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Loneliness in Later Life

By

Edward F. Ansello, PhD

Loneliness is a self-assessment of insufficient, meaningful social connections.

About 30% of older adults report being lonely, according to the National Social Life, Health and Aging Project (NSHAP), an on-going study of social conditions and health in the United States, based at the University of Chicago.

Isolation and living alone may or may not be predictive of loneliness.

As in living on the edge financially where a person may be one paycheck away from disaster, so are some people one relationship away from loneliness.

Research on satisfaction with one's life in later life is voluminous with varying definitions, variables, studied populations, and contexts; but to my mind the findings tend to reduce to three major contributors: a) the presence of a confidant(e), that is, someone to whom we confide, who lends an ear, someone who accepts and supports the confider; b) having friends of substance, that is, individuals who are more than nodding acquaintances but rather are those with whom one has built some type of relationship through shared experiences or values; these are evolved relationships where one might have raised children together in the same neighborhood, prayed in the same house of worship, traveled or volunteered together, and the like; and c) the ability to participate in meaningful activities, with "meaningful" being self-defined and perhaps even highly idiosyncratic; engaging in such activities may bring a sense of pleasure, accomplishment, or personal growth.

Clinically measured health seems less predictive of life satisfaction than self-reported health, and the latter may be influenced by several factors, including social connections and self-esteem.

Insofar as satisfaction with one's life seems rooted in connections with others, it's not surprising that loneliness and life satisfaction are correlated; for the person lacking relationships with others may well self-assess as "lonely."

A difficulty in later life is that so many of the components of life satisfaction referred to above may become missing with advancing years. The confidant(e) may be a spouse, a sibling, a good neighbor, or a clergyperson; with age these may pass away, relocate or be reassigned. For men, their confidante is often their spouse; if the spouse dies, there's may be an unfillable absence.

Similarly, advancing age tends to disrupt some interactions with substantive friends, especially face-to-face meetings, if not because of their passing then because of circumstances like physical incapacities and transportation barriers. Many self-defined meaningful activities involve other people but, fortunately, many do not; reading, some aspects of gardening, lifelong learning, and spirituality come to mind. Parenthetically, academics who love research and investigation (as

meaningful activities) are often able to continue their work well into later life, even well into retirement, and this may contribute to the historically long life spans they've enjoyed.

Again, isolation does not necessarily correlate with loneliness. Individuals can live in isolation in remote areas or alone in the midst of thousands of others and not self-report as lonely. Living alone, also, is a poor predictor of loneliness; for instance, in later life many women are widows, living alone, yet actuarially they can expect long lives and not self-report as lonely. Conversely, someone caring for a loved one with advanced dementia may have that other person present constantly and yet define herself as lonely.

Defining oneself as lonely, being in a state of loneliness, is a significant risk factor for depression, substance abuse, malnutrition, self-neglect (the most common substantiated form of elder abuse), and exploitation (witness the alarming growth of scams targeting older adults, many scams relying upon the victim's need to "belong" and to have social connections).

It may be that longevity, too, is affected by loneliness. A large cross-sectional study of over 73,000 New Zealanders over age 65, including 191 centenarians found that the longest lived were significantly less likely than their younger counterparts (average age 84) to be depressed or lonely. "Centenarians were more likely to be female, widowed, living alone or with relatives, receiving family support, and not depressed compared with those aged 65 to 99 years. Loneliness was significantly less common with older age." (Leitch, Glue, et al., *JAMA*, October 2018)

What can be done about loneliness in later life, our own lives or those of others? I wish there were a universal ointment. But because loneliness is a self-assessment and we grow less alike as we age, there's no single antidote.

However, there are actions we can take. For instance, Nurse Next Door, a provider of home care services, suggests four avenues: a) hobbies, such as crafts, genealogy, and photography; b) technology, from computer classes to digital home assistant devices to extra lighting in the home, for light therapy does seem to be effective with mild depression; c) pets, from goldfish to the four-legged kind; and d) obtaining family and friend support, either in person or by phone or computer. Notably, these actions are relatively inexpensive, can be undertaken even if one lives alone and finds it difficult to get out, and, importantly, may create some type of social connection. I think that we can add reflection, meditation, spiritual exercises and other aspects of conscious aging to the list, as relevant for some older adults.

The National Health Service (NHS) in New Zealand publishes other suggestions. Even though the NHS conflates loneliness and social isolation, conditions that can be mutually exclusive, their suggestions are helpful: forcing oneself to smile (remember the research cited in a previous editorial that demonstrated that even forced laughter improved health status); keeping a diary; and engaging in lifelong learning, among other steps.

The NSHAP project at the University of Chicago notes that persistent loneliness in later life is the exception rather than the rule. When it occurs, it's most likely to be a transient condition and remediable.