

doi: <https://doi.org/10.15446/rcp.v34n2.115141>

Loneliness in Urban Mapuche Older Adults in Chile: Ethnic Identity Affirmation, Autonomy, and Subjective Well-Being as predictors

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How to cite this article: Casas-Martí, J., Soto-Higuera, A., Riquelme-Segura, L., Quintano-Méndez, F. & Mayorga-Muñoz, C. (2025). Loneliness in Urban Mapuche Older Adults in Chile: Ethnic Identity Affirmation, Autonomy, and Subjective Well-Being as predictors *Revista Colombiana de Psicología*, 34(2), 23-37. <https://doi.org/10.15446/rcp.v34n2.115141>

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SCIENTIFIC RESEARCH ARTICLE

RECEIVED: JUNE 19TH, 2024 - ACCEPTED: AUGUST 8TH, 2024

Loneliness in Urban Mapuche Older Adults in Chile: Ethnic Identity Affirmation, Autonomy, and Subjective Well-Being as predictors

Abstract

This study seeks to identify the factors that predict loneliness among urban Mapuche older adults in Chile. Using a cross-sectional, non-experimental design with a correlational scope, the study included 323 participants, with a mean age of 70.77 years. The findings indicate that a strong affirmation of ethnic identity affirmation, greater autonomy, higher levels of subjective well-being, and a larger number of cohabitants are associated with reduced levels of loneliness. In contrast, gender and age were not significant predictors. These results are important for developing public policies and intervention programs aimed at the urban Mapuche older adult population. Emphasizing the roles of ethnic identity, autonomy, subjective well-being, and the structural characteristics of social networks as key variables can help address loneliness in this demographic. Moreover, the study contributes to a better understanding of the dynamics of loneliness among urban indigenous populations, a group that has been underrepresented in research.

Keywords: loneliness, aging, urban Mapuche, ethnic identity affirmation, autonomy, subjective well-being.

Soledad en Personas Mayores Mapuche Urbanas en Chile: Afirmación de la Identidad Étnica, Autonomía y Bienestar Subjetivo como predictores

Resumen

Este estudio busca identificar los factores que predicen la soledad en adultos mayores mapuches urbanos en Chile. Utilizando un diseño transversal, no experimental y de alcance correlacional, el estudio incluyó 323 participantes, con una edad media de 70,77 años. Los resultados indican que una fuerte afirmación de la identidad étnica, una mayor autonomía, mayores niveles de bienestar subjetivo y un mayor número de convivientes se asocian con menores niveles de soledad. Por el contrario, el género y la edad no fueron predictores significativos. Estos resultados son importantes para el desarrollo de políticas públicas y programas de intervención dirigidos a la población adulta mayor mapuche urbana. Enfatizar el rol de la identidad étnica, la autonomía, el bienestar subjetivo y las características estructurales de las redes sociales como variables clave puede ayudar a abordar la soledad en este grupo demográfico. Además, el estudio contribuye a una mejor comprensión de la dinámica de la soledad entre las poblaciones indígenas urbanas, un grupo que ha sido subrepresentado en la investigación.

Palabras clave: soledad, envejecimiento, mapuche urbano, afirmación de identidad étnica, autonomía, bienestar subjetivo.

Introduction

Improvements in health and quality of life, combined with a reduction in birth rates, have led to an unprecedented socio-demographic transformation characterized by population aging on a global scale (Pérez, 2016). Although Chile is not yet in an advanced stage of this phenomenon, the number of people aged 60 and over has tripled in the last 40 years. The United Nations estimates that by 2050, approximately one-third of Chile's population will be elderly, representing the highest projection in Latin America (Leiva et al., 2020).

According to data from the latest national census (Instituto Nacional de Estadísticas [INE], 2018), in 2017 the population aged 60 and over was 2,816,160 people, accounting for 16.3% of the total population. Regarding the geographic distribution of this population, 85.2% reside in urban areas and 14.8% in rural areas (compared to 87.8% and 12.2%, respectively, for all age groups). However, there are significant regional variations. For instance, in the Antofagasta Region, 97.8% of older adults live in urban areas (compared to 94.1% for all age groups), while in the Metropolitan Region, 96.3% of both older adults and the entire census population reside in urban areas. In contrast, the Ñuble Region has the highest proportion of older adults living in rural areas (36.8% compared to 30.6% of the total population), followed by the Araucanía (36.0%) and Los Lagos (35.4%) regions (compared to 29.1% and 26.4% of the total population, respectively).

In this context, several studies emphasize that cities are emerging as the main places of residence for native peoples, presenting one of the most significant challenges (Brablec, 2020). In Chile, 10.6% of older adults identify as belonging to native peoples (Rojas et al., 2022), a percentage slightly lower than the 12.8% of the general population (INE, 2018). This proportion varies significantly between regions. For example, the Araucanía and Arica and Parinacota regions stand out, where more than a quarter of the elderly population identify as members of these groups, with 29.7% and 26.8%, respectively (compared to 34.3% and

35.3% in all age groups). Among these populations, the majority identify with the Mapuche people (81.7%), a higher percentage than that observed in the general population (79.8%).

It is important to note that indigenous populations in Chile have historically faced adverse life trajectories and an unequal relationship with the national government, limiting their ability to live independently and fully participate in society (Gitlin & Fuentes, 2012). Evidence of this is seen in the vulnerable circumstances in which indigenous older adults often find themselves, including a higher likelihood of poverty and social exclusion compared to non-indigenous older adults. These factors contribute to a decline in their psychosocial resources and the resulting sense of loneliness (Gallardo-Peralta et al., 2022, 2023), which has been identified as one of the main public health challenges of our time (Gerst-Emerson & Jayawardhana, 2015; Hawkley & Cacioppo, 2010; Köster & Lipps, 2024; World Health Organization [WHO], 2021).

Indeed, the aforementioned highlights how historical processes impact people's daily lives through the interplay of structural conditions and subjective experiences. In this context, the Mapuche population is no exception to the socio-historical conditions characteristic of modernity. These factors intertwine with different stages of the life cycle, as they go through processes specific to individuals aged 60 and above, which are reflected in their daily perceptions, feelings, and projections. In this scenario, examining the impact of various psychological variables on feelings of loneliness is critically important, especially in a population that has been historically neglected by both academia and society.

