College of Human and Health Sciences
Coleg y Gwyddorau Dynol ac Iechyd
Centre for Innovative Ageing

Swansea University
Prifysgol Abertawe

Loneliness: Understanding risks and influences

Vanessa Burholt, Centre for Innovative Ageing, Swansea University
Thomas Scharf, Irish Centre for Social Gerontology, NUI Galway

What do we know about loneliness?
Merton College Oxford, July 9-10, 2012

NUI Galway
OÉ Gaillimh

ICSG
Irish Centre for Social Gerontology

Outline

- Explaining loneliness: cognitive discrepancy theory
- Review of risks and influences on loneliness
  - Life events, social resources, social participation, socio-demographic factors, environmental context (urban/rural), depression etc.
- Methods: testing the cognitive discrepancy theory
- Findings: pathways to loneliness
- Conclusions: key issues for research, policy and practice

Cognitive discrepancy theory

- Theorising loneliness
  - Evolutionary theory; psychodynamic theory; interactionist perspectives
- Cognitive discrepancy theory
  - Loneliness as a discrepancy between desired and achieved levels of social relations (Perlman & Pelau, 1981)
  - Mismatches may arise due to life events or specific sets of circumstances (e.g. widowhood, migration, onset of ill health)
  - Loneliness can be reduced by adjusting *either* expectations of social interaction *or* achieved quality/frequency of interactions

Loneliness: risks and influences (1)

- Life events
  - Onset of ill health or disabling conditions
  - Loss of mobility
  - Retirement migration
  - Widowhood
  - Assumption of caring obligations

Loneliness: risks and influences (2)

- Socio-demographic characteristics
  - Age, gender, marital status, childlessness, poverty, income, education etc.
- Environmental context
  - Urban/rural perspectives
- Psychological factors
  - Cognitive function
  - Anxiety
  - Depression

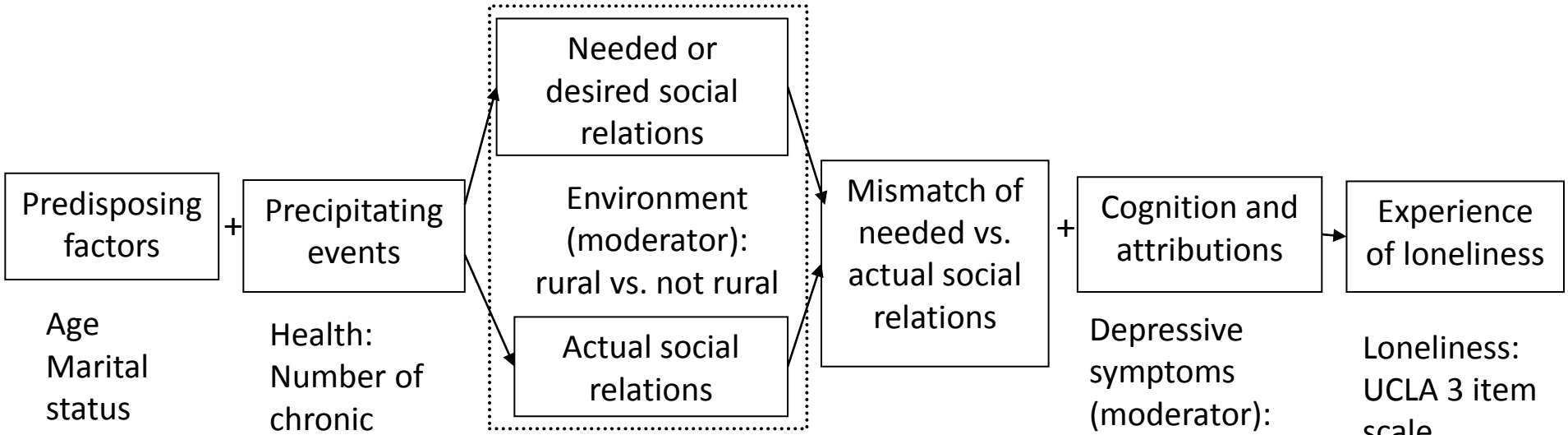
Methodological considerations

- Research evidence points to a range of risk factors associated with loneliness
- However, knowledge of the mechanisms by which these factors lead to loneliness is limited:
  - Explaining causality
  - Lack of longitudinal data
  - Few models of loneliness based on theoretical assumptions

The Irish Longitudinal Study of Ageing (TILDA)

- Large scale, nationally representative study of people aged 50 and over in Ireland
- Predominantly white Irish sample
- Face-to-face interviews with 8178 people age 50+ years (and 329 with participants <50 years)
- 7191 self-completion questionnaires returned
- Presentation uses data for N=6613 with no missing data

Cognitive discrepancy model



Age
Marital status
Gender
Education

Health: Number of chronic conditions

(mediators)

