# Reduce Social Isolation and loneliness in older people

Dr Gunter Brandstetter (U3AWorkshop 2021)

**My Background:**
> *I Studied Psychology and Religious Science.*
> *Practicum Psychology (at the Hospital in Salzburg Austria)*
> *Counselling (at the State Prison in Salzburg Austria)*
> *Psychological support Colleen's Post Mastectomy Connection, Canberra*
> *Practical Psychology at work – Business Intelligence*

**Introduction**

There are hundreds if not thousands of papers written about this subject.
Some are scientific and have a well-researched foundation.
Others are written by people who were just looking for answers.

## What is Social Isolation?

Social isolation describes the absence of social contact and can lead to loneliness. It is a state of being cut off from normal social networks, which can be triggered by factors such as loss of mobility, unemployment or health issues.

Symptoms of Social Isolation (Chronic Loneliness)
> *Inability or difficulties to connect with others on a more intimate level*
> *The absence of close friends*
> *Always feeling isolated even in company or regardless who is around*
> *Self doubt and self worth.*

**Who feels lonely?**     Young Australians feel isolated or lonely. Over-65, single parents, unemployed people, people with disabilities and, well, anyone else can feel isolated or lonely. And there's a decent chance, judging by the statistics you (the participant of this workshop) are likely to feel isolated and sometimes lonely too?
Social isolation is rife in Australia, but loneliness can strike whether you're connected to social networks or not. So how do you overcome it?

> ***Most common signs of Social Isolation and Loneliness (Lifeline)***
> *Tiredness, low energy and/or lack of motivation*
> *Body aches, muscle tension and pains, headaches, stomach illness or worsening medical conditions*
> *Sleep problems – difficulty falling asleep, staying asleep or sleeping too much*
> *Loss of appetite, sudden weight loss or gain*
> *Increased alcohol consumption, smoking or use of medications/drugs*
> *Feelings of worthlessness or hopelessness*
> *Thoughts of suicide*

The difference between social isolation and loneliness:
*Australian Institute of Health and Welfare*

Social isolation is seen as the state of having minimal contact with others. It differs from loneliness, which is a subjective state of negative feelings about having a lower level of social contact than desired (Peplau & Perlman 1982).

Some definitions include loneliness as a form of social isolation *(Hawthorne 2006)* while others state that loneliness is an emotional reaction to social isolation *(Heinrich & Gullone 2006)*.
The two concepts do not necessarily co-exist—a person may be socially isolated but not lonely, or socially connected but feel lonely *(Australian Psychological Society 2018; Relationships Australia 2018)*. For example, research suggests that the number of friends (acquaintances) a person has is a poor predictor of their loneliness *(Jones 1982)*.

<span style="color:red">If you're feeling embarrassed about your loneliness, it can help to remember that your feeling of loneliness is likely based on a social construct of what you think your social life should look like.</span>

"There is research that shows that in a lot of younger university age groups, loneliness is very socially constructed, and that people feel lonelier on Saturday nights than on other nights of the week," *says Elisabeth Shaw, CEO of Relationships Australia NSW.*
In reality, one in four Australians are lonely, according to the Australian Loneliness Report, released in November 2018 by Swinburne University of Technology and the Australian Psychological Society — so there's no need to feel ashamed of your feelings

According to a *2018 national US survey by Cigna*, loneliness levels have reached an all-time high, with nearly half of 20,000 U.S. adults reporting they sometimes or always feel alone.

## Relationships

Forty per cent of survey participants also reported they sometimes or always feel that their ***relationships are not meaningful and that they feel isolated***.

> *For the purpose of this study "relationship' is defined as the connection with and to other persons rather than exclusively for people that are in a legal or de-factor relationship.*

In an effort to stem such health risks, campaigns and coalitions to reduce social isolation and loneliness—an individual's perceived level of social isolation—have been launched in Australia, - Denmark and the United Kingdom. These national programs bring together research experts, not-for-profit and government agencies, community groups and skilled volunteers to raise awareness of loneliness and address social isolation through evidence-based interventions and advocacy.

## Social factors

Social factors included marital status (married/cohabiting, divorced/unmarried and widow/widower), social support and social contacts.
Do you have any relative or close friend who helps out if you need to talk to someone about personal problems?"
Social contacts can also be measured via four items concerning **visiting** and/or **being visited** by **friends** and/or **relatives** .

## Health-related factors

Finally, health-related factors covered limitations in activities of daily living (ADL) and psychological distress. ADL reflected the number of the areas with which the respondent reported difficulties: eating, getting into and out of bed, going to the toilet, getting dressed, and washing one's hair. Psychological distress was measured *via* an item asking whether respondents had experienced "anxiety, nervousness or angst" in the 12 months preceding the interview .