Loneliness

Loneliness is a negative feeling that arises when there is a discrepancy between desired and actual social relationships (Perlman & Peplau, 1982). This experience can stem from a perceived insufficiency in the number of interpersonal connections and from a lack of intimacy, affection, or

value in existing relationships (De Jong-Gierveld, 1987). Hence, a distinction has traditionally been made between *social loneliness*, referring to the former, and *emotional loneliness*, referring to the latter (Weiss, 1973).

As a subjective experience, loneliness can only be described by the person experiencing it (Routasalo et al., 2006). It must, therefore, be distinguished from social isolation, which refers to a lack of social interaction and is an objective condition (De Jong-Gierveld et al., 2006). Consequently, loneliness has also been defined as perceived social isolation (Cacioppo et al., 2010).

Loneliness can significantly affect health and well-being and is considered a public health issue by the World Health Organization (WHO, 2021). Multiple studies demonstrate a direct connection between loneliness, social isolation, and poorer quality of life, as well as various health problems, including cardiovascular disease, cognitive impairment, and depression (Cacioppo et al., 2014; Gerst-Emerson & Jayawardhana, 2015; Hawkey & Cacioppo, 2010; Steptoe et al., 2013). According to Holt-Lunstad et al. (2015), loneliness is also associated with a 26%-32% increased risk of mortality.

Several risk factors can increase the likelihood of suffering from loneliness, such as belonging to vulnerable social groups or undergoing life transitions, including loss or changes in social relationships, empty nest syndrome, the death of a partner, poor social relationships, retirement, lack of pleasurable activities, health deterioration, and discrimination and prejudice against older adults, such as ageism (WHO, 2021; Yanguas et al., 2018).

Age distribution reveals a U-shaped correlation between loneliness and age: loneliness is more prevalent among younger people, decreases with age, and then increases significantly among older adults (Dykstra, 2009; Lasgaard et al., 2016; Losada et al., 2012; Martín & González-Rábago, 2021; Pinguart & Sorensen, 2001; Yang & Victor, 2011). It is important to note that there is consensus in linking age with many factors that can influence (or be influenced by) the development of chronic

loneliness, which, in turn, impacts the overall well-being of older individuals (Pinazo-Hernandis & Donio-Bellegarde, 2018).

Moreover, age serves not only as a social determinant of loneliness throughout life but also specifically among older adults (Dykstra, 2009; Lasgaard et al., 2016; Losada et al., 2012; Martín & González-Rábago, 2021; Pinguart & Sorensen, 2001; Yang & Victor, 2011). Studies indicate that loneliness generally increases in advanced stages of old age, largely due to age-related losses, both relational and physical (Pinazo-Hernandis & Donio-Bellegarde, 2018).

The gender analysis of loneliness among older adults highlights three key aspects. First, women report their loneliness more often through direct measurement methods, while men demonstrate higher loneliness levels when assessed using indirect methods, such as psychometric scales (Borys & Perlman, 1985; Nicolaisen & Thorsen, 2014). Second, women's disproportionate caregiving responsibilities predict loneliness, as caregiving often creates barriers to meaningful social connections (Barreto et al., 2021; Lopata, 1983; Pinguart & Sorensen, 2001; Warburton & Lui, 2007). Third, gender differences are observed in emotional and social loneliness: women tend to develop more active relational networks (Antonucci, 1990; Rokach et al., 2007), yet face greater emotional loneliness due to their longer life expectancy and increased exposure to widowhood (Barreto et al., 2021; Nicolaisen & Thorsen, 2014).

Regarding living arrangements, existing research indicates that people who live alone are at greater risk of experiencing loneliness (Cohen-Mansfield et al., 2016; De Jong-Gierveld, 1987; Hughes et al., 2004; Lasgaard et al., 2016; Losada et al., 2012; Routasalo et al., 2006; Sanchez, 2009; Victor et al., 2000), a trend exacerbated during the COVID-19 pandemic (Baarck et al., 2021; Köster & Lipps, 2024). However, the implications of living alone are very different if it is by choice or due to unforeseen circumstances, such as widowhood (López-Doblas, 2005). Additionally, living with

children does not necessarily protect against loneliness; satisfactory cohabitation as a couple having the greatest implications for combating it (Hansen et al., 2009).

In Chile, loneliness among older adults is an emerging field of research. The study by Carrasco et al. (2021) was the first to include a representative sample of Latin American older adults living in their countries of origin. Their pre-pandemic data show that 45% of older adults residing in Santiago, Metropolitan Region, experience loneliness, potentially related to high expectations of family relationships. However, their results revealed no association with age or sex. Herrera et al. (2021) confirmed an increase in loneliness among Chilean older adults during the COVID-19 pandemic, reporting a prevalence of 53%.

The existing literature also highlights protective aspects in aging, such as the affirmation of ethnic identity (Soto-Higuera et al., 2023).

Ethnic identity affirmation

Ethnic identity is a dynamic, multidimensional, and constantly evolving construct (Umaña-Taylor et al., 2004) that refers to an individual's sense of self concerning their membership in an ethnic group (Phinney, 1992). This concept encompasses processes of exploration —where individuals are actively involved in learning about their culture, their traditions, and the meaning of these in their lives— and affirmation, which involves developing positive feelings and a strong attachment to the ethnic group. In the field of aging, there is evidence that the latter process significantly contributes to successful aging (Soto-Higuera et al., 2023).

However, ethnic minorities, including older adults, face complex challenges due to heightened inequalities in health, education, and working conditions, as well as experiences of racism and forced migration, among others (Quigley et al., 2022). A significant transformation in these communities is the increase in single-person households or older couples living alone, along with

growing institutionalization. These changes are reshaping a care system traditionally organized around extended family and intergenerational care (Gallardo-Peralta et al., 2023). Hence, loneliness may be even more intense in groups historically disadvantaged socially, politically, economically, and even territorially (Rodríguez-Blázquez et al., 2021; Sánchez-Moreno et al., 2021).

