

# Loneliness in Older Adults

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# Overview

- **Definitions**
- **Types of Loneliness**
- **Predictors of Loneliness**
- **Pathways to Loneliness – Migrant groups**
- **Interventions for Loneliness**
- **Discussion**

# What is Loneliness?

*“the subjective, unwelcome feeling of lack or loss of companionship or meaningful relationships, emotional and social by nature, relating to opportunities to socialise, social networks and support from friends or allies in times of distress”*

(Cattan et al., 2003)

# Explaining Loneliness

*“a discrepancy between one's desired and achieved levels of social relations” (Perlman & Peplau 1981)*

Discrepancy can be:

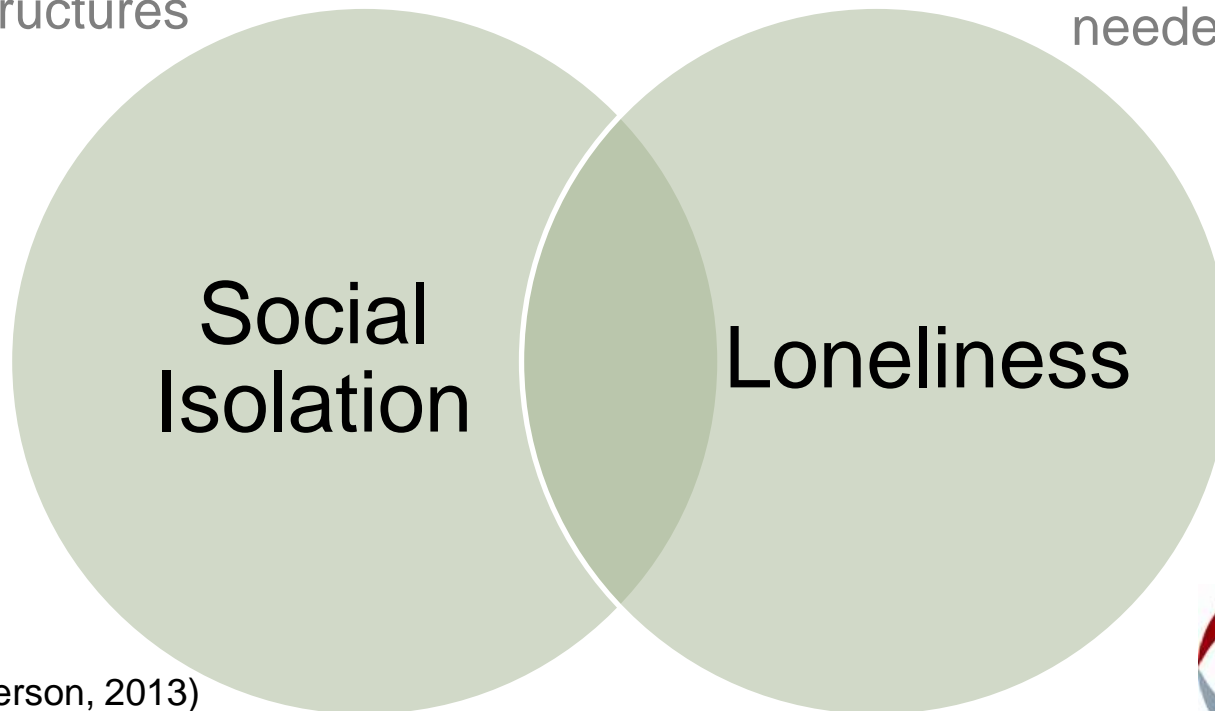
- ▷ Quantitative – too few relationships
- ▷ Qualitative – lacking the quality or closeness seeking



# Social Isolation vs Loneliness

Social isolation is characterised by an absence of social interactions, social support structures and engagement with wider community activities or structures

Loneliness describes an individual's personal, subjective sense of lacking connection and contact with social interactions to the extent that they are wanted or needed



(Source: Henderson, 2013)

# Types of Loneliness (Weiss 1973)



## Social loneliness

*'the absence of an acceptable social network, that is, a wider circle of friends and acquaintances that can provide a sense of belonging, of companionship and of being a member of a community'*