If these factors are,  or becoming a problem for you personally, you need to do 2 things:

   a)       *Relate each of those to your own circumstances – which is the biggest problem for you?*
   b)       *Identify who can assist or help to eliminate or reduce the problem.*

## What is Loneliness?

Loneliness has been defined as the discrepancy between an individual's desired and achieved levels of social relationships (*Perlman & Peplau, 1981*).

Chronic loneliness is most likely to set in when individuals either don't have the emotional, mental or financial resources to get out and satisfy their social needs or they lack a social circle that can provide these benefits, *says psychologist Louise Hawkley, PhD, a senior research scientist at the research organization NORC at the University of Chicago.*

Factors associated with feelings of loneliness can be grouped into socio-demographic, social and health-related factors.

### How to measure Loneliness?

Based mostly on European Studies:
Loneliness was measured through four response categories.
being frequently lonely (response categories: nearly always and often)
and rarely lonely (collapsing response categories: seldom and almost never).

To live with feelings of loneliness is not only a problem in itself, it also has implications for quality of life, physical and mental health, and mortality

 (e.g. *Hawkley and Cacioppo, 2010*, *Holt-Lunstad et al., 2015*; *Hawkley and Cacioppo, 2010*, *Holt-Lunstad et al., 2015*, *O'Luanaigh and Lawlor, 2008*).

Another common belief is that recent cohorts of older people experience loneliness to a larger extent than previous cohorts, as a result of changes in family patterns, such as smaller family size, increased divorce rates and greater geographical distance between family members (*Dykstra, 2009)*, and transitions towards more individualistic societies *(World Values Survey, 2016*).

Changes in family patterns and societal changes also mean that there may be other groups of people that are vulnerable to loneliness today than in earlier cohorts, that is, that factors associated with loneliness may have changed over time.

Facts:
Starting with socio-demographic factors, loneliness is more common among the oldest old than in younger age groups (*O'Luanaigh and Lawlor, 2008, Pinquart and Sörensen, 2001, Routasalo and Pitkala, 2003*), and loneliness in older people increases with age (*Dahlberg, Andersson, McKee, & Lennartsson, 2015; Heikkinen and Kauppinen, 2011, Jylhä, 2004*).
Loneliness is also more often found in women than men (*Aartsen and Jylhä, 2011, Cohen-Mansfield et al., 2009; Dykstra, van Tilburg, & de Jong Gierveld, 2005*). However, research has shown that these associations with loneliness have less to do with age and gender *per se* than with associated factors such as widowhood and greater levels of health problems among the oldest old and among women (*Dahlberg et al., 2015*).

Low socioeconomic status is another socio-demographic factor associated with loneliness. Education and income have often been used as indicators of socioeconomic status. Both these indicators have been found to be associated with loneliness, partly due to fewer possibilities for social participation and smaller social networks among people with low levels of income and education (see *Dykstra and de Jong Gierveld, 1999, Jylhä and Saarenheimo, 2010, Pinquart and Sörensen, 2001, Routasalo and Pitkala, 2003; Savikko, Routasalo, Tilvis, Strandberg, & Pitkala, 2005*).

Social factors influencing loneliness include, for example, marital status, social support and social contacts. There is a large body of research showing an association between marital status and loneliness. More specifically, the loss of partner is a key predictor of loneliness in old age (*Aartsen and Jylhä, 2011, Dahlberg and McKee, 2014, Dahlberg et al., 2015, Dykstra et al., 2005, Jylhä and Saarenheimo, 2010*).

As people age and are confronted with health problems, social contacts may focus more on the need for support, and people with larger social support networks have been found to be less likely to report loneliness (*Dahlberg, Andersson, & Lennartsson, In press; Dykstra & Fokkema, 2007*). Low levels of social contacts also increase the risk of loneliness (*e.g. Ayalon, Shiovitz-Ezra, & Palgi, 2013; Victor, Scambler, & Bond, 2009*).

Finally, health problems, such as mobility difficulties and depression have been found to be associated with loneliness (*Aartsen and Jylhä, 2011, Cohen-Mansfield et al., 2009, Heikkinen and Kauppinen, 2011, O'Luanaigh and Lawlor, 2008, Tijhuis et al., 1999*). People with low physical functioning are more likely to experience loneliness (*Aartsen and Jylhä, 2011, Honigh-de Vlaming et al., 2014, Jylhä, 2004, Routasalo and Pitkala, 2003),* as mobility difficulties may be a barrier to social engagement (*Cohen-Mansfield & Parpura-Gill, 2007).*

A recent study has shown that loneliness has become more common over time among people with low physical functioning (*Honigh-de Vlaming et al., 2014).* Psychological problems, such as depression and anxiety, have also been found to be associated with higher levels of loneliness (*Eloranta et al., 2015, Heikkinen and Kauppinen, 2011, O'Luanaigh and Lawlor, 2008*).

