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# A review of loneliness: concept and definitions, determinants and consequences

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## Introduction

The well-being of older adults in general, and their loneliness in particular, are important themes in recent discussions in the Western world. The social integration and participation of older adults in society are seen as indicators of productive aging, and the alleviation of loneliness forms part of policies aimed at achieving the goal of 'successful' aging. Discussions about loneliness date back to ancient times, when they were led by philosophers.<sup>1-7</sup> They wrote primarily about 'positive' loneliness. This positive type of loneliness – as indicated in the concept of 'Einsamkeit' used in German literature until 1945<sup>8</sup> – is perceived to be related to the voluntary withdrawal from the daily hassles of life and oriented towards higher goals, such as reflection, meditation and communication with God. However, positive loneliness is not related to the concept of loneliness tackled in this paper, namely the manner in which individuals perceive, experience and evaluate the lack of communication with other people. The core elements of this concept are an unwelcome feeling of lack or loss of companionship, the negative, unpleasant aspects of missing certain relationships as well as missing a certain level of quality in one's relationships. The conceptualization and definitions of loneliness will be discussed in more detail in the following section, but it goes without saying that in our understanding of the phenomenon of loneliness, negative feelings of missing may also go hand in hand with positive facets. The negative aspects, however, are the most salient ones. This opinion is shared by a majority of social scientists, and also by philosophers.<sup>9-14</sup>

In conceptualizing loneliness, attention will be paid to loneliness as a phenomenon, which is rec-

ognizable within all age categories. However, in addressing the determinants of loneliness we shall concentrate exclusively on older adults and the oldest old because the types of determinants differ according to age categories and phases of life. In research focusing on the younger population, personality characteristics proved to be of primary importance. As far as older adults and the oldest old are concerned, circumstances such as the loss of the partner and deteriorating health are considered to be the most salient determinants of loneliness.<sup>15</sup> It is for this reason that the literature about loneliness among adolescents<sup>16-18</sup> and young adults<sup>19-21</sup> will not be dealt with here.

## Loneliness: conceptualization and definitions

Cognitive processes determine the way people evaluate the situation they are in. Perlman and Peplau<sup>22,23</sup> took this as their starting point, in combination with attributional facets of the perceived personal control over the situation in which people are involved, when developing their definition of loneliness: 'Loneliness is the unpleasant experience that occurs when a person's network of social relationships is deficient in some important way, either quantitatively or qualitatively.' This definition treats loneliness as a unidimensional concept that varies primarily in its experienced intensity. Other researchers from the USA have developed similar definitions.<sup>24</sup> Also within the cognitive approach, but taking into account explicitly the values, norms and standards that prevail in a person's personal life and in the society in which he or she is involved, a definition has been developed by de Jong Gierveld<sup>25,26</sup>:

Loneliness is a situation experienced by the individual as one where there is an unpleasant or inadmissible lack of (quality of) certain relationships. This includes situations in which the number of existing relationships is smaller than

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is considered desirable or admissible, as well as situations where the intimacy one wishes for has not been realized. Thus loneliness is seen to involve the manner in which the person perceives, experiences, and evaluates his or her isolation and lack of communication with other people.

This definition of loneliness conceptualizes loneliness as a multidimensional phenomenon. Three dimensions are distinguished.<sup>25,26</sup> The first concerns the feelings associated with the absence of an intimate attachment, feelings of emptiness or abandonment. This so-called 'deprivation' component is the core of the concept. The second component refers to the time perspective (do people interpret their loneliness situation as being hopeless or as changeable and treatable; do they blame others or themselves for the situation they are in?). The third component involves different types of emotional aspects such as sorrow, sadness and feelings of shame, guilt, frustration and desperation.<sup>27</sup>

Because of the negative (emotional) connotation – the social stigma – linked to the phenomenon of loneliness, people with deficiencies in their relationships do not always admit that they are lonely.<sup>28–30</sup> Consequently, using direct questions making mention of the term 'loneliness' to investigate loneliness will result in underreporting. Both Russell, Peplau and colleagues<sup>31–33</sup> and de Jong Gierveld and associates<sup>34,35</sup> constructed loneliness-measuring instruments directly related to their conceptual ideas, and widely used in empirical research, without using the word loneliness. Both the UCLA scale<sup>27,36–40</sup> and the de Jong Gierveld scale<sup>41–45</sup> have been thoroughly tested, validated and evaluated.

