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Social Isolation and Loneliness in Older People: A Closer Look at Definitions

Social isolation and loneliness are related and the terms are often used interchangeably, but they are distinct concepts with different definitions, health impacts, and interventions. Our population is aging and older people are at increased risk for both social isolation and loneliness and the associated negative health consequences. Understanding the important differences between social isolation and loneliness will help us recognize them earlier in vulnerable populations, engage in more meaningful conversations with older adults about their own risks, and will inform the development and delivery of more individualized, meaningful, and cost-effective interventions.

BACKGROUND

Americans value their independence. Nearly 90% of adults over age 65 say they want to grow old in their own homes. Supporting older persons at home as they age will improve quality of life for many, but for those who live alone, have low incomes, poor health, or have few or strained relationships, remaining at home without family, community, or neighborhood support will increase their risk of being socially isolated, lonely, or both.

Social isolation and loneliness are sometimes referred to as a “scourge” or an “epidemic”.¹ Both contribute to poor health outcomes (as much as smoking or being obese), decreased life expectancy, and increased risk of abuse, neglect, and exploitation. Older people are sometimes reluctant to admit to being lonely or isolated, particularly older men.

Social scientists have been studying social isolation and loneliness for over four decades, but much of this research has not been translated into practical applications that can help seniors directly or help the communities in which they reside provide meaningful support and assistance. This shortage of practical tools results from the complexity of the scientific literature on social isolation and loneliness theory, the challenges of assessing and measuring isolation and loneliness, and the lack of clarity around the companion concepts of social supports, social engagement, and social networks.

While there is consensus about the negative health impacts and decreased quality of life resulting from social isolation and loneliness, there remains confusion about the elements that define each, how to accurately assess their presence and causes, or identify the most appropriate solutions. This confusion and complexity gets in the way of recognizing those most in need and at risk, and

connecting those needing relief to available resources. If we can better understand how social isolation and loneliness differ and how to apply their essential components to individual circumstances, we can empower older people, communities, family members, and service providers in finding meaningful, effective, and individualized solutions.

Social isolation and loneliness are distinct states of being. Some individuals who are considerably isolated do not feel lonely. However, many seniors are both socially isolated and lonely and the remedies for each may not be interchangeable; what is done to alleviate one may not necessarily alleviate the other. This distinction is particularly important in rural areas, where low populations and large distances leave residents spread out. Many rural Mainers are content to live a quiet existence seeing very few people on a regular basis. Since they may not experience feelings of loneliness, they are not motivated to reach out to others and they may reject invitations to connect and engage with their community. They may not realize how their isolation puts them at risk of poor health outcomes should they need to rely on others, with or without warning. If we understand that they are isolated but not lonely, we can identify the ways in which they are isolated by evaluating the gaps in their social network rather than thrusting them into an unwanted visitor or befriending program. In this way, we may be able to reduce the health risks resulting from the isolation while still honoring their desire for solitude.

As a first step to better understand how social isolation and loneliness are experienced and analyzed on an individual level, this paper describes the important differences between the definitions of social isolation and loneliness and provides a basic framework for breaking down the elements of each. A closer look at the definitions of social isolation and loneliness allows an appreciation for the complexity of this health and quality of life issue.

Prevalence

As of 2014, 15% of Americans - nearly 48 million people - were over the age of 65. In just under 15 years, by 2030, this population will grow to more than 20% of all Americans.² Older adults are most at risk for social isolation and loneliness as social contacts naturally shrink due to late-life events, such as retirement, death, loss of mobility, and declining health.³ Additionally, shifting cultural norms are increasingly leaving older adults without traditional forms of familial support such as adult children who live nearby.⁴ Over the past 30 years, support systems have shrunk and individuals have fewer confidantes, divorce rates are higher, remarriage rates are lower, and fertility rates are dropping, leaving increasing numbers of baby boomers without family support as they age.⁵

AARP recently used data from the National Social Life, Health and Aging Project⁶ (NSHAP), a longitudinal, population-based study of the well-being of older Americans, to create a profile of social connectedness among older adults.⁷ Marital status, income, and gender are all factors in understanding who is at risk for loneliness and social isolation. Unsurprisingly, older people without a spouse or partner were most at risk, not only because they tend to have fewer connections and social interactions, but because they also tend to have less income.

