

Loneliness, Social Isolation and Living Alone in Later Life

Christina Victor, Ann Bowling, John Bond and Sasha Scambler

A critical element in the quality of life of older people is social participation and engagement. This project, using a combination of quantitative and qualitative approaches, investigated three key dimensions of social participation: loneliness, isolation and living alone in later life. We demonstrate that, overall, only a minority of older people are lonely (7 per cent) or isolated (11-17 per cent) and that this has shown little change in the past 50 years. We also show that while these concepts are inter-related they are not the same. Our data demonstrate the dynamic nature of loneliness and isolation across the lifecourse and the varying pathways into loneliness in later life. We identify two distinct groups: those for whom loneliness is a continuation of previous experiences and those for whom it is a 'novel' experience. In developing interventions to respond to loneliness and isolation we need to respond to the varying types and pathways into loneliness and isolation in later life.

Summary of key findings

- The percentage of older people reporting that they were lonely – 7 per cent – is relatively low, although our qualitative data suggest some under reporting in quantitative surveys of the experience of loneliness. The majority of older people demonstrate high levels of contact with family, friends and neighbours and do not experience loneliness.
- The extent of loneliness among older people has been remarkably stable in the post-war period. Still only a minority of older people, over the past 50 years, report severe loneliness and there was little evidence to support the assertion that older people are lonelier now than in previous generations. However the forms of social contact have changed with current generations of older people reporting both direct social contacts and more indirect, but no less valuable, forms of contact such as the telephone.
- Loneliness is a dynamic concept and varies across the lifecourse. Reported levels of loneliness varied in the previous decade, with a substantial minority reporting that they were 'less lonely' now than previously. The experience of loneliness in later life was classified into two main groups: those for whom loneliness in old age represented a continuation of previous experiences and those for whom it was a new experience as a result of negative changes such as bereavement. There was also a group for whom old age was a time of decreased feelings of loneliness.
- The relationships between loneliness and social isolation and living alone for older people are

complex. Reported levels of loneliness are higher among those who live alone compared to those who live with others but this link is not universal. Similarly there are older people who are both lonely and isolated but also others who experience neither or only one of these states.

- Loneliness and isolation are associated with a variety of factors, including demographic characteristics, and a range of different sets of resources including health, material and social. However many of these individual variables are linked. Vulnerability to loneliness is associated with poor mental health, low ratings for current health and expected health in later life, changes in perceived loneliness in the previous decade and time spent alone. Advanced age and post-basic education appeared to confer some protection against feelings of loneliness.

Reduced social contact, being alone, isolation and feelings of loneliness are consistently associated with reduced quality in older people's lives. Consequently understanding the extent of isolation and loneliness among older people, the trajectories underpinning these experiences, and the factors associated with these states, is important in both theoretical and policy terms, for developing our understanding of quality of life. From this we may then be able to develop interventions and strategies that reflect the complexity of these experiences and enhance the quality of life of older people and contribute towards the major policy objective of 'adding life to years'.

This project was undertaken to address the gaps in our knowledge concerning loneliness, isolation and living alone amongst older people. An essential issue to be addressed concerned the terminology. The terms 'loneliness', 'social isolation' and 'living alone'

are often used interchangeably, although they are three distinct (but linked) concepts. 'Living alone' is the most straightforward to define and measure in objective terms. 'Social isolation' relates to the integration of individuals (and groups) into the wider social environment. This concept is usually measured by the number, type and duration of contacts between individuals and the wider social environment. A key component of isolation, therefore, is the size of an individual's social network. 'Loneliness' refers to how individuals evaluate their level and quality of social contact and engagement.

Perspectives on loneliness and isolation

There are at least four perspectives to the investigation of loneliness in later life and, by extension, social isolation. The most common approach is the examination of 'peer group' patterns of loneliness/isolation which concentrates upon describing the prevalence and distribution of 'loneliness' amongst older people (but this perspective could of course be applied to other age groups) and seeks to identify 'vulnerable' or 'at risk' groups. 'Peer group' studies of loneliness dominate the research literature, especially for older people and later life. This is, however, a very static perspective upon what may be a very fluid and dynamic concept and the focus in 'age-related' studies is to compare and contrast the experience of loneliness in later life with that experienced at other phases of the life cycle. Preceding cohort studies attempt to compare patterns of loneliness and social engagement among current cohorts of older people with those demonstrated by preceding generations of elders. Generation-contrasted studies draw direct comparisons between the experience of loneliness between people of different ages. For example we can enumerate the extent of loneliness among young, mid-life and older people and draw comparisons between them. Our study addressed the first three of these differing perspectives upon loneliness and isolation.