The analysis of loneliness among ethnic minorities is progressing, but there remains a scarcity of research on this topic. Internationally, studies comparing loneliness across different age groups have found a higher incidence among ethnic minorities (Baarck et al., 2021). In Chile, research have focused exclusively on rural areas. While some studies associate ethnic group affiliation with lower loneliness scores compared to the general older adult population (Sánchez-Moreno et al., 2021), others suggest that loneliness affects Chilean older adults cross-culturally, with the COVID-19 pandemic exacerbating its impact on well-being (Gallardo-Peralta et al., 2023).

Autonomy as an element of quality of life

The World Health Organization (1995) defines quality of life as a subjective concept based on an individual's perception of their position in life within the context of their culture and value system in which they live and their relation to goals, expectations, standards, and interests. It is widely considered a multidimensional concept that, in the case of older adults, is expected to be positively constructed, fostering the recognition of old age as a continuation of life rather than a phase of functional decline and social isolation (Queirolo et al., 2020).

Research has examined numerous factors influencing older adults' quality of life. The principle of autonomy —defined as the ability to make one's own decisions, feel in control of one's future, and pursue personal desires (Urzúa & Navarrete, 2013)— is particularly noteworthy. It provides a conceptual framework for understanding older

adults' quality of life (Clark, 1988) and has been linked to social participation, life satisfaction, and better health outcomes (Gwozdz & Sousa-Poza, 2010; Zapata-López et al., 2015). Despite being a prioritized dimension in care services for older adults (Bishop, 1999), it has received limited attention in the Latin American context and in research on indigenous older adults.

The association between reduced autonomy and loneliness has been explored mainly through functional impairment rather than psychological autonomy linked to independence. Functional decline often increases loneliness by limiting social interaction opportunities and making it difficult for older adults to maintain their lifestyle (Sánchez, 2009). Autonomy facilitates the establishment and maintenance of social relationships (Pinquart & Sorensen, 2001). Conversely, functional decline restricts the older adults' ability to maintain social contacts, leave home, and participate in activities that counteract boredom (Cohen-Mansfield et al., 2016). It may also lead to the disconnection of friendships in an effort not to "overburden" them (Johnson, 1983). Furthermore, the need for care—or its perception—can create tension in relationships with family caregivers, reducing the likelihood of emotional needs being met (Casas-Martí, 2023; Sánchez, 2009). By contrast, cohesive and flexible family relationships that adapt to the aging process through affective and emotional support improve objective and subjective living conditions (Mayorga-Muñoz et al., 2019).

Subjective well-being as an element of quality of life

Subjective well-being is another key component of quality of life, encompassing individual and social dimensions (Casas, 1996). It reflects how people evaluate their lives, including both positive and negative aspects, and serves as an indicator of the "realized" quality of life within a country or social category. Two main components are identified: eudaimonism, related to personal

self-realization, and hedonism, linked to emotions (Oyanedel et al., 2015).

In the hedonic domain, happiness represents a general affective evaluation, while life satisfaction refers to a cognitive appraisal of a person's subjective well-being based on the comparison and perceived discrepancy between their aspirations and achievements (Bishop et al., 2006). Other authors have defined it as the harmony between desired and achieved goals in life (Altay & Çalmaz, 2023). It is considered a relatively stable indicator from middle age to old age, and in the later stages of life, this satisfaction could represent an overall reflection on lifetime achievements and goals (von Humboldt et al., 2014).

Satisfaction scales are widely recognized tools for assessing subjective well-being, enabling individuals to make global assessments of their lives or about specific areas of their lives. Furthermore, satisfaction in particular life domains has been shown to have a direct impact on the perception of overall life satisfaction (Rojo et al., 2012). Quantitative studies have linked loneliness in older adults to lower subjective well-being (Rojo et al., 2012) and low life satisfaction (Cohen-Mansfield et al., 2016), but there is a lack of evidence for the older Mapuche population. Some studies have shown that increased loneliness correlates with reduced life satisfaction (Altay & Çalmaz, 2023). Lorber et al. (2023) observed heightened loneliness and decreased life satisfaction during the COVID-19 pandemic, emphasizing the influence of global events on these phenomena.

In the context of Chile's aging population and the growing recognition of loneliness as a public health issue, older Mapuche individuals in urban areas represent a group with unique characteristics and needs. Ethnic identity affirmation, autonomy, and subjective well-being are key factors for their well-being, particularly in vulnerable contexts. Nonetheless, there is a gap in the literature regarding how these factors interact to shape perceptions of loneliness in this population. This study aims to determine whether ethnic identity affirmation,

autonomy, and subjective well-being predict loneliness in older Mapuche adults living in urban areas of the Araucanía region, Chile.

Methods

Design

We employed a quantitative approach with a cross-sectional, non-experimental design of correlational scope (Cea D'Ancona, 1996). The study was approved by the Scientific Ethics Committee of the Universidad de La Frontera (Page N°009/20).

Participants

The study included 323 respondents. Of these, 63.2% ($n = 204$) were women, and 36.8% ($n = 119$) were men. The mean age was 70.77 years ($SD = 7.273$), ranging from 60 to 96 years. Regarding marital status, 58.5% ($n = 189$) reported being married, 16.7% ($n = 54$) identified as single, and 16.1% ($n = 52$) as widowed. In terms of living arrangements, 48% ($n = 155$) lived with one other person, 38.7% ($n = 125$) lived with more than one person, and 13.3% ($n = 43$) lived alone. Finally, 98.5% ($n = 318$) identified as Mapuche, and 1.5% ($n = 5$) as Huilliche..

Instruments

- **Loneliness:** A 6-item version of the De Jong Gierveld Loneliness Scale (DJGLS-6) (De Jong-Gierveld & van Tilburg, 2006). The Spanish version had previously been validated with Chilean older adults from multiethnic samples, including indigenous groups (Rodríguez-Blázquez et al., 2021), showing a Cronbach's alpha of 0.73.
- **Ethnic identity affirmation:** This is the 7-item affirmation subscale of the short version of the Multigroup Ethnic Identity Measure (MEIM). It was designed by (Phinney, 1992) and validated with Chilean older adults (Soto-Higuera et al., 2023) with an alpha of 0.89. The full instrument includes 12 items

that assess both affirmation and exploration of ethnic identity.