## Emotional loneliness

*'the absence of an attachment figure in one's life and someone to turn to'*

# Theories of Loneliness

## ▷ Social Needs Approach

- Focuses on the human need for contact which continues through adult life

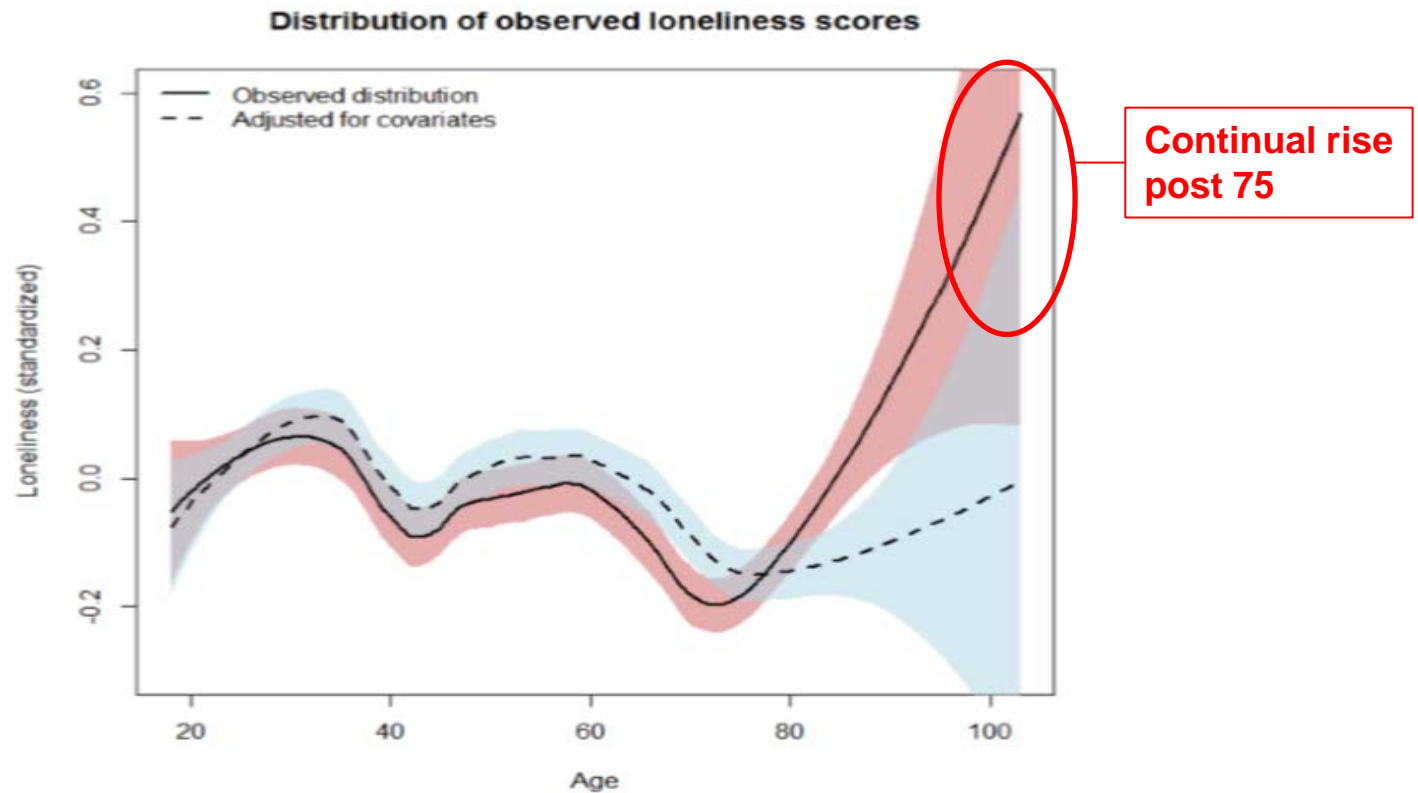
## ▷ Cognitive Approach

- Loneliness is a feeling experienced when a person perceives their social involvement as less than what they would like in terms of quality/quantity

## ▷ Existential Approach

- Focuses on the human condition and awareness of own mortality

# Loneliness Levels Over the Lifecycle



*Figure 1.* Distribution of observed and adjusted loneliness from adolescence to old age. The confidence bands reflect the 95% confidence interval of the LOESS line.

