

# Loneliness and Social Isolation among Eldely People

## Yaşlılarda Yalnızlık ve Sosyal İzolasyon

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### Abstract

Social isolation is defined as the process of people losing their contacts with other social resources or their willingness to participate. Social isolation is a grave and widespread problem among seniors in society causing many harmful health conditions. Social isolation may be prevented by defining risk factors in seniors and leading them to suitable resources. The elderly should be encouraged to share their experiences and continue to produce for as long as possible, so that they are prevented from feeling isolated from society and the continuity of their economic productivity is ensured.

### Öz

Sosyal izolasyon, insanların diğer sosyal kaynaklarla bağlantıyı veya katılımı duyusunu kaybetmeleri süreci olarak tanımlanmaktadır. Sosyal izolasyon, toplumda yaşayan yaşlılar arasında fiziksel ve zihinsel sağlık sorunlarına yol açmaktadır. Yaşlılardaki risk faktörleri tanımlandığında ve bu kişilerin uygun kaynaklara yönlendirilmeleriyle sosyal izolasyon önenebilir. Yaşlılar mümkün olduğu kadar uzun süre deneyimlerini paylaşmaya ve üretmeye devam etmeye teşvik edilmelidir, böylece hem kendilerini toplumdaki soyutlanmış hissetmeleri önlenir hem de ekonomik üretkenliklerinin devamlılığı sağlanmış olur.

### Keywords

Elderly, loneliness, social isolation, social environment

### Anahtar Kelimeler

Yaşlı, yalnızlık, sosyal izolasyon, sosyal çevre

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### Introduction

Social isolation may be prevented by defining risk factors in seniors and leading them to suitable resources. Social isolation is defined as the condition of reduced social belonging, reduced responsibility towards other people, social contact of a very low level, lacking in relationship quality and fulfillment (1). Health level of people suffering from social isolation is poor and it is reported that they benefit less from interventions such as cardiovascular surgery. Additionally, it has been stated that there might be a correlation between social isolation and mental health, distress, dementia, suicide and premature death (2). There is a key correlation between social isolation and personal relationships. Other areas with correlation include characteristic networks such as friendly neighborliness, social acceptance, and geographical location, living solitary or homeless, and ethnic

origin. Physical and mental health levels are both pre-indicators of social isolation due to loss of communication.

Theoretically, social isolation is considered to have two dimensions: emotional isolation and social isolation. Emotional isolation is the lack of emotional connection to other, the prevention of social bonds demanded instinctively. Social isolation may be conceptualized as the individual having no accepted place in society, and emotional isolation as the individual having no loving object in their life. The social isolation dimension features the lack of a socially recognized role in society, and emotional isolation features the lack of social and emotional relationships (3).

### Loneliness and Social Isolation

According to Mullins and McNicholas (4), "While many isolated individuals do not feel themselves lonely, many individuals integrated in society do. For this reason, the concepts of isolation and loneliness do not overlap." Social inclusion occurs due to the lack of an acceptable social network. However, this is not perceived negatively for the elderly who can have fun and productive time on their own.

Isolation may also be defined as the process of people losing their contacts with other social resources or their willingness to participate (5). While isolation and loneliness do not have a direct connection, many similar factors are related to both. Those include living alone, never having been married, being a widow (er), advanced age and bad health conditions (6). The study carried out by Edelbrock et al. (7) states losses (of many kinds), poor physical health, mental diseases, low morale, having a caretaker, geographic location, and the difficulties of communication and transportation as the factors aggravating social isolation.

Adapting to social life and having a successful aging process are more frequent among well-educated individuals. It is found out that, for seniors, living with their family is not sufficient for being happy, as 45% of seniors are happy in family, while 55% feel sad and lonely, therefore these feelings may be considered to be issues related to aging (8). Studies suggest that individuals with no spouse are more inclined to an isolated life compared to those who do. It is also proven that seniors living in nursing homes

feel more desperate compared to their coevals living with their families (9). The negative effects of living alone to the individual's life are lack of confidence, fear, depression, longing for close relationships and future anxiety. The process of seniors making sense of life mostly depends on their togetherness with their families, spouses, and children. Seniors express their longing for a crowded house, children and a warm family environment. People in the later periods of life desire being together with their family members and coevals, they develop bonds with family, relatives and kin much more than they do in their youth and adulthood (10).