- **Autonomy:** The autonomy subscale consisted of 4 items from the WHOQOL-OLD quality of life scale (Power et al., 2005). It was validated among Chilean older adults (Urzúa & Navarrete, 2013), with a Cronbach's alpha of 0.80. This scale includes 24 items that assess sensory skills, past, present, and future activities, social participation, death and dying, and intimacy.
- **Subjective well-being:** The Personal Well-being Index (PWI) was validated with Chilean older adults (Gallardo-Peralta et al., 2019) and has an alpha of 0.92. Its 9-item version measures subjective well-being across dimensions such as standard of living, level of health, achievements, personal relationships, personal safety, community, future security, and religion and spirituality. It also includes an overarching question on overall life satisfaction (Oyanedel et al., 2015).

Procedure

Participants were recruited through interviewers trained in municipal programs across La Araucanía, Chile. The interviewers provided detailed explanations about the study objectives, the confidentiality of responses, and the participants' anonymity, after which the participants signed an informed consent. Data were collected through personal interviews using the research instruments between January and August 2022.

Data analysis

The data were stored in the SPSS v.23 software. The database was cleaned by identifying univariate missing cases through z-scores (Myers, 2011). After consolidating the dataset to 323 cases, a univariate analysis was conducted using measures of central tendency, dispersion, and shape to observe data behavior. Pearson's correlation analysis was applied

to identify relationships between psychological factors included in the study. A multiple linear regression analysis was then performed to assess the relationship between independent variables (subjective well-being, autonomy, ethnic identity affirmation, number of cohabitants, age, and sex) and the dependent variable (loneliness). The sex variable was coded as a dummy variable (0 = male, 1 = female).

Results

Descriptive analysis

The descriptive results are summarized in Table 1.

Subsequently, the bivariate analysis showed a low correlation between the instruments, supporting the consideration that these scales measure distinct constructs. Additionally, the correlations

Table 1.
Descriptive statistics

	Loneliness	Subjective well-being	Autonomy	Ethnic identity affirmation
N	323	323	323	323
Mean	1.4917	6.0584	3.9226	3.6378
Median	1.3333	6.0000	4.0000	3.8000
Standard deviation	.31100	.61199	.72514	.85491
Skewness	.627	-.508	-.336	-.459
Kurtosis	-.167	.057	-.344	-.264
Minimum	1.00	4.13	1.50	1.00
Maximum	2.50	7.00	5.00	5.00

Source: prepared by the authors.

Table 2.
Bivariate correlations

		Subjective well-being	Autonomy	Ethnic identity affirmation
Loneliness	Pearson's correlation	-.330 **	-.319 **	-.243 **
	(Bilateral) sig.	.000	.000	.000
	N	323	323	323
Subjective well-being	Pearson's correlation		.375 **	.164 **
	(Bilateral) sig.		.000	.003
	N		323	323
Quality of Life (Autonomy)	Pearson's correlation			.089
	(Bilateral) sig.			.112
	N			323

Source: prepared by the authors.

were negative, indicating that the relationships between the independent and dependent variables were inverse. Refer to Table 2 for further details.

Multiple regression análisis

The multiple linear regression model yielded statistically significant results $p < .001$, $R^2 = 0.205$, adjusted $R^2 = 0.190$, and $F = 13.577$. Additionally, the model produced a Durbin-Watson statistic of 0.954 and an inflation index below 4, indicating acceptable levels of multicollinearity. Table 3 highlights that life satisfaction, autonomy, ethnic affirmation, and the number of people living with the respondent significantly influence the variability in loneliness. Conversely, age and gender were not found to be significant predictors in this regression model.

Table 3.
Multiple linear regression análisis

	Unstandardized coefficients		Standardized coefficients	t	Sig.	Collinearity statistics	
	B	Standard error	Beta			Tolerance	VIF
Loneliness	2.836	.171		16.565	.000		
Subjective well-being	-.110	.028	-.217	-3.960	.000	.837	1.194
Autonomy	-.105	.024	-.246	-4.343	.000	.787	1.271
Ethnic identity affirmation	-.062	.019	-.171	-3.302	.001	.941	1.062
Number of people living with the respondent	-.031	.012	-.128	-2.465	.014	.930	1.076
Age	-.012	.053	-.011	-.225	.822	.973	1.028
Sex	.020	.033	.032	.610	.542	.935	1.070

Source: prepared by the authors.

This underscores the importance of both intra- and extrafamilial structural elements of social networks (Sánchez, 2009). The family environment often acts as a support system, facilitating help and care transactions. Consequently, regular interactions

Discussion

This study focused on identifying whether ethnic identity affirmation, autonomy, and life satisfaction predict loneliness among urban Mapuche older adults in the Araucanía region of Chile. The results contribute to a better understanding of loneliness dynamics within this specific group and highlight the growing need for intersectional approaches in studying loneliness and aging (Martínez-Palacios, 2020).

The number of cohabitants is also related to loneliness, consistent with other findings from research in non-indigenous populations (Baarck et al., 2021; Cohen-Mansfield et al., 2016; De Jong-Gierveld, 1987; Hughes et al., 2004; Köster & Lipps, 2024; Lasgaard et al., 2016; Losada et al., 2012; Routasalo et al., 2006; Victor et al., 2000).

with other family members contribute to fulfilling material, emotional, and affective needs, influencing a perception of increased subjective well-being, satisfaction with life, and subsequently lowering feelings of loneliness. This benefit is also derived

from using resources and support networks outside the family (Mayorga-Muñoz et al., 2019; Rojo et al., 2012; Zapata-López et al., 2015).

The lack of significance in gender coincides with the results of Carrasco et al. (2021) since the confirmatory factor analysis of the scale validated in Chile does not differentiate between social and emotional loneliness dimensions (Rodríguez-Blázquez et al., 2021), unlike the original scale (De Jong-Gierveld & van Tilburg, 2006). These dimensions are often considered critical in defining the relationship between loneliness and gender (Barreto et al., 2021; Nicolaisen & Thorsen, 2014).