## Preventing social Isolation and loneliness among older people.
*Cambridge University Press 2005*

Preventing and alleviating social isolation and loneliness among older people is an important area for policy and practice, but the effectiveness of many interventions has been questioned because of the lack of evidence. A systematic review was conducted to determine the effectiveness of health promotion interventions that target social isolation and loneliness among older people. Quantitative outcome studies between 1970 and 2002 in any language were included. Articles were identified by searching electronic databases, journals and abstracts, and contacting key informants. Information was extracted and synthesised using a standard form. Thirty studies were identified and categorised as 'group' (n=17); 'one-to-one' (n=10); 'service provision' (n=3); and 'community development' (n=1). Most were conducted in the USA and Canada, and their design, methods, quality and transferability varied considerably.

*Nine of the 10 effective interventions were group activities with an educational or support input*.

Six of the eight ineffective interventions provided one-to-one social support, advice and information, or health-needs assessment. The review suggests that educational and social activity

group interventions that target specific groups can alleviate social isolation and loneliness among older people.

????? *The effectiveness of home visiting and befriending schemes remains unclear.* ???????

# Prevention?
What works / what does not (individual opinions)

*Connecting with others*
*Catch up with old friends*
Friendships are like plants that need water, you need to invest time in maintaining them. Reach out to your friends, by picking up the phone or contacting them through social media. You may feel that they are busy and won't have time for you, but you may be surprised if you make an effort to connect.

*Invest time in new connections*
Joining groups based on your interests is one of the best ways of making new connections[i][ii]. Think about activities and hobbies you enjoy, or perhaps something you would like to learn, and see if there are any groups or classes in your area that cater to that interest. Volunteering is another excellent way to get involved.[iii] You can draw on skills or interests you have developed over your lifetime. Not only will you feel useful you will also meet new people. Volunteering Matters offers information about where you can volunteer.

*Little things can make a difference*
Having deep connections with close friends is important but brief exchanges with others can also have an impact on how you feel about yourself. Say hello to a neighbor, the shop keeper or person at the bus stop. Having good relations with those near you will make you feel more receptive to other, and possibly more, meaningful relationships. You can find out more about how to strike up a conversation here.

*Connect online*
Technology is a great way to both stay in touch with friends and make new friends. There are many ways to keep in touch using technology: email, Facebook, messenger. It just takes a minute to reach out using these methods and can be a great way to feel connected to others. There are often free courses offered in libraries and in community centers to help improve your skills in this area. For instance, many local Age UK branches offer silver surfer classes.

*Consider support and services*
*Don't keep it to yourself*
It's tempting to think that loneliness is something you should keep to yourself, but opening up about how you feel might really help as you may find that other people have had similar experiences. Talking to someone about your feelings of loneliness and learning positive coping techniques can be a helpful way to deal with the negative emotions associated with loneliness. Access to talking therapies can be obtained from your GP, community supports and organisations or privately.

*Find out what support is available in your neighborhood*
Some people may benefit from a more formal social arrangement such as befriending, where you are matched with a befriender who can either contact you via phone or in person. Charities such as Age UK, Independent Age and Sense offer these services. The Befriending Network has a directory of services in the UK. This can be a good option if you find leaving your home difficult. Community Connectors and Navigators can help you find local services, groups and activities that suit you. These may help you with your loneliness and improve your health and wellbeing more broadly. Talk to your GP about how to access these services. [iv]
For more information on support services, visit our Helpful Links page.
*Things you can do if you prefer to manage alone*
*Plan your week to do something you enjoy*

Take time to plan ahead and include a pastime that makes you feel good. This can include doing something creative, going outside and walking, reading, gardening, or listening to music.

### *Spend time outdoors*
Going outside regularly, be it in your garden or a walk to the park, library or a browse in charity shops, is a great way of feeling better and a part of the outside world. It can help you feel more connected to your neighborhood and enjoy the natural world and your local environment.

### *Focus on the good things in life*
When you're feeling lonely you can sometimes get yourself in to a negative frame of mind. It can help to try and focus your thoughts on the good things in life. Remembering happy times such as a holiday and thinking about the good things in your life will help you to stay in a more positive place.