(Source: Luhmann M, Hawkey LC. Age differences in loneliness from late adolescence to oldest old age. *Developmental psychology*. 2016;52(6):943-59.)



# Individual Risk Factors

- ▷ Age
- ▷ Gender
- ▷ Education
- ▷ Poverty
- ▷ Personality
- ▷ Health status
- ▷ Changing personal circumstances / Transitions

# Environmental Risk Factors

- ▷ Urban/rural
- ▷ Area deprivation
- ▷ Individualistic cultures

# Lifespan Risk Factors



## Beliefs, Trust, Outlook

- ▷ Low trust (Qualter et al 2013; ONS 2018)
- ▷ Stereotypes related to loneliness in older age associated with later loneliness (Pikhartova et al. 2015)



## Element of Heritability?

- ▷ 15 genetic variations were associated with susceptibility to loneliness (Day et al. 2018)

# But also seems quite individual?

*Impact of different risk factors varies according to age and gender*

For example in older adults in England:

- ▷ Being widowed or not close to partner led to a higher risk of being loneliness for women
- ▷ Health problem and infrequent contact with friends increased the feelings of loneliness in men (Yang & Bath 2018)

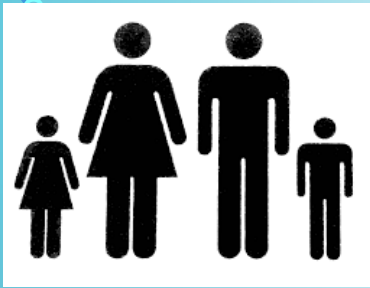


# PATHWAYS TO LONELINESS: THE MIGRANT EXPERIENCE

ANNUAL PUBLIC HEALTH CONFERENCE (2018) BELFAST

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- **Self and family**

- Personality (extrovert/introvert)
- Upbringing (attachment, life-events)

- **Later life**

- Size, composition and support
- Perceived quality of support
- Unfulfilled expectations (not frequency of contact)
- Bereavement/divorce
- Health/mobility

- **Community and society**

- Social Capital (trust, reciprocity, participation etc)
- Shared cultural interests
- Language attainment
- Receptiveness/hostility
- Employment (quality, type)

# IRISH MIGRANTS –HEALTH IN ENGLAND

- Higher morbidity and mortality for all major illnesses than all other immigrant groups
- High rates of depression, suicide and suicidal behaviour and other mental illness.
- Irish men - more likely than white British men to consider that life was not worth living.
- **Invisibility** - few studies on Irish migrants' vulnerability to mental illness



## **Depression in Irish migrants living in London: case–control study**

LOUISE RYAN, GERARD LEAVEY, ANNE GOLDEN, ROBERT BLIZARD  
and MICHAEL KING

- Risk of depression associated with unplanned migration (adjusted OR 1.20; 95% CI 1.06–1.36).
- 40-50% depressed respondents reported abuse or neglect during their childhood in Ireland (CTQ)
- 45% currently depressed had experienced depression in Ireland – (15% of the controls)
- 35% depressed - not currently receiving treatment
- **Differences between men and women:-**
- Men more likely to be alone, never married, rented accommodation, unemployed, higher scores for depression - less likely to be treated.
- Lack of preparation as a predictor of depression in England holds for men but not women





