

# **Responding to loneliness: opportunities and pitfalls**

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# 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)

# 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

# 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)

# Individual impacts of loneliness

Increasing research evidence links loneliness 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 in policy (and research) to ‘pathologise’ loneliness; loneliness affects only a small proportion of older people at any one time**

# 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)

# Rethinking 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; 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)

# Rethinking loneliness as a form of social exclusion

- Loneliness as a form of exclusion experienced by older people
- Social exclusion understood as:
  - “a multidimensional process of progressive social rupture, detaching groups and individuals from social relations and institutions and preventing them from full participation in the normal, normatively prescribed activities of the society in which they live.” (Silver, 2007)
- ‘Exclusion from social relations’ linked to other forms of exclusion (e.g. poverty, lack of civic engagement, limited use of/access to services) (Scharf et al., 2005)

# Pathways to exclusion from social relations

*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 exclusion from social relations

*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 exclusion from social relations

*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 exclusion from social relations

- **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 exclusion from social relations

- **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 exclusion from social relations**

- 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 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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