Estimates suggest that up to 20% of Americans 65 and older⁸, are socially isolated, affecting over 8 million older adults⁹, and that over 33% of adults 60 years and older experience frequent or intense loneliness¹⁰. The prevalence of loneliness increases with age¹¹ and approximately 50% of the “oldest” old – those over the age of 80 - report feeling lonely often¹². As Americans live longer,

greater numbers of them will be living alone without a partner, thereby increasing the likelihood that many will experience periods of social isolation or loneliness.

SOCIAL ISOLATION

Definition

Social isolation is an objective condition of physical isolation that prevents or limits the development and expansion of a diverse social network, resulting in minimal contact with other individuals and the community.¹³ As research into social isolation emerged in the early 1980's, social isolation was objectively defined as the quantity of one's social contacts. This quantitative measure reflected little about one's lived experience of isolation or the types of support needs that are unmet when one has few social connections.

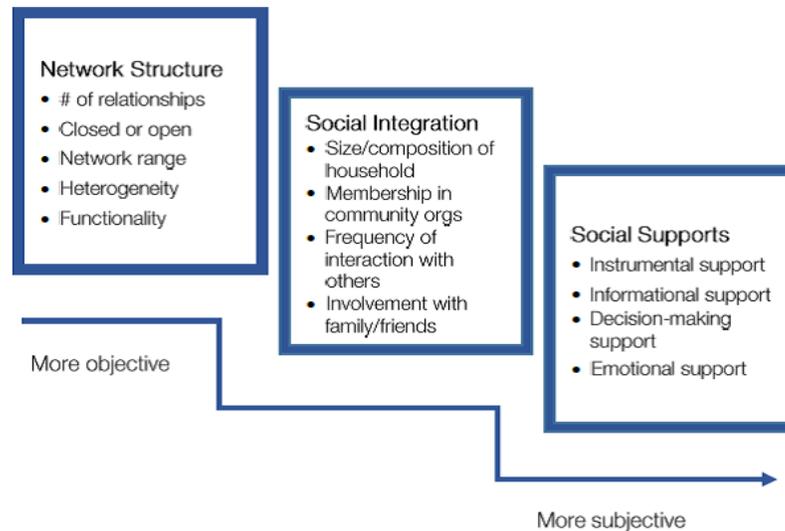
Nicholson's (2009) current and frequently used definition of social isolation as "a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and they are deficient in fulfilling and quality relationships" includes an important qualitative dimension¹⁴. This definition retains the original focus on the quantitative size and breadth of one's social network but also includes the nature and extent of an individual's engagement with the network to fulfill various support needs or desires. Thus, in addition to evaluating the quantity of network connections and the extent of engagement, there is an evaluation of the types of needs that the network connections fulfill. The more recent scientific literature on social isolation and social supports, while still "somewhat overwhelming",¹⁵ describes the several domains of a social network in terms of these social supports, such as personal support, information and decision-making support, or emotional support.¹⁶ Evaluating an individual's social network is key to determining whether that person is socially isolated.

Evaluating a social network

Evaluating an individual's social network is accomplished first by analyzing the structure and function of the network and then the level and quality of an individual's engagement with their existing network. The Figure 1 graphic on the next page illustrates a framework for evaluating a social network to understand whether an individual might be socially isolated and, if so, what specific needs must be addressed (adapted from Hortulanus, Machielse & Meeuwesen, 2006). The graph presents network information from the more objective aspects of a social network (upper left) to the more subjective (lower right). An individual's network is evaluated by first determining its structure, including the number of relationships and the diversity and social range of those relationships; whether the people in a network know one another (open) or do not (closed); and whether the network as a whole functions for the benefit of the individual. There may be instances when an individual has a sizeable network, yet upon closer examination the connections are unreliable in ways that are most important to the older person or fail to support their physical or mental health.

Next, the degree to which an individual engages with the persons or groups in the network is assessed. To what extent does the individual actually use or rely on the network connections for particular purposes? What is the extent of an individual's integration in their network and how diverse are the connections? The more diverse the network, the broader the scope of needs that are likely to be met. One's household size and composition and the level of involvement with family,

Figure 1



friends, neighbors, or community members gives us critical information about an individual’s actual or potential access and utilization of resources when they are needed to support health and wellbeing. Even if an older person has a large and diverse social network, as determined by the first inquiry level, there may be one or more reasons for not regularly engaging with the people in that network which contributes to one’s socially isolated status.