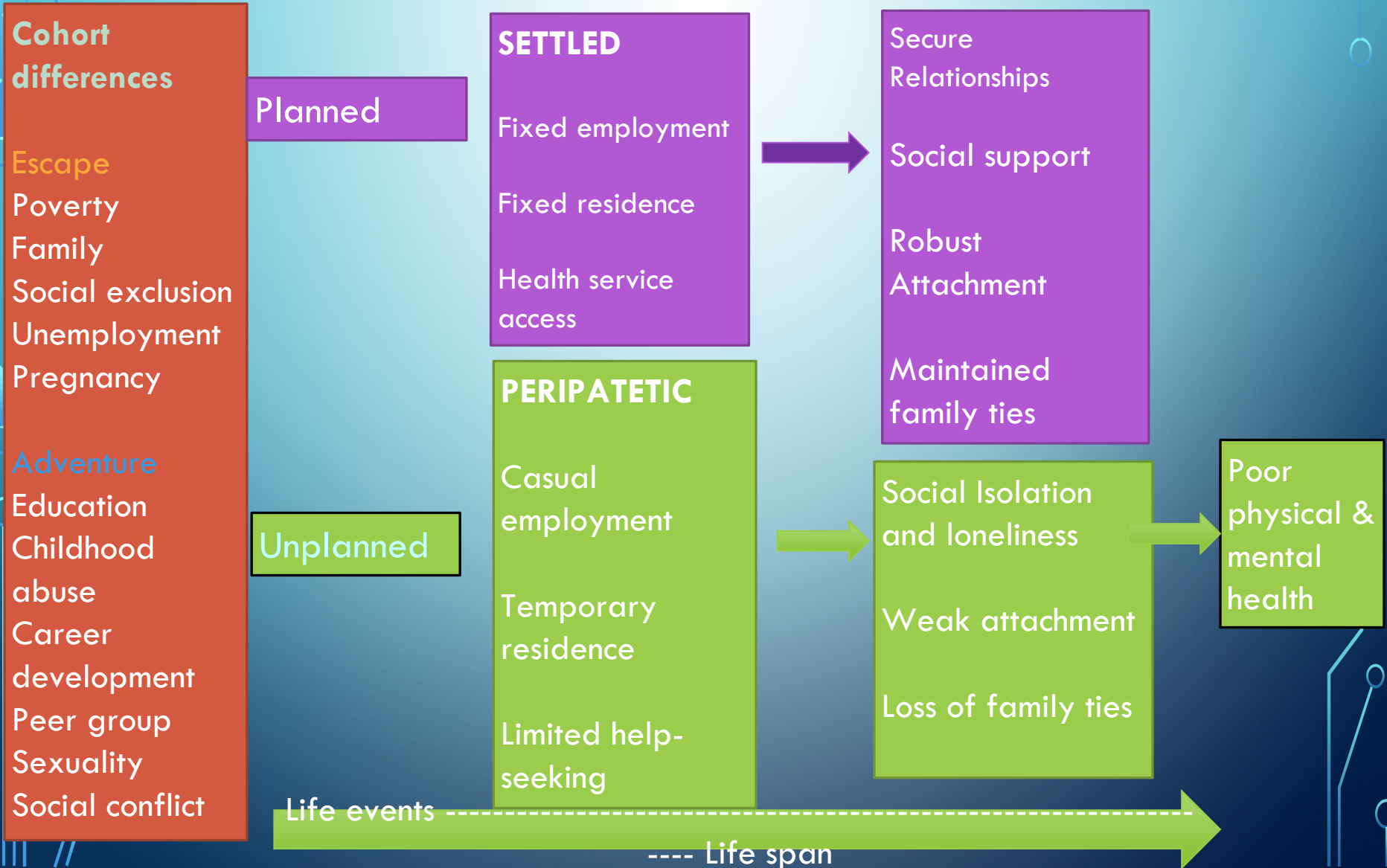
### Older Irish migrants living in London: identity, loss and return

Gerard Leavey, Sati Sembhi & Gill Livingston



### Explanations of depression among Irish migrants in Britain

Gerard Leavey<sup>a,b,\*</sup>, Linda Rozmovits<sup>a</sup>, Louise Ryan<sup>b</sup>, Michael King<sup>b</sup>



# LONELINESS, RELIGION AND MIGRATION: ANXIETY DISORDER WITH MIXED DEPRESSION - IRISH LONGITUDINAL STUDY ON AGEING (TILDA).