### *Look after yourself*
Prioritise looking after yourself, making sure you are eating healthily, being as active as you can and sleeping well.

[i] 2019. Mansfield et al. *A Conceptual Review of Loneliness Across the Adult Life course (16+ years)*. What Works Wellbeing.
[ii] 2019. Wills et al . *Addressing older men's experiences of loneliness and social isolation in later life*. Bristol University Policy Report 51: April 2019.
[iii] 2018. Brown and Jopling. *Age-friendly and inclusive volunteering: Review of community contributions in later life*. Centre for Ageing Better.
[iv] 2017. Polley, M. et al. *Making sense of social prescribing*. University of Westminster.

There are nine million lonely people in the UK and four million of them are older people. Many older people find constant loneliness hardest to overcome. They lack the friendship and support we all need. Help us change that.

## Our priorities for action

Practical and academic evidence from around the world shows that the key priorities for action are:
Public health messaging that emphasises the importance of meaningful social relationships and the psychological and emotional aspects of how to nurture them.

Building in learning on how thoughts and feelings influence people's experience of loneliness into the design of services such as social prescribing as well as group activities.

Expanding older people's access
to specialist one-to-one counselling such as IAPT and increasing support for bereavement and depression.

'As individuals we often appraising others for their potential as providers of the needed relationships, and forever appraising situations in terms of their potential for making the needed relationships available...
(Loneliness) produces an oversensitivity
and a tendency to misinterpret or to exaggerate the hostile intent of others

## Recognising cause and effect of Social Isolation and Loneliness

*This Workshop identified how participants understood and described:*
    *What is Social Isolation*
    *Define Loneliness*
    *Identify concepts and causes*
    *Health implications*
    *Is there a cure?*
    *What can / should we do about it?*

***Disclaimer****:*    *This is not a scientific research project and I don't claim to have all the answers to combat Social Isolation and Loneliness. This workshop is designed to make you think about your own situation and the situation of people you care for.*
*Some Information is derived from various scientific publications and some are my interpretation of material as posted in some subject matter publications.*

All Workshop Participants agreed that much of this phenomena of Isolation and loneliness is related to our/your Culture, Politic, Religion, Family Influence, Work Influence and Personal Experiences.

### Culture (what workshop participants found)

What are the positive/negative influences about our **culture** in regard to Isolation and Loneliness
It was understood that most influences could show up under both headings.

| *Positive* | *Negative* |
|---|---|
| *Education* | *Religion* |
| *Classes* | *Stereotyping Woman* |
| *Sport* | *Stereotyping People* |
| *Churches* | *Wrong commitment* |
| *Community Organisations* | *Religious believes* |

### Politics (what workshop participants found)

What are the positive/negative influences about our **politics** in regard to Isolation and Loneliness
It was understood that most influences could show up under both headings.

| *Positive* | *Negative* |
|---|---|
| *Aged Care* | *Poor Aged Care* |
| *Pension* | *Insufficient funds* |
| *Education* | *Inequity of support* |
| *Health* | *Pension and super distribution* |
| *Defence* | |

### Religion (what workshop participants found)

What are the positive/negative influences about our **Religions** in regard to Isolation and Loneliness
It was understood that most influences could show up under both headings.

| *Positive* | *Negative* |
|---|---|
| *Religious Education* | *Religious Doctrine* |
| *Church Communities* | *Religious Teachings* |
| *Guideline for Religious Life* | *Restrictive Religious Teachings* |
| *Seminars related to topics related to Love and Ethics* | *Accusation of being sinful of you go against the churches teaching* |

**Family (what workshop participants found)**

What are the positive/negative influences about our **Family** in regard to Isolation and Loneliness
It was understood that most influences could show up under both headings.

| *Positive* | *Negative* |
|---|---|
| Help and support when you need it | Enforce Family Values against you |
| Being loved | Abandonment when you get older |
| Being part of a Unit | Taking advantage of your age (pension) |
| | Wanting to inherit or get properties |
| | Shaming you for going outside family values |

**Work and Personal Experiences (what workshop participants found)**

What are the positive/negative influences about our **Work and Personal Experiences** in regard to
Isolation and Loneliness
It was understood that most influences could show up under both headings.

| *Positive* | *Negative* |
|---|---|
| They value your input | Not being valued |
| Adequate Salary | Underpaid |
| Social status at work and private | Promotions given to others |
| Social Connections | Ostracised because of Ethnicity |
| Purpose in Life | Life Status (divorced, sole parent etc.) |
| Job Satisfaction | |