Finally, it is important to obtain information about whether an individual’s engagement with his or her social network fulfills essential social supports, including informational support, instrumental support, appraisal support, and emotional support. If there is an existing functioning network, we want to know whether the individual is receiving sufficient levels of information, personal assistance, decision-making support, or emotional support. For instance, if an individual is socially isolated as a result of the inability to drive, is there a person or organization in the individual’s social network that can provide transportation assistance at the times and to the places that best serve that individual’s health and social needs?

A network that is more supportive in advancing the individual’s well-being will reduce the health risks associated with social isolation. Within this framework, network deficiencies or inadequacies directly interfere with access to many types of health resources – from health information and decision-making support to direct clinical and personal care, thus translating social isolation into negative health outcomes.¹⁷

LONELINESS

Definition

Loneliness is defined by the subjective experience of whether an individual’s social relationships are “deficient in some important way, either quantitatively or qualitatively”.¹⁸ Loneliness is the emotional response to the discrepancy one feels between the desired and the actual level or quality of social contact. If the fundamental human “need to belong” is not met to one’s satisfaction, we feel lonely. The critical element is how an individual feels about the level, the quality, or the intimacy of existing or desired social relationships. The subjectivity that defines loneliness distinguishes it from social isolation and gives it a separate physical and mental health trajectory.

What is it exactly that “people get from relationships with others”¹⁹ that makes us feel satisfied or not, or that fulfills that human need to belong? What are the specific relational needs that are fulfilled by the variety of connections that we establish over a lifetime? In the 1970’s, Robert Weiss proposed a framework of social provisions that describes these relational needs. It is these social provisions that drive humans to seek out the types of relationships that are likely to satisfy our relationship longings. The social provisions reflect human needs for attachment, social integration, nurturance, worth, alliance, and guidance.²⁰ When relationships that can potentially fulfill this spectrum of needs are absent or deficient in number or quality in ways that we find distressing, then we experience feelings of loneliness. But different relational needs may require distinct remedies and this makes identifying and meaningfully addressing loneliness particularly challenging.

Table 1 Weiss’ Social Provisions	
Social Provision	Type of Relationship
Attachment	Spouse or intimate partner
Social integration	Friends
Nurturance	Children
Worth	Co-workers
Alliance	Close family members
Guidance	Mentors. Parental figures

Weiss and subsequent researchers²¹ identified the typical category of persons that are most likely to fulfill our need for various social provisions (see Table 1) and they categorized loneliness into emotional and social loneliness. When our need for attachment (intimate relationship) is compromised or unfulfilled, we feel *emotional loneliness* and when our need for social integration is unfulfilled, we feel *social loneliness*. While two individuals experiencing emotional or social loneliness might both describe the feeling in their bodies as loneliness, their subjective experiences of each, and thus the antidote to their respective distress, are likely to be different. Similarly, individuals experiencing loneliness as a result of a lack of relationships that nurture their feelings of worth or productivity will find relief from something else, such as connections and activities that call upon their experience, expertise, or service. “Relief from emotional loneliness requires formation of a new intimate relationship...whereas relief from social loneliness requires entry into a network of friendships that provides a sense of social integration”.²²

Even though loneliness is a subjective state of being that is defined according to the experiences of each individual, the types of remedies that alleviate loneliness are on a continuum that moves from the more objective to the more subjective in a way similar to that of the social network analysis above. Some socially lonely individuals might be dissatisfied with their number of social contacts and need to expand their network in order to feel better. At the other end of the spectrum are those individuals who have lost long term intimate partners who fulfilled a range of attachment and other social provision needs. This means that some types of loneliness, once identified, might be more readily relieved with friendly visitor or befriending programs, particularly if the individual is receptive to the assistance or intervention offered and willing and able to accept help. On the other hand, relieving loneliness stemming from the loss of a long term, intimate partner or the loss of close and

supportive friends pose greater challenges and will require a more thoughtful, longer term intervention.²³

SUMMARY

Understanding these research-based foundations of social isolation and loneliness helps us acknowledge the complexity of both the structure and function of human social relationships so that we avoid “one size fits all” interventions to alleviate isolation and loneliness. Assessing and measuring social isolation and loneliness is an evolving science. While myriad survey instruments are currently being used in a variety of social relationship-related studies, “what these tools are designed to measure is often unclear”.²⁴ As we track continuing research in this area and consider the best ways to empower and support isolated or lonely older people, we are advised to bear in mind the depth, breadth, and nuance inherent in human social connections.

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