### Reasons for Social Isolation

Social isolation has been corrected as a widespread problem in 10-43% of the population, which leads to physical and mental health problems among the elderly in the community. Social isolation is a grave and widespread problem among seniors in society causing many harmful health conditions. Social isolation that affects health, wellbeing and life quality among many seniors occurs in high prevalence and it is expected that this risk would increase in line with the globally increasing senior population (11). Social isolation among seniors has many negative effects increasing risk factors of mortality, readmission to hospital and frequent falling.

Generally, as the effects of social isolation, mortality, falling, readmission to hospital and institutional care. Furthermore, social isolation affects seniors' health related and behavioral habits. A senior person having a social network affects their health positively by preventing risky behaviors or adapting them to their medical care (12). Seniors in lack of social networks are at risk regarding negative behaviors such as excessive alcohol and tobacco consumption and a sedentary life. Additionally, socially isolated seniors have an increased risk of malnutrition (13). Social inclusion is also deemed to affect the psychological and cognitive wellbeing among seniors. There has been an increased risk of cognitive downfall among seniors with weak social ties, not participating in social activities (14). The study carried out by Giles et al. (15) reports that social networks with high number of members are protective against mortality. Faulkner (16) reveals that the number of falling among socially isolated seniors has increased. Socially isolated seniors

are readmitted to hospital four-five times a year after their first admission (17).

### **Social Exclusion: A Different Facet of Social Isolation**

The concept of social exclusion may be useful in explaining seniors being away from the society and feeling themselves lonely. Social exclusion is defined as the condition of being deprived from civil, political, economic and social citizenship rights (18). Social exclusion signifies a “dynamic” process of being partially or fully deprived of social, economic, political and cultural platforms that provide with the individual’s integration to society (19).

### **Risk Factors and Frequency**

The prevalence of social isolation among seniors is considered to be between 3-25%. While there have been many published scales measuring social isolation, these are generally long scales with multiple structure designs (Beck, UCLA, HRQoL). “The Friendship Scale” is, on the other hand, a scale prepared for this objective, with proven credibility and easily applicable to seniors. According to the studies made with assessment scales, the prevalence rate is found to be 7-9%, while evidence suggests that it should be much higher in senior life, 1/3 or higher. This shows that some seniors are unwilling to admit their loneliness unless it is in an apparent or serious level (20).

### **Social Isolation in Special Cases**

#### **Social Isolation in Senior Women**

In many countries, (particularly 60-80 years old) senior women express more loneliness than their male coevals (12%). Pinquart and Sorensen (21), in their study, report over 75 years old loneliness 38% in women, and 24% in men. The cognitive frame of loneliness is defined by De Jong Gierveld and Van Tilburg (22) especially senior women’s lives; experiences such as widowhood, chronic diseases and immigration create suitable conditions for loneliness.

High level loneliness not only affects life quality in women, but also affects cardiovascular health negatively as it increases the coronary disease risk (23).

### **Social Isolation in Cancer Patients**

Factors related to cancer, such as cancerous area, stage of the disease is not related with the level of loneliness (24). No factor related to cancer is completely demonstrated to be related to increasing loneliness. However, there is a reported indication on gradual increase of loneliness after being diagnosed as a cancer patient (25).

### **Social Isolation among Senior with Mental Diseases**

Adapting to social life and having a successful aging process are more frequent among well-educated individuals. Elder, desperate and lonely people carry the highest risk of depression and suicide (26). DiNapoli et al. (27) show that social isolation has a positive correlation with general and specific cognitive fields.

### **Social Isolation among Internet-using Seniors**

Lower levels of social isolation are observed especially among seniors who use the Internet in order to communicate with their relatives and friends, while seniors using the Internet to meet new people face higher emotional isolation. Internet may help people keep their social family ties. Whether the Internet use may increase or decrease social and psychological benefits is under discussion in the literature (28). Some scholars state that the use of Internet has positive effects on persons and groups as it supports our communicative skills by keeping social communication despite geographic restraints (29). The study carried out by Sum et al. (30) reports that social isolation among seniors decreases as the use of Internet as a means of communication increases.