As one of the key objectives of the project was to make direct comparison with the 'classic' UK studies of loneliness/isolation, thereby enabling some examination of preceding cohort patterns of loneliness, this informed our selection of topics and measures. To replicate the work of Tunstall and colleagues we measured loneliness using a 'classic' self-rating scale. This invited participants to classify their levels of loneliness on a 4-point scale ranging from 'always' to 'never'. Age-related loneliness was measured using a question inviting comparison of current level of loneliness with that of a decade earlier and classification as 'better', 'worse' or 'unchanged'.

The classic studies of social isolation undertaken by Townsend and Tunstall involved 'counting' weekly total social contacts and identifying a cut-off point to determine isolation. Such an approach contains three assumptions: 'face to face' contacts are the most valued, all such contacts have equal worth and 'more contacts' are better. In this study it was not feasible to 'count' total weekly contacts. Social contact was recorded by recording participation in a range of activities and the days individuals left the house. Direct social contact and indirect contact via phone between friends, relatives and neighbours was measured using questions based upon those used by the General Household Survey with frequency of contact recorded on a scale ranging from 'daily' to 'not in the last 12 months'.

The extent of loneliness and isolation

The majority of participants in the quantitative survey (61 per cent) rated themselves as 'never lonely', 31 per cent as 'sometimes lonely', 5 per cent as 'often lonely' and 2 per cent as 'always lonely'. However research on older people is rarely participative and participants may present to the survey interviewer only their 'public account'; that is the account that participants assume the interviewer wants to hear or which is constructed with the public accounts of others in mind. Our qualitative data suggest substantial under reporting in quantitative surveys of the experience of loneliness with 26/45 (58 per cent) directly or indirectly reporting loneliness. This may reflect a variety of factors including: the insensitivity of our measurement tools, the social 'undesirability' of admitting loneliness, a different interpretation of loneliness in the two interview situations or the greater focus of our qualitative interviews upon the social relationships of our respondents.

There were high levels of contact between respondents and family friends and neighbours. Most respondents (two-thirds) were in weekly contact by phone or directly with family, friends and neighbours. Only a minority were not in at least monthly contact with relatives or friends. The 'quantitative' measurement of daily direct social contacts indicated that 17 per cent of our sample had less than weekly contact with family, friends or neighbours and 11 per cent had less than monthly contact.

Cohort patterns of loneliness and isolation

There has been significant social change in the last 40 years, not least in terms of living arrangements, family and friendship networks, which may have had a negative impact upon older people in terms of increased rates of social isolation and loneliness. Using a very similar measure 7 per cent of our survey sample reported that they were often lonely. This compares with the 8 per cent reported by Sheldon in his survey of Wolverhampton in 1945 and the 9 per cent reported by Tunstall in 1963. While there seems to be little change in the percentage reporting severe loneliness there are some changes in the other categories. There has been an increase in the percentage reporting they were 'sometimes lonely' (from 13 per cent by Sheldon to 32 per cent in the current study) and a commensurate decrease in the 'never lonely' (from 79 per cent by Sheldon to 61 per cent in our study). Despite significant changes in living arrangements and the nature of social networks over the last 50 years there is little evidence that current generations of older people are lonelier than earlier generations. However our survey detected a decrease in the prevalence of older people who are never lonely.

Comparing levels of social isolation was more problematic given the changes in the nature of social engagement during previous decades and the differences in methodologies for collecting information between studies (we asked respondents for number of days they saw family/friends and not the number of times per week that they were in contact). Tunstall defined isolation as less than 21 direct (i.e. face to face) contacts a week and 21 per cent of his sample were classified as isolated. If we used this measure then 75 per cent of our sample were defined as 'socially isolated' and only 25 per cent of our sample were not isolated. However the studies are more comparable if we use our measure of those not in weekly contact with friends, family or neighbours (17 per cent of the quantitative study group). Again the balance of the evidence is against there hav-

ing been any marked changes in the extent of extreme social isolation among older people over the past 50 years.

Loneliness across the lifecourse

Loneliness is an experience with a clear temporal component. It is not a static concept but something that would vary over time. By inviting respondents to compare their levels of loneliness now as compared with a decade earlier we could start to investigate age-related patterns of loneliness. Approximately two-thirds (68 per cent) of participants reported that their loneliness rating had not changed in the previous decade whilst 23 per cent reported that it had deteriorated. However change was not always universally for the worse as 10 per cent of participants rated themselves as less lonely than a decade previous.