Regarding age, the lack of significance contrasts with studies on older populations not belonging to indigenous groups (Dykstra, 2009; Lasgaard et al., 2016; Losada et al., 2012; Martín & González-Rábago, 2021; Pinquart & Sørensen, 2001; Yang & Victor, 2011) but aligns with research conducted among Chilean urban older adults (Carrasco et al., 2021).

Additionally, it was observed that a strong ethnic identity affirmation in Mapuche elders is inversely associated with loneliness. This supports Phinney's (1992) theory, suggesting that ethnic identity fosters a sense of belonging and community. This aligns with studies linking ethnic identity with successful aging (Soto-Higuera et al., 2023). The findings challenge the presumption that indigenous communities predominantly reside in rural areas, rendering urban indigeneity invisible (Brablec, 2020). However, from a broader consideration of ethnic identity, this result also raises questions about the effects of urbanization on the affirmation of ethnic identity, often perceived as being under threat from dominant cultural values.

Autonomy emerged as another significant factor in reducing loneliness. The ability to make independent decisions and maintain control over one's life proved crucial for mitigating loneliness among Mapuche older adults. This aligns with other studies recognizing autonomy as a protective factor for well-being (Gwozdz & Sousa-Poza, 2010). The findings emphasize the need for policies and

programs that respect and promote autonomy in this population (Bishop, 1999) and places the psychological dimension of autonomy at the center of the analysis, beyond functional capacity (Urzúa & Navarrete, 2013).

The study highlights a close correlation between subjective well-being and loneliness. This complex link suggests that greater subjective well-being may buffer or mitigate loneliness. This finding is in line with other studies on populations that do not identify with indigenous peoples (Altay & Çalmaz, 2023; Cohen-Mansfield et al., 2016; Lorber et al., 2023; Rojo et al., 2012), providing evidence to suggest that promoting subjective well-being and life satisfaction should be integral to interventions targeting older adults, including policies and programs aimed at reducing loneliness.

In terms of the limitations, it should be noted that non-probability convenience sampling was used; therefore, the results cannot be generalized to all urban Mapuche older adult populations.

Future research should focus on generating intersectional knowledge that, in the case of ethnic diversity, makes urban native peoples visible. It also calls for comparative studies including other ethnic groups in Chile. This comparative perspective could identify key differences and similarities, enabling the development of more effective and inclusive interventions and policies tailored to the needs of diverse older populations.

Conclusions

Statistically significant correlations were identified between ethnic identity affirmation, autonomy, subjective well-being, and loneliness among urban Mapuche older adults in Chile. Another notable finding is the inverse relationship between loneliness and the number of cohabitants, consistent with previous research on non-Mapuche populations. Variables such as gender and age did not significantly influence loneliness in this context.

These results are critical for informing public policy. Interventions focused on affirming ethnic identity, promoting autonomy, and enhancing

subjective well-being may be effective strategies to mitigate loneliness in this population. Such approaches have the potential to improve the quality of life for Mapuche older adults, deepen their understanding of urban environments, and address the phenomenon of loneliness more effectively.

References

- Altay, B., & Çalmaz, A. (2023). Perception of loneliness and life satisfaction in the elderly during the COVID-19 pandemic process. *Psychogeriatrics*, 23(1), 177–186. <https://doi.org/10.1111/psyg.12911>
- Antonucci, T. C. (1990). Social support and social relationships. In R. H. Binstock & L. K. George (Eds.), *Handbook of aging and the social sciences* (3rd ed, pp. 205–225). Academic Press.
- Baarck, J., Balahur-Dobrescu, A., Cassio, L. G., D'hombres, B., Pasztor, Z., & Tintori, G. (2021). *Loneliness in the eu. Insights from surveys and online media data*. <https://doi.org/10.2760/28343>
- Barreto, M., Victor, C., Hammond, C., Eccles, A., Richins, M. T., & Qualter, P. (2021). Loneliness around the world: Age, gender, and cultural differences in loneliness. *Personality and Individual Differences*, 169, 110066. <https://doi.org/10.1016/j.paid.2020.110066>
- Bishop, A. J., Martin, P., & Poon, L. (2006). Happiness and congruence in older adulthood: A structural model of life satisfaction. *Aging & Mental Health*, 10(5), 445–453. <https://doi.org/10.1080/13607860600638388>
- Bishop, B. (1999). *The national strategy for an ageing Australia: Background paper*. Commonwealth of Australia.
- Borys, S., & Perlman, D. (1985). Gender Differences in Loneliness. *Personality and Social Psychology Bulletin*, 11(1), 63–74. <https://doi.org/10.1177/0146167285111006>
- Brablec, D. (2020). ¿Quién cuenta como un auténtico indígena? Negociaciones de identidad colectiva en el contexto urbano chileno. *Sociología*, 55, 129–145. <https://doi.org/10.1177/0038038520915435>
- Cacioppo, J. T., Hawkey, L. C., & Thisted, R. A. (2010). Perceived social isolation makes me sad: 5-year cross-lagged analyses of loneliness and depressive symptomatology in the Chicago Health, Aging, and Social Relations Study. *Psychology and Aging*, 25(2), 453–463. <https://doi.org/10.1037/a0017216>
- Cacioppo, S., Capitanio, J. P., & Cacioppo, J. T. (2014). Toward a neurology of loneliness. *Psychological Bulletin*, 140(6), 1464–1504. <https://doi.org/10.1037/a0037618>
- Carrasco, M., Fernández, Mb., Alexander, E., & Herrera, Ms. (2021). Loneliness in Older Chilean People: Importance of Family Dysfunction and Depression. *International Journal of Mental Health Promotion*, 23(1), 99–109. <https://doi.org/10.32604/ijmhp.2021.011568>
- Casas, F. (1996). *Bienestar social. Una introducción psicosocial*. PPU.
- Casas-Martí, J. (2023). Loneliness and conflicts in hospitals: An outlook from the field of social work, the ethics of care and the discharge planning for dependent elderly people. *Cuadernos de Trabajo Social*, 36(1), 113–122. <https://dx.doi.org/10.5209/cuts.82419>
- Cea D'Ancona, M. (1996). *Metodología Cuantitativa: Estrategias y Técnicas de Investigación Social*. Síntesis.
- Clark, P. G. (1988). Autonomy, Personal Empowerment, and Quality of Life in Long-Term Care. *Journal of Applied Gerontology*, 7(3), 279–297. <https://doi.org/10.1177/073346488800700302>
- Cohen-Mansfield, J., Hazan, H., Lerman, Y., & Shalom, V. (2016). Correlates and predictors of loneliness in older-adults: A review of quantitative results informed by qualitative insights. *International Psychogeriatrics*, 28(4), 557–576. <https://doi.org/10.1017/S1041610215001532>
- De Jong-Gierveld, J. (1987). Developing and testing a model of loneliness. *Journal of Personality and Social Psychology*, 53(1), 119–128. <https://doi.org/10.1037/0022-3514.53.1.119>
- De Jong-Gierveld, J., & van Tilburg, T. (2006). A 6-Item Scale for Overall, Emotional, and Social Loneliness: Confirmatory Tests on Survey Data. *Research on Aging*, 28(5), 582–598. <https://doi.org/10.1177/0164027506289723>
- De Jong-Gierveld, J., van Tilburg, T., & Dykstra, P. A. (2006). Loneliness and social isolation. In A. L. Vangelisti & D. Perlman (Eds.), *The Cambridge handbook*