### **Religion and Social Isolation among Seniors**

People who attend religious activities feel compelled to be gentle to their friends as they expect kindness based on self-sacrifice and mutuality. Being supported and encourage by the environment in a negative environment makes a great impact as an initial form of therapy. Being called or visited by friends in cases of not being able to attend the mosque may also develop feel of religious belonging in seniors (31). Rote et al. (32) state that participating in religious activities go hand in hand with social participation and support and this would decrease the level of loneliness.

### Social Isolation among Productive Seniors

Working is a source of social relationships. People who work enrich their life experience through interaction with the world, acquire new ideas, express their ideas, test their views on themselves against the world and mature (33). The senior individual with reduced or perished productivity feels alone due to feelings of having no function and worthlessness, thus their psyche is affected negatively. Studies show that the majority of the seniors living in health and care institutions feel depressive emotions and therefore constitute a risk group. Also, hopelessness is a frequent emotion among seniors (34). Activities suitable for seniors such as sport, group therapy, activity therapy would render them more active and raise their hope as well as their conduct of life. The study carried out by İlhan et al. (35) reports that age, except health issues, does not affect seniors' productivity, and individuals could endure their productivity until the end of their lives.

### Social Isolation in Underprivileged Seniors

Poverty is the most visible facet of social exclusion. Poverty can be a type of social exclusion, as well as the reason for it. Poverty is related to income and can be measured, albeit relatively the elders in our country are obliged to have a more restricted life compared to their coeval seniors in socially developed countries (36). Seniors who cannot afford or have difficulties in affording their basic needs such as housing, nourishment, clothing and treatment are deprived of the necessary income to be integrated into the society, participate in social and cultural activities, and pursue a productive life. This restricts their relationship with the social life (37).

### Solutions and Suggestions

Adams et al. (38), suggest, in order to prevent isolation in seniors, methods such as participating in activity groups with other people in society, adult education courses, penmanship, telephone support programs, visit programs, and social clubs. Other methods feature contact with youth (especially children) and animals. Transportation and increase in physical activities are incentives that support both mental and physical health. Hicks (39) states that using friends and family as emotional resources,

participating in catered occasions to continue social contact, being involved in certain productive one-person activities such as reading and gardening reduce loneliness. Specific educational and social group activities may also reduce social isolation and loneliness among seniors. The efficiency of house visits and friendship schemes is still uncertain (40). It should not be forgotten that encouraging seniors to share their experiences to and continue producing as long as possible is important socially and for their contribution to the economy (41).

Based on all this information, following suggestions are developed for the resolution of poverty and loneliness in seniors.

- In order to increase the frequency of social activities that are proven to have a positive effect on life quality, the institutions where seniors live collectively should be motivated and the participants should take active roles in society.
- Researches on defining seniors' nationwide poverty and loneliness level, as well as their needs, should be conducted, projects should be developed, and the seniors should be included within care insurance like other age groups to ensure their health and social security of the highest level.
- There should be a viable and regular social aid mechanism for people under threat of social isolation. Healthy aging strategies can be implemented to include more seniors in social and economic life.
- Far-reaching events targeting seniors and strong social ties encourage personal strengthening.
- Regulating public transportation according to senior-friendly city criteria can increase seniors' participation in society.
- It is important to develop and pursue rehabilitation exercise programs aiming to resolve social isolation (42).

#### Ethics

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#### Authorship Contributions

Surgical and Medical Practices: E.P., Concept: E.P., R.Ç.A., Design: E.P., R.Ç.A., Data Collection or Processing: E.P., Analysis or Interpretation: E.P., R.Ç.A., Literature Search: E.P., R.Ç.A., Writing: E.P.