Curran, E; Rosato, M., Cooper, J., Mc Garrigle, C., Leavey, G

- Wave 1 (TILDA) (2009-2011):
- 8,504 community-based people aged  $\geq 50$  years (n=8175) and spouses/ partners (n=329) aged  $< 50$  years.
- (UCLA) Loneliness Scale, Berkman-Syme Social Network Index, perceived loneliness
- Hospital Anxiety and Depression Scale; Center for Epidemiologic Studies Depression Scale
- Latent Class Analysis was used to define indicative diagnoses of anxiety and depression.
- Associations between socio-demographic and socio-economic factors, past migration, religious practice, social network, loneliness and long-term limiting illness.

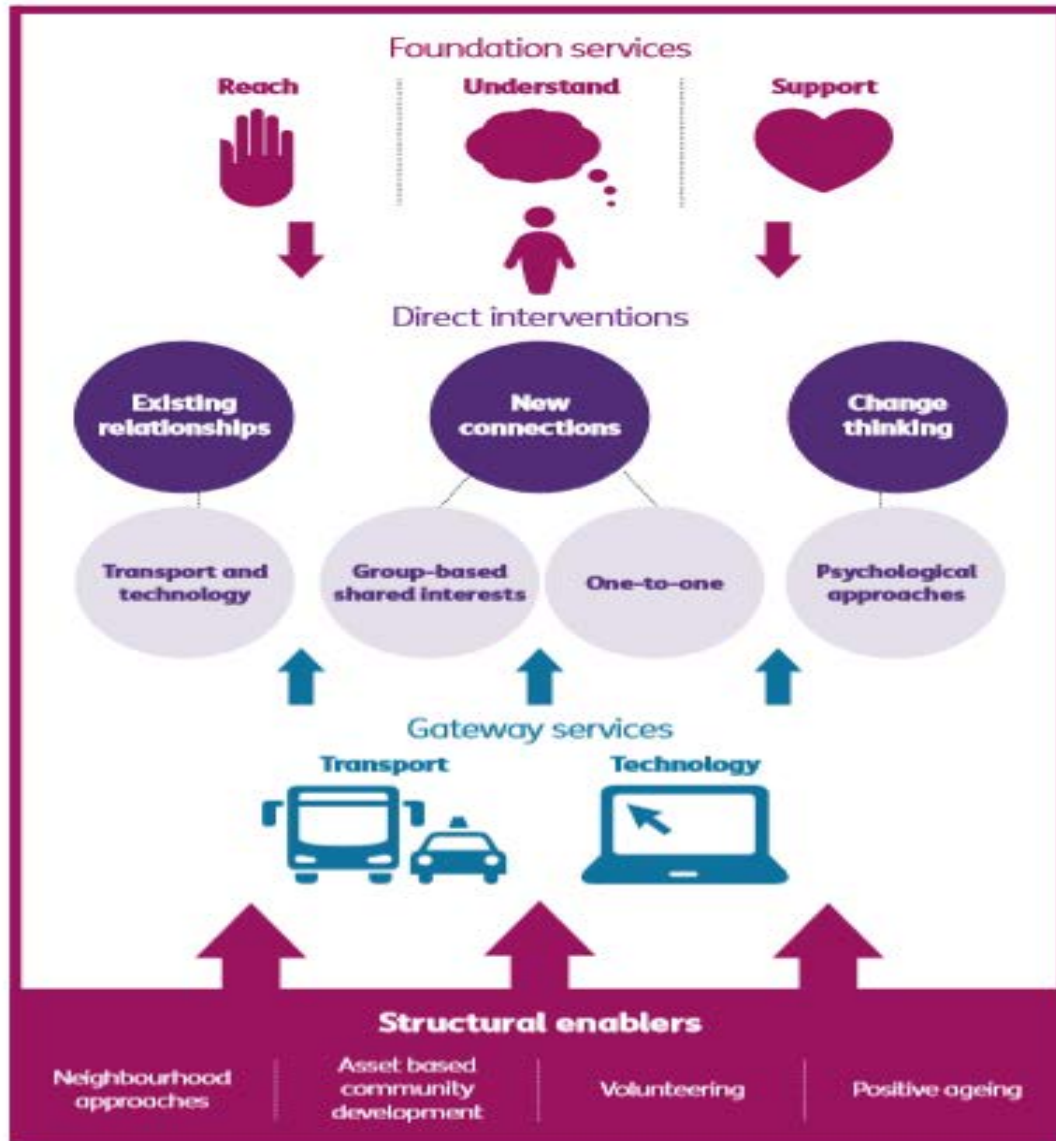
**Table 3: Demographic variables, religion, social network, loneliness, and health predicting latent class membership to latent class 1 'comorbid anxiety and depression'.**

