LONELINESS

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Loneliness

Peplau and Perlman (1982) defined loneliness…

Feeling alone is not synonymous with being alone. The latter represents objective isolation, while the former is more subjective.

However, loneliness can arise as a consequence of unwanted isolation.

Loneliness is always a psychologically unpleasant and distressing experience for those who experience it and can lead to social exclusion.

While isolation is objective, measuring as it does the number of social contacts, loneliness is subjective in that it expresses a person's dissatisfaction with these social contacts. The latter results from the discrepancy between what is expected of a relationship and the reality observed (Hossen, 2012)

Loneliness

Loneliness is an afflictive and distressing feeling that leads to a malaise where individuals feel alone, despite being surrounded by people, and think they lack support, particularly in the form of affection.

Situational factors and those associated with personality, whether combined or not with other factors, can contribute to a person experiencing feelings of loneliness. These feelings transform into a multidimensional problem the etiology of which may be based on social roles and unrealistic expectations. Neves, et al. 2013).

Loneliness

The bodies of elderly persons, especially those aged over 85, present visible signs of time and aging and may, for some, reflect very significant experiences of loss which may contribute to isolation and/or loneliness. Azeredo (2011).

The feelings of loneliness that affect the elderly are not only a hallmark of those who are institutionalized (although they appear to be more common in these cases). Prevalence increases, particularly when life events occur that result in loss, or when the ability to adapt is decreased Vaz & Gaspar (2011).

Loneliness

The personality of each elderly person, the social support they receive, how they lived their lives and the way coping strategies are organized to deal with feelings of loneliness can all influence feelings of being alone. Elderly people who cannot overcome the feelings of loneliness are at risk of premature institutionalization or even tend towards accelerated frailty, or even death Azeredo & Barbeiro, 2015).

Russel (2004) - "loneliness is one of the most frequent complaints among the elderly", the cause of which can be: widowhood, children leaving home through work, or retirement. In this situation, loneliness may contribute to premature institutionalization

Azeredo, Z. D. A. S., & Afonso, M. A. N. (2016). Loneliness from the perspective of the elderly. *Revista Brasileira de Geriatria e Gerontologia*, *19*(2), 313-324.

Loneliness and social isolation in the United Kingdom

Over 9 million people in the UK – fifth population – say they are always or often lonely, almost two-thirds feel uncomfortable admitting to it (British Red Cross and Co-Op, 2016)

Over half (51%) of all people aged 75 and over live alone (ONS, 2010)

Two fifths all older people (about 3.9 million) say the television is their main company (Age UK, 2014)

63% of adults aged 52 or over who have been widowed, and 51% who are separated or divorced report, feeling lonely some of the time or often (Beaumont, 2013)

59% of adults aged over 52 who report poor health say they feel lonely some of the time or often, compared to 21% who say they are in excellent health (Beaumont, 2013)

A higher percentage of women than men report feeling lonely some of the time or often (Beaumont, 2013)

17% of older people are in contact with family, friends and neighbours less than once a week and 11% are in contact less than once a month (Victor et al, 2003)

Lee, M. (2006). *Promoting mental health and well-being in later life: A first report from the UK Inquiry into Mental Health and Well-Being in Later Life*. Mental Health Foundation.

Loneliness and physical health

- Increases the likelihood of mortality by 26% (Holt-Lunstad, 2015)
- The effect on mortality is comparable to the impact of well-known risk factors such as obesity, and has a similar influence as cigarette smoking (Holt-Lunstad, 2010)
- Associated with an increased risk of developing coronary heart disease and stroke (Valtorta et al, 2016)
- Increases the risk of high blood pressure (Hawkley et al, 2010)
- Lonely individuals are also at higher risk of the onset of disability (Lund et al, 2010)

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Loneliness and mental health

Loneliness puts individuals at greater risk of cognitive decline (James et al, 2011)

Lonely people have a 64% increased chance of developing clinical dementia (Holwerda et al, 2012)

More prone to depression (Cacioppo et al, 2006) (Green et al, 1992)

Loneliness and low social interaction are predictive of suicide in older age (O'Connell et al, 2004)

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Psychodynamic: Fromm-Reichmann (1959)

Loneliness is an exceedingly unpleasant and driving experience

Loneliness is an extreme state – nonconstructive which leads to the development of psychotic states.

It renders people emotionally paralysed and helpless

She traces its origins to childhood experiences – harmful consequences of premature weaning from mothering tenderness

Psychodynamic position is based on clinical work settings – thus see loneliness as pathological

Unlike other theories – attribute loneliness to early influences

While these early experiences may have been interpersonal in nature, the focus is on how factors within the individual (traits, intra-psychic conflicts) leads to loneliness.