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## References

- Nicholson NR Jr. Social isolation in older adults: an evolutionary concept analysis. *J Adv Nurs* 2009; 65: 1342-52.
- Fratiglioni L, Paillard-Borg S, Winblad B. An active and socially integrated lifestyle in late life might protect against dementia. *Lancet Neurol* 2004; 3: 343-53.
- Mullins LC, Sheppard HL, Andersson L. Loneliness and Social Isolation in Sweden: Differences in Age, Sex, Labor Force Status, Self-Rated Health, and Income Adequacy. *The Journal of Applied Gerontology* 1991; 10: 455-68.
- Mullins LC, McNicholas N. Loneliness among the elderly: issues and considerations for professionals in aging. *Gerontol Geriatr Educ* 1986; 7: 55-65.
- Danış MZ. Yaşlılık, Yoksulluk ve Yalnızlık. (17.11.2015) [http://www.gebam.hacettepe.edu.tr/sosyal\\_boyut/yaslilik\\_yoksuluk\\_yanlizlik.pdf](http://www.gebam.hacettepe.edu.tr/sosyal_boyut/yaslilik_yoksuluk_yanlizlik.pdf)
- Wenger GC, Burholt V. Changes in levels of social isolation and loneliness among older people in a rural area: a twenty-year longitudinal study. *Can J Aging* 2004; 23: 115-27.
- Edelbrock D, Buys L, Creasey H, Broe GA. Social support social networks and social isolation: the Sydney older persons' study. *Edelbrock. Australasian Journal on Ageing* 2001; 20: 3.
- Genç Y, Dalkılıç P. Yaşlıların Sosyal Dışlanma Sendromu ve Toplumsal Beklentileri. *International Journal of Social Science* 2013; 6: 461-82.
- Aksayan S, Cimete G. Kronik Hastalıklı Bireylerin Evde Bakım Gereksinimleri, Olanakları ve Tercihleri. I. Ulusal Evde Bakım Kongresi Kitabı, (24-26 Eylül 1998), İstanbul, Marmara Üniversitesi Döner Sermaye İşletmesi Teknik Eğitim Fakültesi Matbaa Birimi: 79-90.
- İçli TG. Yalnız Yaşamak. Hacettepe Üniversitesi Geriatrik Bilimler Araştırma ve Uygulama Merkezi Geriatri Kitabı, 2002: 260-5.
- Smith TF, Hirdes JP. A Review of Social Isolation. *International Psychogeriatrics* 2009; 20: 50-9.
- Berkman LF, Glass T, Brissette I, Seeman TE. From social integration to health: Durkheim in the new millennium. *Soc Sci Med* 2000; 51: 843-57.
- Locker JL, Yoels WC, Maurer D, Ells Jv. Comfort Foods: An Exploratory Journey Into The Social and Emotional Significance of Food 2005; 13: 273-97.
- Beland D. Ideas and Social Policy: An Institutional Perspective. *Social Policy Administration* 2005; 39: 1-18.
- Giles LC, Glonek GF, Luszcz MA, Andrews GR. Effect of social networks on 10 year survival in very old Australians: the Australian longitudinal study of aging. *J Epidemiol Community Health* 2005; 59: 574-9.
- Faulkner L. Beyond the five-user assumption: benefits of increased sample sizes in usability testing. *Beha Res Methods Instrum Comput* 2003; 35: 379-83.
- Mistry R, Rosansky J, McGuire J, McDermott C, Jarvik L; UPBEAT Collaborative Group. Social isolation predicts re-hospitalization in a group of older American veterans enrolled in the UPBEAT Program. *Unified Psychogeriatric Biopsychosocial Evaluation and Treatment. Int J Geriatr Psychiatry* 2001; 16: 950-9.
- Walker D, Beauchene RE. The relationship of loneliness, social isolation, and physical health to dietary adequacy of independently living elderly. *J Am Diet Assoc* 1991; 91: 300-4.
- Sapancalı F. Avrupa Birliği'nde Sosyal Dışlanma Sorunu ve Mücadele Yöntemleri. *Çalışma ve Toplum* 2005/3.