Participants described loneliness as a process with temporal changes. It was something to be experienced over a period of time; it was not a static experience and its intensity could change over time. For some older people loneliness decreased across the lifecourse (termed the regenerative pathway), for others it increased (the degenerative pathway) whilst for others it had been a constant and enduring experience throughout life. Two mechanisms are hypothesised for the onset of loneliness in later life: acute or sudden changes in life circumstances leading to a sudden onset of loneliness and chronic onset pattern stemming from the gradual build-up of losses over time

The meaning of loneliness to older people is important for understanding their response to loneliness and for the development of appropriate policy responses. When asked how they would define loneliness participants identified three distinct definitional categories: functional, a state of mind and social network. Functional definitions of loneliness were articulated in terms of the loss of a range of abilities and the loss of practical aspects of daily life, such as a combination of health and financial losses. Loneliness as a state of mind reflected an individual's ability to find ways of filling time, happiness at spending time alone or the ability to motivate oneself to do things or meet new people. The network definition saw loneliness as related to the size and closeness of the social network around individuals. The presence or absence of a confidant and the loss of a life-long partner were especially important in this definition.

In policy terms we need to distinguish between those who have always been social isolates (or lonely) from those who recently became isolated (or lonely). We also need to distinguish 'acute' onset loneliness from that with a more insidious pattern of onset. These are two distinct groups. Research and measurement of loneliness has been dominated by the survey method and by quantitative measures. Identification of the 'older person's' understanding of loneliness suggests that we should review our measurement tools to ensure that it captures their understanding of these concepts as well as incorporating the dynamic element and distinguishing the different types of loneliness in later life.

As well as varying across the lifecourse the experience of loneliness was also associated with different times of the year. Seasonal and temporal variation were observed in both the quantitative and qualitative arms of the study. Of those who were often, sometimes or always lonely, 54 per cent experienced this at specific times, most notably in the evenings

The insights gained from the qualitative material were used to re-examine the quantitative data. In particular we wanted to see if we could identify the three different pathways into loneliness amongst the quantitative sample. By linking current and decade previous reports of loneliness we can make a first attempt to develop this typology empirically. Overall 53 per cent were classed as 'not lonely', 15 per cent as 'existentially (or consistently) lonely' whilst 20 per cent reported increased rates of loneliness (and 10 per cent decreased rates) of loneliness. This analysis again illustrates the dynamic nature of the experience of loneliness in later life and the limitations of taking a 'single point' measurement.

Loneliness, isolation and living alone

Loneliness, living alone and social isolation are three inter-related but distinct concepts with a degree of empirical but not conceptual overlap. Living alone is the most objective of the three concepts and refers simply to people living in separate households; 37 per cent of our respondents lived alone. Social isolation relates to the integration of individuals (and groups) into the wider social environment. This concept includes quantitative 'objective' measures of the number, type and duration of contacts between individuals and the wider social environment. A key component of isolation, therefore, is the size of an individual's social network. Loneliness is the subjective evaluation by an individual of their quality and nature of their social engagement.

Among those living alone 17 per cent rate themselves as 'often/always lonely' compared with 2 per cent living with others and 80 per cent of the 'often lonely' live alone. A four fold typology can be used to describe the inter-relationships between loneliness and isolation: the lonely and isolated, the lonely, the isolated and those who are neither. Isolation was, for the purpose of this exploratory analysis, defined in two ways: (a) those without weekly direct contact with family, friends or neighbours (17 per cent) and (b) those with less than monthly direct contact with family or friends (11 per cent). The distribution and relationship between loneliness and isolation is similar regardless of the definition used. In both our contemporary and historical cohorts of elders there are a small minority who are both lonely and isolated (1 to 2 per cent) and then two independent groups of lonely and isolated elders and a fourth group who experience neither state (approximately 78 per cent).

Predictors and explanations for isolation and loneliness

Predictors and explanations of loneliness in later life are relatively poorly understood and the North American experience may not be generalisable to the UK. The lack of appropriate statistical tools may in the past have militated against the sophisticated modelling of factors predicting isolation and loneliness, which is now feasible. Risk factors for loneliness were grouped into categories: socio-economic, health resources, material resources, social resources and social networks. The relationship between each variable and the prevalence of loneliness was tested in order to identify 'peer group' patterns of loneliness. This analysis revealed that loneliness was most likely to be reported by specific groups of elders: the very old, women, the non-married, those who live alone, those lacking material resources (non-home or car owners), those without educational qualifications, the physically/mentally frail and those

who spent long periods of time alone. No relationship was observed with levels of contact with family, friends or neighbours.