	Covariates	Model 1: Latent class 1	Model 2: Latent class 1	Fully Adjusted Model: class 1
<b>Gender</b>	Female	1.00	1.00	1.00
	Male	1.49 (1.11, 1.99)*	1.39 (1.04, 1.87)*	1.16 (0.80, 1.67)
<b>Age at interview</b>	50-59	1.00	1.00	1.00
	60-69	0.59 (0.41, 0.84)*	0.60 (0.42, 0.86)*	0.56 (0.36, 0.87)
	70-79	0.85 (0.54, 1.34)	0.82 (0.52, 1.28)	0.66 (0.37, 1.21)
	80+	0.60 (0.29, 1.27)	0.51 (0.24, 1.08)	0.37 (0.13, 1.09)
<b>Education</b>	Secondary level	1.00	1.00	1.00
	Primary school level	1.99 (1.48, 2.67)*	1.82 (1.35, 2.47)*	1.63 (1.10, 2.43)*
	Tertiary (Degree or Higher)	0.90 (0.56, 1.42)	0.94 (0.59, 1.49)	0.88 (0.50, 1.54)
<b>Migrant Status</b>	Never migrated	1.00	1.00	1.00
	Short term migrant (<10 years)	1.16 (0.75, 1.79)	1.11 (0.72, 1.70)	1.15 (0.69, 1.92)
	Long term migrant (10+ years)	1.79 (1.08, 2.97)*	1.66 (0.99, 2.76)	1.24 (0.55, 2.82)
<b>Comfort from Religion</b>	Yes	1.00	1.00	1.00
	No	0.83 (0.55, 1.26)	0.89 (0.58, 1.35)	1.01 (0.59, 1.72)
<b>Personal importance of Religion</b>	Very important	1.00	1.00	1.00
	Somewhat important	0.80 (0.55, 1.15)	0.79 (0.55, 1.14)	1.23 (0.77, 1.95)
	Not important	0.77 (0.46, 1.28)	0.82 (0.49, 1.37)	1.07 (0.54, 2.11)
<b>Religious services attendance</b>	Once a week or more	1.00	1.00	1.00
	1-2 times monthly or less	2.14 (1.49, 3.08)*	1.93 (1.33, 2.80)*	1.62 (1.01, 2.60)*
	1-2 times a year or never	1.75 (1.20, 2.54)*	1.72 (1.18, 2.50)*	1.59 (0.94, 2.67)
<b>Social network</b>	0 through to 3		0.63 (0.51, 0.78)*	1.16 (0.87, 1.53)
<b>Perceived loneliness</b>	Not lonely			1.00
	Sometimes			9.44 (5.73, 15.57)*
	Most of the time			14.75 (8.46, 25.72)*
	All of the time			73.23 (32.25, 166.30)*
<b>UCLA lonely</b>	0 through to 10			1.17 (1.08, 1.26)*
<b>Health</b>	No illness			1.00
	Long-term illness			1.38 (0.77, 2.45)
	Limiting long-term illness			2.77 (1.88, 4.07)*

# THINGS TO CONSIDER

- What are the origins of loneliness?
- How much do early life events play in determining pathways to loneliness?
- What role does culture have in shaping responses to loneliness?
- What is the role of gender in the experience and response to loneliness?
- Might low-level loneliness interventions prevent depression?

# Loneliness Interventions



# Over to you...

1. What do you think works in **tackling** loneliness?
2. What do you think works in **preventing** loneliness?