### **Loneliness, social network size, and the network's functioning**

Persons with a very small number of relationships are socially isolated but they are not necessarily lonely, and vice versa.<sup>46,47</sup> The relationship between objective social isolation and subjective experiences of loneliness is mediated by factors such as the characteristics of the relationships that are available and of the relationships that are not (or no longer) available; the saliency of the relationships that are missed; the time perspective, and the possibilities one sees to upgrade and

enlarge one's network of relationships; personality characteristics such as shyness, social skills and assertiveness; and the concept of self. The subjective evaluation of the network is the intermediating factor between the descriptive, objective characteristics of the network and loneliness. Additionally, the social norms and values of a society concerning an optimal set of relationships may influence the risk of becoming lonely,<sup>48–53</sup> as well as the personal capacities to adjust one's norms and values concerning an optimal set of relationships to changing circumstances.<sup>54–56</sup> So, people can react to a situation of relational deficits in different ways, for example by resigning themselves to it or by attempting to change it. Typologies of adults based on these characteristics have been explored and investigated.<sup>25,57,58</sup> Despite the absence of a direct link between social isolation and loneliness, many of the same factors are associated with both.

Marriage (the partner relationship) and the family belong to the major integrating structures of society. Other types of integrating structures are: church affiliation, participation in the labour force, volunteer work and membership of voluntary associations.<sup>59</sup> In addition to these structures, and connected to them, a network of intimate personal relationships will provide cohesion, a sense of belonging and protection against loneliness. Weiss<sup>60</sup> differentiated between loneliness of emotional isolation, stemming from the absence of an attachment figure, and loneliness of social isolation, stemming from the absence of community. In general, it is believed that each type of relationship fulfils specific functions for the alleviation of loneliness<sup>61</sup> – although there is considerable overlap between kin and non-kin in the functions they perform<sup>62</sup>: the partner<sup>20,63–66</sup>; daughters and sons, grandchildren, siblings and other family members<sup>46,54,67–69</sup>; friends<sup>40,66,70–75</sup>; colleagues (in the labour market, and/or in volunteer work); and neighbours<sup>76,77</sup> Realizing a heterogeneous network is thought to be a first step in guaranteeing individuals the benefits of belonging to a set of interlocking social structures.<sup>54</sup> However, it has to be underlined that the exchange of emotional and/or instrumental support within the realm of the network is a crucial indicator of the extent to which the network functions as a real cohesive mediating structure. The availability of a diversity of relationships, weakly *and* strongly supportive, proves to be important in reducing the likelihood

of loneliness. More supportive relationships indicate less loneliness<sup>78</sup>; sometimes, emotional support is decisive; in other circumstances instrumental types of support are decisive.<sup>79</sup> We can conclude from exchange theories<sup>80,81</sup> that people in a relationship will try to preserve the support equilibrium; relationships in which either too much or too little support is given run the risk of being terminated,<sup>82</sup> although, particularly in the case of older people, reciprocity deficits do not simply lead to a termination of relationships and to loneliness.<sup>83,84</sup>

### Other determinants of loneliness

It is virtually impossible to identify the broad set of determinants of loneliness; the relationships are mostly of a reciprocal nature and mechanisms behind the interrelationships are difficult to disentangle. For example, the effects of health status (physiological and mental) on loneliness, in addition to the effects of social contacts and social support, have to be determined by longitudinal research, because it is possible that it is health that determines the degree of social integration, and so the extent of loneliness. At the same time, it is also possible that social integration and the absence of loneliness protect health; however, until now research in this field has mainly been of a cross-sectional nature.<sup>85–87</sup> Several models have been developed to unravel the complex interrelationships between demographic, sociostructural, physiological and psychological factors underlying loneliness.<sup>23,25,26,88,89</sup> However, the core element of each of the models is to examine how individuals build up and maintain heterogeneous networks including close intimates and more distant social contacts.

