Loneliness and isolation: issues for ageing societies

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Tackling loneliness and isolation in Northern England

Seminar organised by Institute for Local Governance, Newcastle, 7 December 2018

Outline

- Why the growing interest in loneliness and isolation?
- Defining loneliness and isolation
- Features of loneliness
- Pathways to loneliness in later life
- Responding to loneliness (and isolation)
- Key issues for policy, practice and research

Why the growing interest in loneliness and isolation?

Evidence links loneliness and isolation to:

- Reduced quality of life

- Premature mortality

- A broad range of physical and mental health conditions (e.g. sleep disorders, risk of cardiovascular disease, low self-esteem, dementia, depression)

- Increased use of medications

- Increased alcohol consumption

Caveat: evidence of growing tendency to 'pathologise' loneliness and isolation; loneliness affects only a small proportion of older people at any one time

Social relationships as a public health issue

"Individuals with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships. The magnitude of this effect is comparable with quitting smoking and it exceeds many well-known risk factors for mortality (e.g., obesity, physical inactivity)."
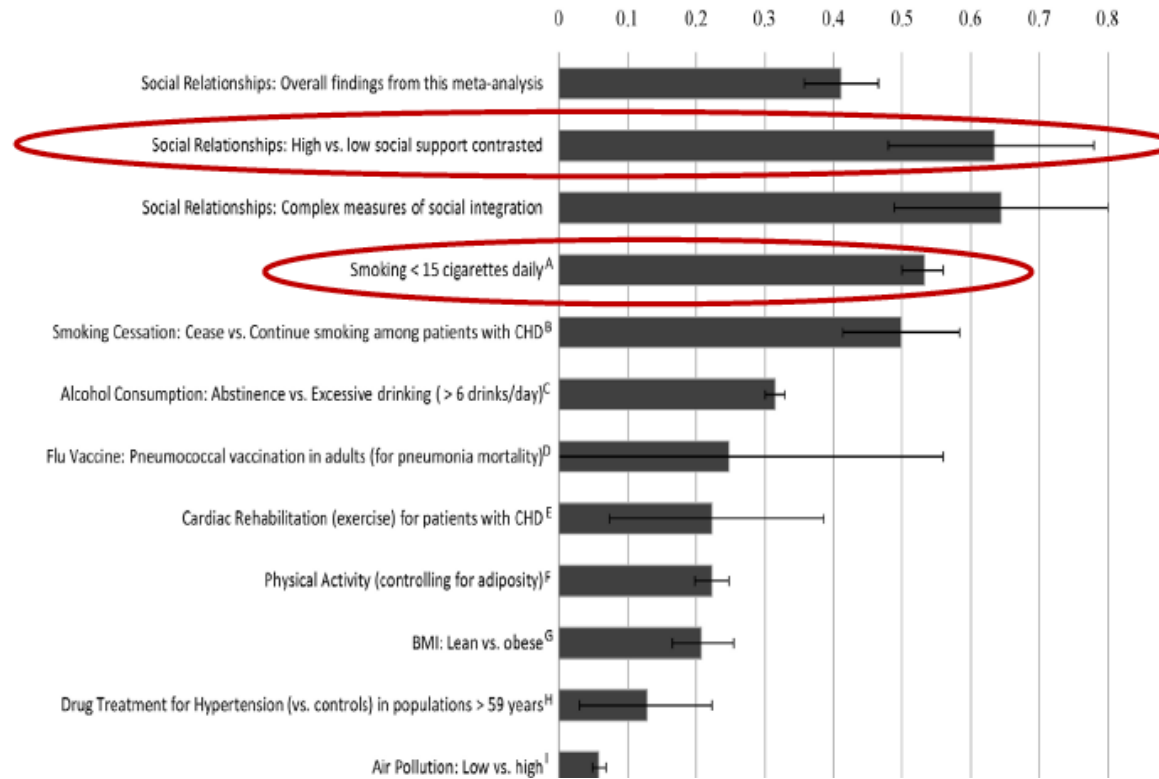
Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. *PLoS Med* 7(7): e1000316.
doi:10.1371/journal.pmed.1000316
http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.1000316

Impacts of loneliness

Meta analysis: Comparative odds of decreased mortality
Holt-Lundstad et al 2010

Broader impacts of loneliness

Social and economic impacts that reach beyond individuals:

- Impacts on families, friends and neighbours
- Impacts on communities (e.g. community-based interventions to tackle isolation and loneliness)
- Impacts on broader society (e.g. increased use of health/social care services; GP consultations; emergency admissions to hospital; re-admission to hospital; entry into institutional care)

Loneliness and social isolation

- Loneliness and isolation are related but distinct concepts
- *Loneliness* is a subjective and negative experience:

  "the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively" (Perlman & Peplau, 1981)

- *Social isolation* is an objective measure reflecting an individual's lack of contacts or ties with others (family, friends, acquaintances, neighbours, potentially service providers)

Prevalence of loneliness in later life

- Surveys conducted in the UK since the 1940s consistently suggest that 7-10% of people aged over 60/65 identify themselves as being often or always lonely

- Intense loneliness affects only a minority of the older population. But demographic ageing means that more people are affected by feelings of loneliness

- Assuming a loneliness rate of 7-10%:

  - between 840,000 and 1.2m of the 12 million people over state pension age in the UK often/always lonely

Prevalence of loneliness in later life

Loneliness rates tend to be higher amongst:

- People aged 75 and over
- People who live alone
- People who are widowed, divorced or separated, or never married
- People in poor physical and/or mental health
- People living on limited material resources
- People belonging to some black and minority ethnic groups (e.g. Pakistani and Somali older people)
- People living in disadvantaged urban communities

Forms of loneliness

Weiss (1973) distinguishes between *emotional* and *social* forms of loneliness:

- *Emotional loneliness* reflects a person's perceived lack of an intimate attachment – a spouse/partner, a best friend, or another confidant

- *Social loneliness* refers to a person's sense that they are not part of an engaging social network of family, friends and others (Dykstra, 2009)

Individuals may experience emotional and social forms of loneliness at the same time

Forms of loneliness

- *Emotional loneliness:*
  - "I wouldn't say friends. We laugh and talk and you know … I don't really go to them with my problems … We talk about the weather and talk about our arthritis and so on."
- *Social loneliness*:
  - "My neighbour's pretty ill and when her son goes out … I go and sit with her … to keep her company … I do that every day. As I say, it's a bit of company for me because I don't see anybody and we have a cup of tea and a chat."

Duration of loneliness

- *'Transient'* loneliness may occur from time to time, but will pass over the course of a day
- *'Situational'* loneliness may arise after a specific change in an individual's circumstances, but will pass with time
- *'Chronic'* loneliness refers to persistent feelings of loneliness that may endure over a considerable period of time (Young, 1982)
- *'Seasonal'* loneliness is typically associated with winter months and/or with particular seasonal events (e.g. Christmas and New Year period)

Duration of loneliness

- *'Chronic'* loneliness:
  - "But, my husband died in, well he's dead now 13 years, and since he died I feel very lonely and eh…it can be very lonely, really… As I said I can't…change the fact that it is very lonely when you're a widow and living alone."
- *'Seasonal'* loneliness:
  - "The clocks alter, you draw the curtains at four o'clockish and you don't see anybody again. And I'm off the main road, so I can't even see people going past."

Loneliness as a life-course issue

- Experience of loneliness fluctuates across the life course, reflecting changing personal circumstances
- Loneliness may be characteristic of certain life stages (e.g. 'empty-nest' stage; advanced old age for some)
- Some life transitions may be more closely associated with loneliness (e.g. leaving home; moving home; relationship breakdown; migration; bereavement; retirement; onset of chronic ill health; assumption of caring roles)
- Loneliness may be regarded as a cohort issue (e.g. impact of AIDS/HIV; migration trends; impact of 'Bedroom Tax' or introduction of Universal Credit)

Pathways to loneliness in later life

Continuation of longstanding difficult relationships with other people:

"The way I look at it, if I want to go anywhere I've got no-one to tell where I'm going and what time I'll be back. I've just got my own free life … I mean my husband's been dead 11 years and I used to have a terrible life with him. But it's just the way I want it now, free, please myself what I do."

(60 year-old Indian woman)

Pathways to loneliness in later life

Impact of life events and/or age-related losses:

"My husband was only 49 when he died. And I didn't have much time to mix up with anybody, because I used to stay here with the children. And we'd say when they're older we'll go out together. But he died when he was 49 so I never got the chance."

(71 year-old white woman)

Pathways to loneliness in later life

Changing communities:

"[We] had lovely neighbours … no such thing as neighbours now … well you don't congregate like same as like on bonfire night. In the old days all the neighbours used to be outside with chairs and what have you … having treacle toffee and roasted potatoes and all this lot, nobody cares about you now."

(68 year-old white man)

Drivers of loneliness in later life

- **Structural drivers**: changing norms and behaviours around social relationships; social and economic policies; global trends (demographic change, migration patterns, individualisation, secularisation, technological change)
- **Environmental drivers**: changing (urban/rural) communities; planning policies; service depletion; poor housing; age-segregated living; crime
- **Individual drivers**: disrupted social (support) networks; transitions/life events; ill health and disability; loss of mobility; personal and family migration patterns; psychological factors

Potential responses to loneliness

- **Structural**: addressing values/behaviours towards ageing adults; guaranteeing access to resources/supports at all life stages; anti-poverty measures; broad public health approach; human rights approach
- **Environmental**: creating and maintaining sociable, age-friendly environments; community development; age-integrated housing; crime reduction; engaging older people in planning local responses
- **Individual**: preventative strategies across the life course; co-ordinated services/supports to help individuals at times of need; talking therapies; forms of befriending; digital literacy schemes; engaging with new technologies etc.

'Risky' responses to loneliness

- Some approaches likely to focus excessively on (changing) the behaviour of those who experience loneliness or social isolation rather than on societal and/or environmental drivers.

- Examples:
  - People who choose not to engage with traditional service responses (e.g. befriending schemes; digital schemes) could lose access to other types of support
  - Excessive focus on increased risk of dependency on state supports arising from relationship breakdown may lead to reduced supports for people experiencing such life transitions

Key issues for policy and practice

- Identifying whether the issue is loneliness and/or social isolation

- Having a sound theoretical foundation for interventions

- Considering whether responses should target people experiencing social and/or emotional forms of loneliness

- Thinking about when and where to intervene: At the point where people are identified as being 'chronically' lonely? Early in the life course? Late in the life course? In people's homes? In the community? In cyberspace?

- Addressing links between loneliness and other forms of disadvantage

- Need for a strategic (public health) approach that avoids overly moralistic, behavioural responses

- Collecting and interpreting evidence

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