Social resources: Berkman's Social Networks Index

Social participation: range of activities

Depressive symptoms (moderator): CES-D

Loneliness: UCLA 3 item scale

Analysis: mediation

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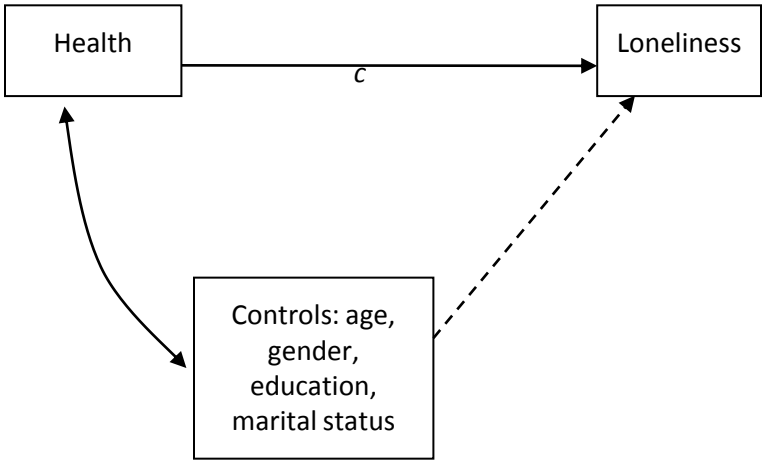