- of personal relationships (pp. 485–500). Cambridge University Press. <https://doi.org/10.2277/0521826179>
- Dykstra, P. A. (2009). Older adult loneliness: Myths and realities. *European Journal of Ageing*, 6(2), 91–100. <https://doi.org/10.1007/s10433-009-0110-3>
- Esteban, M. (2010). Propiedades psicométricas y estructura factorial de la Escala de Identidad étnica Multigrupo en español (MEIM). *Revista Latinoamericana de Psicología*, 42(3), 15–21.
- Gallardo-Peralta, L. P., Gálvez-Nieto, J. L., Fernández-Dávila, P., & Veloso-Besio, C. (2023). Loneliness and Psychosocial Resources among Indigenous and Afro-Descendant Older People in Rural Areas of Chile. *International Journal of Environmental Research and Public Health*, 20(3), 2138. <https://doi.org/10.3390/ijerph20032138>
- Gallardo-Peralta, L. P., Molina Martínez, M. A., & Schettini del Moral, R. (2019). Validación del Índice de Bienestar Personal (PWI) para adultos mayores chilenos. *Psicogeriatría Internacional*, 31(11), 1679–1680. <https://doi.org/10.1017/S1041610218002375>
- Gallardo-Peralta, L. P., Soto-Huguera, A., & Vargas-Pizarro, L. (2022). Trabajo social gerontológico y diversidad étnica: Una reflexión desde el caso de las comunidades aymaras y mapuches en Chile. *Propuestas Críticas en Trabajo Social-Critical Proposals in Social Work*, 2(4), Article 4. <https://doi.org/10.5354/2735-6620.2022.61504>
- Gerst-Emerson, K., & Jayawardhana, J. (2015). Loneliness as a Public Health Issue: The Impact of Loneliness on Health Care Utilization Among Older Adults. *American Journal of Public Health*, 105(5), 1013–1019. <https://doi.org/10.2105/ajph.2014.302427>
- Gitlin, L. N., & Fuentes, P. (2012). The Republic of Chile: An Upper Middle-Income Country at the Crossroads of Economic Development and Aging. *The Gerontologist*, 52(3), 297–305. <https://doi.org/10.1093/geront/gns054>
- Gwozdz, W., & Sousa-Poza, A. (2010). Ageing, Health and Life Satisfaction of the Oldest Old: An Analysis for Germany. *Social Indicators Research*, 97(3), 397–417. <https://doi.org/10.1007/s11205-009-9508-8>
- Hansen, T., Slagsvold, B., & Moum, T. (2009). Childlessness and Psychological Well-Being in Midlife and Old Age: An Examination of Parental Status Effects Across a Range of Outcomes. *Social Indicators Research*, 94(2), 343–362. <https://doi.org/10.1007/s11205-008-9426-1>
- Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine: A Publication of the Society of Behavioral Medicine*, 40(2), 218–227. <https://doi.org/10.1007/s12160-010-9210-8>
- Herrera, M. S., Elgueta, R., Fernández, M. B., Giacomani, C., Leal, D., Marshall, P., Rubio, M., & Bustamante, F. (2021). A longitudinal study monitoring the quality of life in a national cohort of older adults in Chile before and during the COVID-19 outbreak. *bmc Geriatrics*, 21(1), 143. <https://doi.org/10.1186/s12877-021-02110-3>
- Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science*, 10(2), 227–237. <https://doi.org/10.1177/1745691614568352>
- Hughes, M. E., Waite, L. J., Hawkley, L. C., & Cacioppo, J. T. (2004). A Short Scale for Measuring Loneliness in Large Surveys: Results From Two Population-Based Studies. *Research on Aging*, 26(6), 655–672. <https://doi.org/10.1177/0164027504268574>
- INE. (2018). *Síntesis de resultados. Censo 2017*. <http://www.censo2017.cl/descargas/home/sintesis-de-resultados-censo2017.pdf>
- Johnson, C. L. (1983). Fairweather Friends And Rainy Day Kin: An Anthropological Analysis of Old Age Friendships in The United States. *Urban Anthropology*, 12(2), 103–123. <https://www.jstor.org/stable/40553002>
- Köster, F., & Lipps, O. (2024). How loneliness increased among different age groups during COVID-19: A longitudinal analysis. *European Journal of Ageing*, 21(1), 2. <https://doi.org/10.1007/s10433-023-00798-3>
- Lasgaard, M., Friis, K., & Shevlin, M. (2016). “Where are all the lonely people?” A population-based study of high-risk groups across the life span. *Social Psychiatry and Psychiatric Epidemiology*, 51(10), 1373–1384. <https://doi.org/10.1007/s00127-016-1279-3>
- Leiva, A. M., Troncoso-Pantoja, C., Martínez-Sanguinetti, M. A., Nazar, G., Concha-Cisternas, Y., Martorell, M., Ramírez-Alarcón, K., Petermann-Rocha, F.,