Membership of, the degree of participation in, and commitment to specific mediating social structures as means towards alleviating loneliness, are often regarded as first and foremost a matter of personal choice and the outcome of a person's individual strategy towards building and maintaining relationships.<sup>90–95</sup> It is in the hands of older adults themselves to decide (jointly) whether, for example, they wish to (re)marry or cohabit, or whether to continue the co-residence or to split up. An individual or couple voluntarily chooses some combination of goods and domestic services (privacy, autonomy, companionship). In present-day Western Europe most people without partners

choose to live alone, apparently preferring privacy to the companionship of children or other kin; and the percentage of those living alone is still rising.<sup>96–99</sup>

However, realizing a high-quality network of relationships and reducing the risk of loneliness is also related to the individual's personal and social resources and restrictions. Different types of constraints and resources have been distinguished<sup>100</sup>:

- personal characteristics such as old age, a situation which often goes hand in hand with reduced access to mediating social structures<sup>73,88,101–104</sup>
- Gender: (strong) differences between men and women are not usually found, after controlling for age, marital status, and household composition<sup>28,51,59,105</sup>
- Partner and household composition: being without a partner – widowed, divorced, separated, never married – and living alone, or living with children, affects the risk of loneliness<sup>25,51,54,75,82,106–109</sup>
- Health, including the situation of chronic, long-term or terminal illness<sup>50,59,106,110–112</sup>
- Situational restrictions, such as an urban versus rural community of residence<sup>113,114</sup>
- The specific characteristics of the older adult's family and non-family relationships: the divorce of a child or long-term illness of the partner
- Socio-cultural constraints, the norms and values that regulate the self-definition and role conception of older men or women. Additionally, personal constraints related to the social skills of the person involved – low self-esteem, powerlessness, feelings of rejection, expectations about personal efficacy, self-perceived lack of disclosure to others – and his or her personality characteristics should be taken into account,<sup>58,113,115,116</sup> although to a lesser extent. For example, if people feel that their loneliness reflects their personal incompetence, then the prospect of its ending may seem remote and beyond their control.<sup>117–119</sup>

### Consequences of loneliness

This section will address some of the main facets of the consequences of loneliness. It is the generally accepted opinion that loneliness frequently results in a decrease in well-being in the form of

depression, sleeping problems, disturbed appetite and so on.<sup>120</sup> Loneliness is thus among the latent causes of hospitalization and of placement in nursing homes.<sup>121</sup> The more pathological consequences of loneliness are to be found among those adults who develop personality and adaptation disorders, such as alcohol overconsumption, loss of self-esteem, extreme forms of anxiety, powerlessness and stress.<sup>122</sup> In a complex process of interrelatedness between ill health and loneliness, total alienation and estrangement from society and the culture it carries may be the outcome.<sup>48,123</sup>

Considerable diversity exists with respect to various coping strategies used by the lonely, either directed towards adaptation of the standards or expectations for social participation, or towards establishing and improving the network of personal relationships, or towards coping with loneliness-induced stress.<sup>22,124-126</sup> Several researchers report interventions against loneliness, e.g. in small groups of lonely persons. These interventions are made either to influence expectations about personal efficacy,<sup>127</sup> to improve capacities for establishing links with others<sup>58</sup> or to regulate behaviour and efforts directly, via behavioural training and feedback.<sup>128,129</sup> Results indicate that compared with controls, members of intervention groups rate more favourably on social contacts and on loneliness after the period of intervention.<sup>130,131</sup> So, loneliness is a treatable, rather than an irreversible, condition of life.<sup>130,132</sup>

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