relationships: What are we measuring? A novel framework for classifying and comparing tools. *BMJ Open,* 6(4), 1–7. https://doi.org/10.1136/bmjopen-2015-010799

Wang, J., Zhou, Y., Zhang, Q., Li, J., Zhai, D., Han, B., & Liu, Z. (2024). Loneliness among older Chinese individuals: the status quo and relationships with activity-related factors. *BMC Geriatrics*, 24(42),1–11. https://doi.org/10.1186/s12877-023-04611-9

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment,* 52:30–41. https://doi.org/10.1207/s15327752jpa5201_2