- Cigarroa, I., Díaz, X., & Celis-Morales, C. (2020). Personas mayores en Chile: El nuevo desafío social, económico y sanitario del Siglo XXI. *Revista Médica de Chile*, 148(6), 799–809. <https://doi.org/10.4067/S0034-98872020000600799>
- Lopata, H. Z. (1983). Loneliness: Forms and components. In R. S. Weiss (Ed.), *Loneliness: The Experience of Emotional and Social Isolation* (pp. 102–115). MIT Press.
- López-Doblas, J. (2005). *Personas Mayores viviendo solas: La autonomía como valor en alza*. Ministerio de Trabajo y Asuntos Sociales, Secretaría de Estado de Servicios Sociales, Familias y Discapacidad, Instituto de Mayores y Servicios Sociales.
- Lorber, M., Černe Kolarič, J., Kmetec, S., & Kegl, B. (2023). Association between Loneliness, Well-Being, and Life Satisfaction before and during the COVID-19 Pandemic: A Cross-Sectional Study. *Sustainability*, 15(3), Article 3. <https://doi.org/10.3390/su15032825>
- Losada, A., Márquez-González, M., García-Ortiz, L., Gómez-Marcos, M. A., Fernández-Fernández, V., & Rodríguez-Sánchez, E. (2012). Loneliness and Mental Health in a Representative Sample of Community-Dwelling Spanish Older Adults. *The Journal of Psychology*, 146(3), 277–292. <https://doi.org/10.1080/00223980.2011.582523>
- Martín, U., & González-Rábago, Y. (2021). Soledad no deseada, salud y desigualdades sociales a lo largo del ciclo vital. *Gaceta Sanitaria*, 35(5), 432–437. <https://doi.org/10.1016/j.gaceta.2020.07.010>
- Martínez-Palacios, J. (2020). La interseccionalidad como herramienta analítica para la praxis crítica del Trabajo Social. Reflexiones en torno a la soledad no deseada. *Cuadernos de Trabajo Social*, 33(2), 379–390. <https://doi.org/10.5209/cuts.65181>
- Mayorga-Muñoz, C., Gallardo-Peralta, L., & Galvez-Nieto, J. L. (2019). Propiedades psicométricas de la escala APGAR-familiar en personas mayores residentes en zonas rurales multiétnicas chilenas. *Revista médica de Chile*, 147(10), 1283–1290. <http://dx.doi.org/10.4067/S0034-98872019001001283>
- Myers T. (2011). Goodbye, listwise deletion: presenting hot deck imputation as an easy and effective tool for handling missing data. *Commun Methods Meas*, 5, 297–310. <https://doi.org/10.1080/19312458.2011.624490>
- Nicolaisen, M., & Thorsen, K. (2014). Who are Lonely? Loneliness in Different Age Groups (18–81 Years Old), Using Two Measures of Loneliness. *The International Journal of Aging and Human Development*, 78(3), 229–257. <https://doi.org/10.2190/ag.78.3.b>
- Oyanedel, J. C., Vargas, S., Mella, C. & Páez, D. (2015). Validación del índice de bienestar personal (PWI) en usuarios vulnerables de servicios de salud en Santiago, Chile. *Revista médica de Chile*, 143(9), 1144–1151. <https://dx.doi.org/10.4067/S0034-98872015000900007>
- Pérez, J. (2016). El temor al envejecimiento demográfico. In S. Ezquerro, M. Pérez, M. Pla, & J. Subirats (Eds.), *Edades en transición. Envejecer en el siglo xxi* (pp. 44–55). Editorial Ariel.
- Perlman, D., & Peplau, L. A. (1982). Theoretical Approaches to Loneliness. In L. A. Peplau & D. Perlman (Eds.), *Loneliness: A Sourcebook of Current Theory, Research and Therapy* (pp. 123–134). Wiley.
- Phinney, J. S. (1992). The Multigroup Ethnic Identity Measure: A New Scale for Use with Diverse Groups. *Journal of Adolescent Research*, 7(2), 156–176. <https://doi.org/10.1177/074355489272003>
- Pinazo-Hernandis, S., & Donio-Bellegarde, M. (2018). *La soledad de las personas mayores: Conceptualización, valoración e intervención*. Fundación Pilares para la Autonomía Personal.
- Pinquart, M., & Sorensen, S. (2001). Influences on Loneliness in Older Adults: A Meta-Analysis. *Basic and Applied Social Psychology*, 23(4), 245–266. https://doi.org/10.1207/S15324834bas2304_2
- Power, M., Quinn, K., Schmidt, S., & WHOQOL-OLD Group. (2005). Development of the WHOQOL-old module. *Quality of Life Research: An International Journal of Quality of Life, Aspects of Treatment, Care and Rehabilitation*, 14(10), 2197–2214. <https://doi.org/10.1007/s11136-005-7380-9>
- Queirolo, S. A., Barboza-Palomino, M., & Ventura-León, J. (2020). Medición de la calidad de vida en adultos mayores institucionalizados de Lima (Perú). *Enfermería Global*, 19(4), 259–288. <https://doi.org/10.6018/eglobal.420681>