- Grenade L, Boldy D. Social isolation and loneliness among older people: issues and future challenges in community and residential settings. *Aust Health Rev* 2008; 32: 468-78.
- Pinquart M, Sorensen S. Influences on Loneliness in Older Adults: A Meta-Analysis. *Basic and Applied Social Psychology* 2001; 23: 245-66.
- De Jong Gierveld J, Van Tilburg T. The De Jong Gierveld short scales for emotional and social loneliness: tested on data from 7 countries in the UN generations and gender surveys. *Eur J Ageing* 2010; 7: 121-30.
- Thurston RC, Kubzansky LD. Women, loneliness, and incident coronary heart disease. *Psychosom Med* 2009; 71: 836-42.
- Demirel AC, Altınbaş M, Taşyürek Z, Aşık N, Aslan K. Metastaz Durumuna Göre Kanser Hastalarının Yalnızlık ve Umutsuzluk Düzeyleri. *Tıbbi Sosyal Hizmet Dergisi* 2015; 5: 6-15.
- Deckx L, van den Akker M, Buntinx F. Risk factors for loneliness in patients with cancer: a systematic literature review and meta-analysis. *Eur J Oncol Nurs* 2014; 18: 466-77.
- Loboprabhu S, Molinari V. Severe loneliness in community-dwelling aging adults with mental illness. *J Psychiatr Pract* 2012; 18: 20-8.
- DiNapoli EA, Wu B, Scogin F. Social isolation and cognitive function in appalachian older adults. *Resn Aging* 2014; 36: 161-79.
- Walther JB, Boyd S. Attraction to Computer-Mediated Social Support. *Communication technology and society: Audience adoption and uses* 1996: 153-88.
- Kestnbaum M, Robinson JP, Neustadt A, Alvarez A. Information Technology and Social Time Displacement. *It Society* 2002; 1: 21-37.
- Sum S, Mathews RM, Hughes I, Campbell A. Internet use and loneliness in older adults. *Cyberpsychol Behav* 2008; 11: 208-11.
- Kılavuz MA. Batı Kültüründe Yaşlanma Dönemi Yalnızlık Duygusunu Azaltma ve Arkadaş İlişkilerini Geliştirme Açısından Dinî Etkinliklerin Önemi. *Uludağ Üniversitesi İlahiyat Fakültesi* 2005; 14: 25-39.
- Rote S, Hill TD, Ellison CG. Religious attendance and loneliness in later life. *Gerontologist* 2013; 53: 39-50.
- Kılavuz MA. Emeklilik Döneminde Çalışma, Boş Zaman ve Din Eğitimi. *Uludağ Üniversitesi İlahiyat Fakültesi* 2002; 11: 71-86.
- Emiroğlu V. Yaşlılık ve Yaşlının Sosyal Uyumu, Ankara, 1995.
- İlhan N, Soydan M, Batmaz M, Özdiilli K, Gürak H, Yıldız G. Yaşlılarda Üretken Olmanın Umutsuzluk Düzeyine Etkisi. *İ.Ü.F.N. Hem. Derg* 2007; 15: 48-53.
- Onur B. Gelişim Psikolojisi: Yetişkinlik, Yaşlılık, Ölüm, Ankara, İmge Yayınevi, 1995.
- Cacioppo JT, Hawkley LC, Berntson GG. The Anatomy of Loneliness. *Current Dir Psychol Sci* 2003; 12: 71-4.

38. Adams KB, Sanders S, Auth EA. Loneliness and depression in independent living retirement communities: risk and resilience factors. *Aging Ment Health* 2004; 8: 475-85.
39. Hicks TJ. What is your life like now? Loneliness and elderly individuals residing in nursing homes. *J Gerontol Nurs* 2000; 26: 15-9.
40. Cattan M, White M, Bond J, Learmouth A. Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. *Ageing Soc* 2005; 25: 41-67.
41. Yamamoto GT, Baysan S. Hızla Yaşlanan Nüfus için Hazır Mıyız? Aktif Üretken, Sağlıklı ve Bağımsız Yaşlı Nüfus Yaratabilir Miyiz? 10th International Conference on Knowledge, Economy and Management; 11th International Conference of the ASIA Chapter of the AHRD & 2nd International Conference of the MENA Chapter of the proceedings; 2013.
42. Yi ES, Hwang HJ. A study on the social behavior and social isolation of the elderly Korea. *J Exerc Rehabil* 2015; 11: 125-32.