Rogers' Phenomenological Perspective

Loneliness reflects his self theory of personality.

Society pressures the individual to act in restricted, socially approved ways.

This leads to a discrepancy between one's true inner self and the self manifested to others.

Merely performing society's roles, no matter how adequately done, leads to an empty existence.

Loneliness occurs when individuals, having dropped their defences to get in touch with their inner selves, nonetheless expect rejection from others.

Perlman, D., & Peplau, L. A. (1982). Theoretical approaches to loneliness. Loneliness: A sourcebook of current theory, research and therapy, 123-134.

Phenomenological Perspective

Perlman, D., & Peplau, L. A. (1982). Theoretical approaches to loneliness. *Loneliness: A sourcebook of current theory, research and therapy*, 123-134.

A discrepancy between one's actual and idealised self should result in loneliness (Moore, 1976).

Roger's analysis (based on clinical clients) views loneliness as a manifestation of poor adjustment.

For him, the cause of loneliness lies within the individual, in a phenomenological discrepancy in one's self-concept.

He differs from psychodynamic theorists in that he does not give much credence to childhood influences

Instead, current forces produce the experience.

Existential Approach: Moustakas (1961, 1972)

They take as their staring point the fact that humans are ultimately alone.

No one else can experience our thoughts and feelings; separateness is an essential condition of our existence.

Those who accept this view often focus on the question of how people can live with their loneliness.

Emphasises the importance of distinguishing between loneliness anxiety and true loneliness.

Perlman, D., & Peplau, L. A. (1982). Theoretical approaches to loneliness. Loneliness: A sourcebook of current theory, research and therapy, 123-134.

Moustakas (1961).

Loneliness anxiety is aversive and results from "a basic alienation between man and man"

Existential loneliness is an inevitable part of the human experience, involving periods of self-confrontation and providing an avenue for self-growth.

While it can be painful, it can also lead to "triumphant creation".

A positive-negative dimension running through loneliness experiences.

Loneliness anxiety is the negative form

Existential loneliness is the positive form.

Existential Approach: Moustakas (1961, 1972)

Existentialists encourage people to overcome their fear of loneliness and learn to use it positively

Unlike others, Moustakas has a positive view of loneliness.

Although he doesn't deny that it can be painful, he sees it as as productive, creative condition

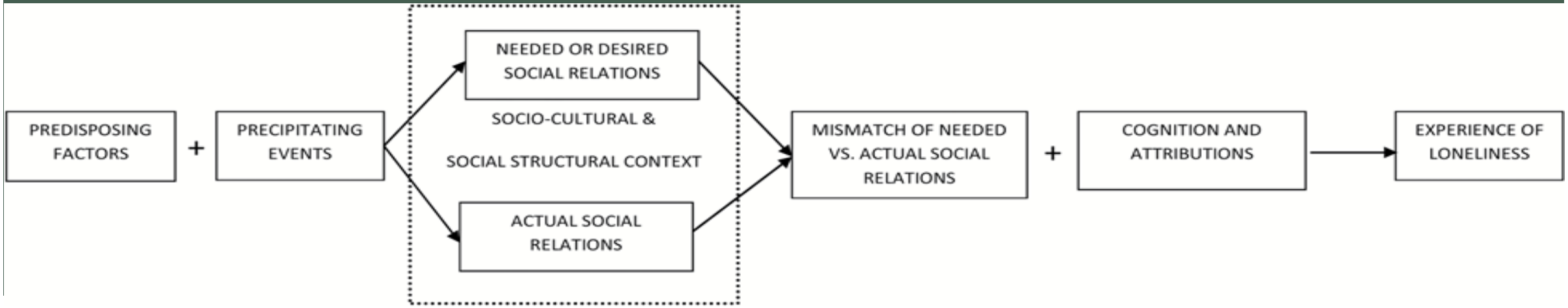
They do not seek the causal roots of loneliness in the usual sense – not interested in the factors that increase or decrease the likelihood of loneliness; for then it is a given in human existence

Cognitive Discrepancy Theory: Peplau and Perlman (1982)

Loneliness is a subjective, unpleasant, and distressing phenomenon stemming from a discrepancy between individuals' desired and achieved levels of social relations.

Mismatch is associated with specific circumstances and life events, including migration, widowhood, or the onset disability.

- For example, poor health impacts on individuals' ability to maintain customary levels of social interaction (Burholt & Scharf, 2014).



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Cognitive Discrepancy Theory

Avoiding loneliness entails addressing the mismatch, by adjusting either *expectations* regarding the quality and frequency of social interaction or *achieved* quality and frequency of social interaction to balance both elements.

Any discrepancy between desired and achieved social relations may be labelled by an individual as loneliness. However, this does not lead directly (or inevitably) to loneliness

Perlman and Peplau (1998) note that loneliness may be modified by the person's reaction to the situation and suggest that cognitive processes may modulate the experience.