- Quigley, R., Russell, S. G., Larkins, S., Taylor, S., Sagigi, B., Strivens, E., & Redman-MacLaren, M. (2022). Aging Well for Indigenous Peoples: A Scoping Review. *Frontiers in Public Health*, 10, 780898. <https://doi.org/10.3389/fpubh.2022.780898>
- Rodríguez-Blázquez, C., Ayala-García, A., Forjaz, M. J., & Gallardo-Peralta, L. P. (2021). Validation of the De Jong Gierveld Loneliness Scale, 6-item version, in a multiethnic population of Chilean older adults. *Australasian Journal on Ageing*, 40(2), e100–e108. <https://doi.org/10.1111/ajag.12893>
- Rojas, F. H., Rodríguez, L., & Rodríguez, J. (2022). *Documentos de trabajo. envejecimiento en Chile: Evolución, características de las personas mayores y desafíos demográficos para la población*. Instituto Nacional de Estadísticas. https://www.inec.cl/docs/default-source/demografia-y-migracion/documentos-de-trabajo/documentos/envejecimiento-en-chile-evolucion-y-caracteristicas-de-las-personas-mayores.pdf?sfvrsn=b76bd496_4
- Rojo, F., Fernández-Mayoralas, G., Rodríguez Rodríguez, V., Forjaz, M. J., Rodríguez, C., Prieto, M. E., Rojo, J. M., & Martínez-Martín, P. (2012). The Personal Wellbeing among Community-Dwelling Older Adults in Spain and Associated Factors. *Journal of Social Research & Policy*, 3(2), 67–94. <https://doi.org/10.13039/501100003086>
- Rokach, A., Matalon, R., Rokach, B., & Safarov, A. (2007). The effect of gender and marital status on loneliness of the aged. *Social Behavior and Personality: An International Journal*, 35(2), 243–254. <https://doi.org/10.2224/sbp.2007.35.2.243>
- Routasalo, P. E., Savikko, N., Tilvis, R. S., Strandberg, T. E., & Pitkälä, K. H. (2006). Social contacts and their relationship to loneliness among aged people —A population-based study. *Gerontology*, 52(3), 181–187. <https://doi.org/10.1159/000091828>
- Sánchez, M. M. (2009). *Determinantes sociales de la soledad en las personas mayores: Dar y recibir apoyo en el proceso de envejecer* [Doctoral thesis, Universidad de Salamanca]. <http://hdl.handle.net/10366/76320>
- Sánchez-Moreno, E., Gallardo-Peralta, L. P., & Leyton, C. (2021). The Social Gradient in Mental Health and Well-Being for Indigenous Older Adults Living in Rural Areas: A Cross-Sectional Comparison With Rural Non-indigenous Population in Chile. *Journal of Aging and Health*, 33(5–6), 287–299. <https://doi.org/10.1177/0898264320979201>
- Soto-Higuera, A., Gallardo-Peralta, L., Sánchez-Moreno, E., & Rodríguez-Rodríguez, V. (2023). Estructura Factorial, Fiabilidad e Invarianza de la Escala de Identidad Étnica Multigrupo (EIEM) en personas mayores Aymaras y Mapuches. *Revista iberoamericana de diagnóstico y evaluación psicológica*, 67(1), 75–86. <https://doi.org/10.21865/ridep67.1.06>
- Soto-Higuera, A., Riquelme-Segura, L., & Quintano-Méndez, F. (2023). Relationship Between Identity Affirmation, Autonomy and Successful Aging in Chilean Urban Mapuche Indigenous Older Adults. *Journal of Population Ageing*. <https://doi.org/10.1007/s12062-023-09429-2>
- Septoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences of the United States of America*, 110(15), 5797–5801. <https://doi.org/10.1073/pnas.1219686110>
- Umaña-Taylor, A. J., Yazedjian, A., & Bámaca-Gómez, M. (2004). Developing the Ethnic Identity Scale Using Eriksonian and Social Identity Perspectives. *Identity*, 4(1), 9–38. https://doi.org/10.1207/S1532706Xido401_2
- Urzúa, A., & Caqueo-Urizar, A. (2012). Calidad de vida: Una revisión teórica del concepto. *Terapia Psicológica*, 30(1), 61–71. <https://doi.org/10.4067/S0718-48082012000100006>
- Urzúa, A., & Navarrete, M. (2013). Calidad de vida en adultos mayores: Análisis factoriales de las versiones abreviadas del WHOQOL-Old en población chilena. *Revista Médica de Chile*, 141(1), 28–33. <https://doi.org/10.4067/S0034-98872013000100004>
- Victor, C. R., Scambler, S., Bond, J., & Bowling, A. (2000). Being alone in later life: Loneliness, social isolation and living alone. *Reviews in Clinical Gerontology*, 10(4), 407–417. <https://doi.org/10.1017/S0959259800104101>
- von Humboldt, S., Leal, I., & Pimenta, F. (2014). Living Well in Later Life: The Influence of Sense of Coherence, and Socio-Demographic, Lifestyle and Health-Related Factors on Older Adults' Satisfaction

- with Life. *Applied Research in Quality of Life*, 9(3), 631–642. <https://doi.org/10.1007/s11482-013-9262-6>
- Warburton, J., & Lui, C.-W. (2007). Social isolation and loneliness in older people: A literature review. *Australasian Centre on Ageing*.
- Weiss, R. S. (1973). *Loneliness: The Experience of Emotional and Social Isolation*. MIT Press.
- World Health Organization. (1995). The World Health Organization Quality of Life assessment (WHOQOL): Position paper from the World Health Organization. *Social Science & Medicine* (1982), 41(10), 1403–1409. [https://doi.org/10.1016/0277-9536\(95\)00112-k](https://doi.org/10.1016/0277-9536(95)00112-k)
- World Health Organization. (2021). *Social isolation and loneliness among older people: Advocacy brief*. World Health Organization, International Telecommunications Union, United Nations Department of Economic and Social Affairs.
- Yang, K., & Victor, C. (2011). Age and loneliness in 25 European nations. *Ageing and Society*, 31(8), 1368–1388. <https://doi.org/10.1017/S0144686X1000139X>
- Yanguas, J., Cilvetti, A., Hernández, S., Pinazo-Hernandis, S., Roig, S., & Segura, C. (2018). El reto de la soledad en la vejez. *zerbitzuan*, 66, 61–75. <https://doi.org/10.5569/1134-7147.66.05>
- Zapata-López, B. I., Delgado-Villamizar, N. L., & Cardona-Arango, D. (2015). Apoyo social y familiar al adulto mayor del área urbana en Angelópolis, Colombia 2011. *Revista de salud pública*, 17(6), 848–860. <http://dx.doi.org/10.15446/rsap.v17n6.34739>

Financing / Acknowledgements

- This study is part of a larger study about successful aging in Mapuche indigenous older adults resident in urban areas in the region of La Araucanía, Chile (DIUFRO DI20-0052, Universidad de La Frontera).
- JCM was funded by the FPU-grant FPU 21/01738 from the Spanish Ministry of Science, Innovation and Universities.