Clearly many of these factors are inter-related. In order to eliminate the effects of confounding, a multi-factorial analysis using ordered logistic regression was undertaken. Each set of factors was entered individually into the regression model and the independence of the association with loneliness established. Factors not independently associated with our outcome variable, loneliness, were eliminated. This exercise revealed that there were both factors that increased 'vulnerability' to loneliness and those that had a 'protective' effect. Greater vulnerability to loneliness was associated independently with six characteristics: not being married (with the widowed most vulnerable), increased time spent alone, increased perception of loneliness over previous decade, poor health rating, health worse in old age than expected and impaired mental health. Previously important risk factors such as disability, gender or living alone were not found to be independently associated with vulnerability to loneliness. Two factors were independently associated with decreased likelihood of experiencing loneliness. These were advanced age and the possession of educational qualifications. The identification of 'protective' factors is innovative and has not been described previously.

The quantitative analysis highlights those most vulnerable to the experience of loneliness (and those who seem to be less 'at risk'). However they do not of themselves suggest interventions to combat loneliness and isolation directly. Older people themselves when asked directly to identify interventions they felt could combat loneliness and isolation suggested enhancing social networks, promoting a sense of neighbourliness/community, developing a portfolio of 'appropriate' activities and attending to structural barriers to social participation such as transport and financial provision for later life.

About the study

Two important databases were generated. The first was a nationally representative survey of older people (aged 65 years and over) living in the community in Great Britain. The survey was based upon participants included in the Office of National Statistics Omnibus Survey. Participants in the index survey aged 65 or over were invited by ONS to participate in our shared 'Quality of Life' module which was administered at a second interview. The module included questions on loneliness and isolation (based on the original questions used by Sheldon and Tunstall); measures of social activity and social contact used by the General Household Survey as well as key demographic and health data. Of the 1299 participants approached, 999 took part; a response rate of 77 per cent.

The second data set generated was qualitative interviews conducted with 18 men and 27 women aged between 65 and 90 years. Participants were theoretically sampled from respondents in the follow-up survey using the following characteristics: geographical location, age, gender, ethnicity, socio-economic status, living arrangements and type of housing. Participants were selected from seven areas: the South Coast (typical retirement areas), East Anglia and the South West (rural and retirement areas), the East Midlands and the North East (urban and industrial areas); London (a multi-cultural metropolitan area) and Surrey (an affluent commuter belt).

Since the original research in this field was undertaken there has been significant social change in the last 40 years, not least

in terms of living arrangements, family and friendship networks, which may have impacted on social isolation and loneliness. Recent studies have been conducted in specific geographical areas (e.g. North Wales and East London) and may lack generalisability. Little attempt has been made to investigate the value and meaning of the concepts to older people themselves. The voice of older people was largely absent from many previous studies. Traditional survey methods may have perpetuated the public account of isolation and loneliness as they have not addressed the value and meaning of the concepts to older people themselves. Measures of isolation that focus on direct contact with family members may be inappropriate and underestimate the importance of indirect contact (e.g. telephone, E-mail). Researchers have rarely adopted a 'lifecourse' perspective by distinguishing between those who have always been social isolates (or lonely) from those who recently became isolated (or lonely) confounding understanding. In policy terms these are two distinct groups. Predictors and explanations for isolation and loneliness are relatively poorly investigated in earlier British studies and the North American experience may not be generalisable to the UK. The lack of appropriate statistical tools may in the past have militated against the sophisticated modelling of factors predicting isolation and loneliness, which is now feasible. Furthermore such techniques offer the opportunity to identify both factors that render older people more vulnerable to loneliness and isolation and those that could be protective. This offers the potential to develop more sophisticated and tailored interventions to combat loneliness and isolation especially when they are linked to the views of older people as to the appropriate ways of combating isolation and loneliness in later life.

Contact details:

Professor Christina Victor
Department of Public Health Sciences
St George's Hospital Medical School
Cranmer Terrace
London SW17 0RE

Phone: 0208 725 3584
Fax: 0208 725 3584
Email: cvictor@sghms.ac.uk

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ESRC Growing Older Programme
Department of Sociological Studies
Elmfield
Northumberland Road
University of Sheffield
Sheffield S10 2TU

Phone: 0114 222 6467
Fax: 0114 222 6492
Email: Marg.Walker@shef.ac.uk
Growing Older Programme web site:

<http://www.sbef.ac.uk/uni/projects/gop/index/btm>