Perlman, D., & Peplau, L. A. (1982). Theoretical approaches to loneliness. *Loneliness: A sourcebook of current theory, research and therapy*, 123-134.

Azeredo & Afonso (2016)

A longitudinal study aimed at elderly persons who stayed at home, with a representative sample of the elderly population in a given region, **who participated or did not participate in social activities**, is recommended to provide a broader perspective of the views of the elderly about loneliness.

Objective: To identify the opinion of elderly persons in relation **to feelings of loneliness.**

Methodology: The respondents were 73 elderly men and women living at home but attending day care/social centres.

Results: In 78% , a significant person was a family member who was not a spouse (especially daughters and granddaughters); 79% reported feeling sometimes or rarely/never feeling lonely. Widowed or divorced elderly persons were those who most frequently referred to sometimes feeling lonely. To reduce loneliness, they suggested various forms of interaction and activities in which communication predominated. Intergenerational solidarity was also cited.

Conclusions: Although loneliness is described as an increasing problem for the elderly, its frequency was not high among those interviewed, perhaps because the respondents engaged in social activities.

Fiori, Feeney, Tyrovolas, Haro, & Koyanagi (2016).

Background: Data is lacking on the **association of interpersonal stressors and social isolation with mental disorders** and the mediating role **of loneliness**. Thus, we examined this association prospectively using community-based data.

Methods: Data on 6105 adults aged 50 years and older from the Irish Longitudinal Study on Ageing (TILDA) was analyzed. Mental health outcomes were assessed 2 years after baseline. Depressive and anxiety symptoms were evaluated with validated scales.

Results: Higher levels of spousal support, less strain from spouse and better social network integration were protective against depressive symptoms in men. Social support from friends and children was protective against depressive symptoms in both genders. Higher levels of social strain from children were positively associated with depressive symptoms in women. Loneliness was a significant mediator in the majority of these associations.

Conclusion: Interventions aimed at increasing relationship quality and strengthening existing social network structures, with a specific focus on reducing feelings of loneliness, may be beneficial in the prevention of depressive symptoms among older adults.

Domènech-Abella et al (2017)

Purpose: Loneliness and depression are associated, in particular in older adults. Less is known about the role of social networks in this relationship. The present study analyses the **influence of social networks in the relationship between loneliness and depression**

Methods: A population-representative sample of 3535 adults aged 50 years and over from Spain was analyzed. UCLA Loneliness Scale. Social network characteristics - measured using the Berkman–Syme Social Network Index. Major depression in the previous 12 months - assessed with the Composite International Diagnostic Interview (CIDI).

- Results: Feelings of loneliness were more prevalent in women, those who were younger (50–65), single, separated, divorced or widowed, living in a rural setting, with a lower frequency of social interactions and smaller social network, and with major depression.
- Among people feeling lonely, those with depression were more frequently married and had a small social network.
- Among those not feeling lonely, depression was associated with being previously married.
- In depressed people, feelings of loneliness were associated with having a small social network; while among those without depression, feelings of loneliness were associated with being married.

Conclusion: **The type and size of social networks have a role in the relationship between loneliness and depression.** Increasing social interaction may be more beneficial than strategies based on improving maladaptive social cognition in loneliness to reduce the prevalence of depression among Spanish older adults.

Holwerda, Deeg, Beekman, van Tilburg, Stek, Jonker, & Schoevers (2012).

Background: The role of feelings of loneliness and social isolation in dementia is less well understood, and prospective studies including these risk factors are scarce.

Methods: We tested the association between social isolation (living alone, unmarried, without social support), feelings of loneliness and incident dementia in a cohort study among 2173 non-demented community-living older persons. Participants were followed for 3 years when a diagnosis of dementia was assessed.

Conclusions: Feeling lonely rather than being alone is associated with an increased risk of clinical dementia in later life and can be considered a major risk factor that, independently of vascular disease, depression and other confounding factors, deserves clinical attention. Feelings of loneliness may signal a prodromal stage of dementia. A better understanding of the background of feeling lonely may help us to identify vulnerable persons and develop interventions to improve outcome in older persons at risk of dementia.

Results: After adjustment for other risk factors, **older persons with feelings of loneliness were more likely to develop dementia than people without such feelings.** Social isolation was not associated with a higher dementia risk in multivariate analysis.

TASK

- Social isolation and loneliness as risk factors for the progression of frailty: The English Longitudinal Study of Ageing

- https://academic.oup.com/ageing/article/47/3/392/4772155

- Read the above article. Then I would like you to write a 500-word summary of the paper and 500 words on the strengths and weaknesses of this paper.

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