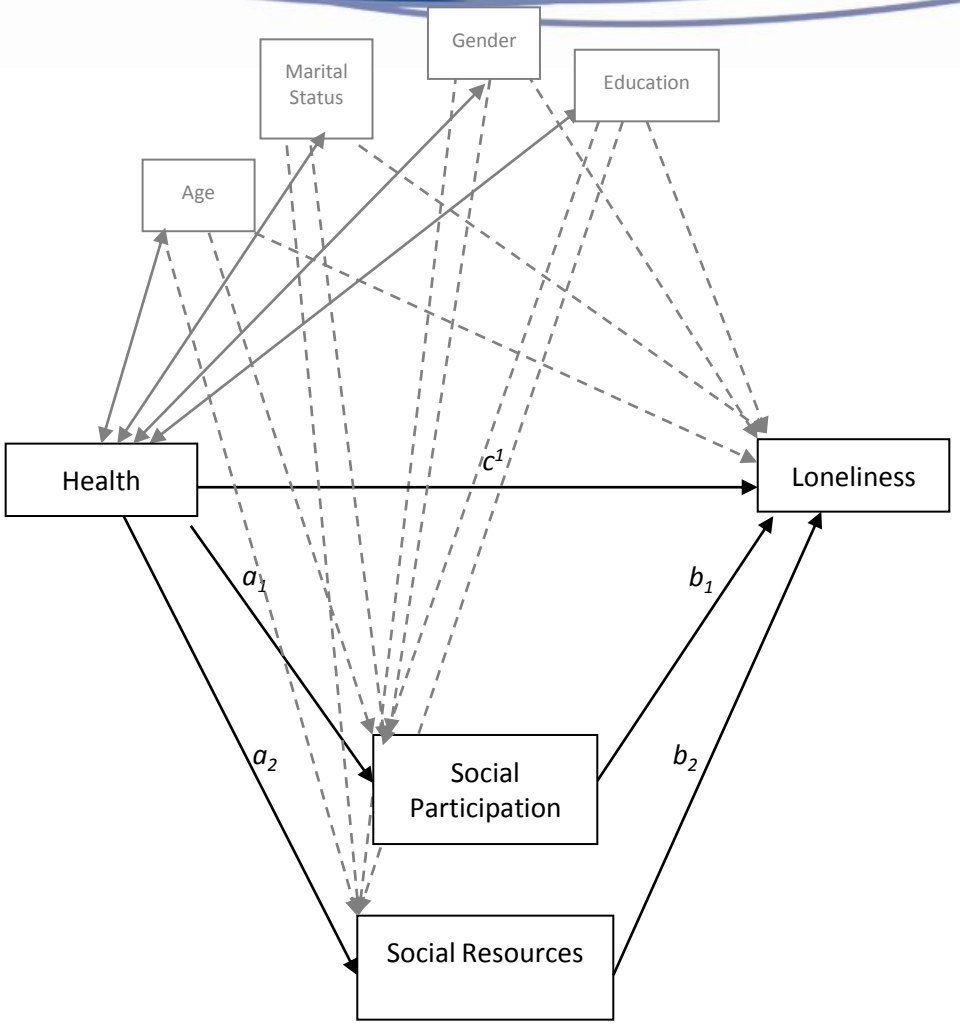
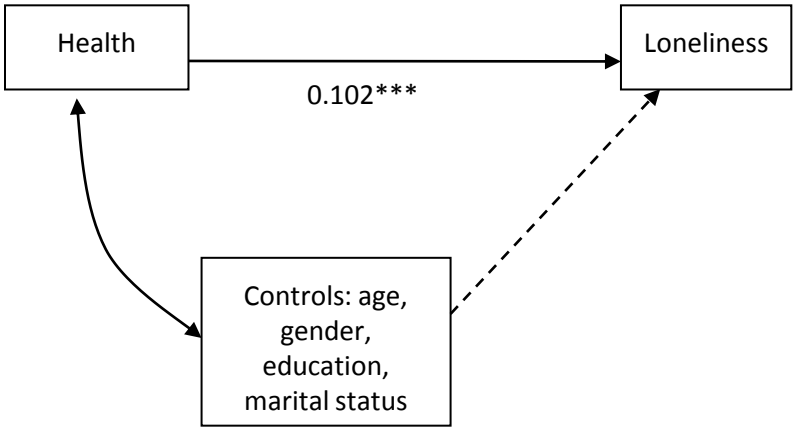
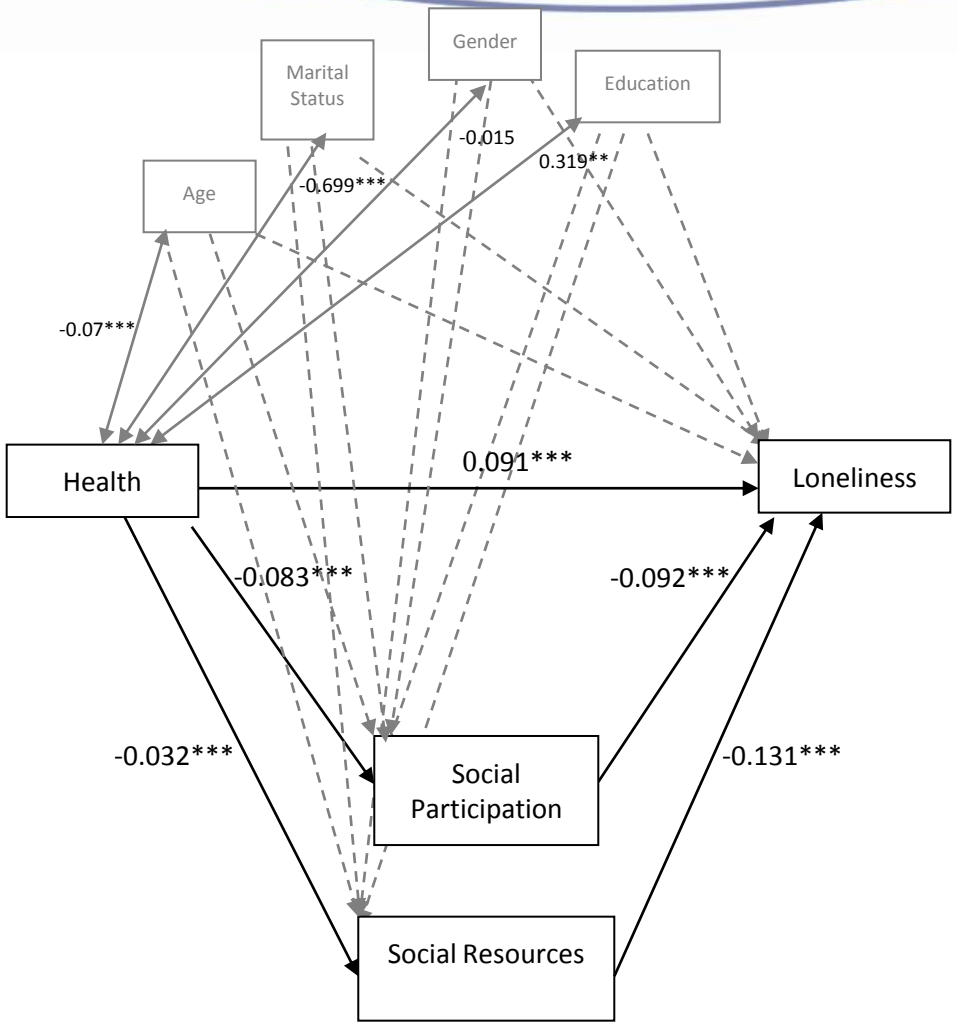
Analysis: mediation



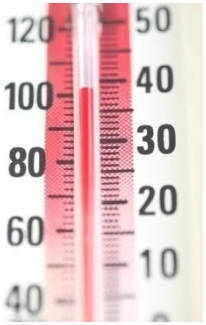


Analysis: mediation





Analysis: moderation

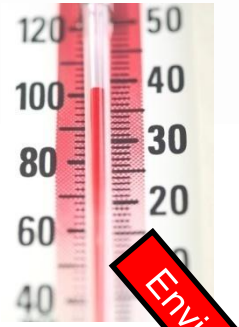


Environment

Analysis: moderation

Time

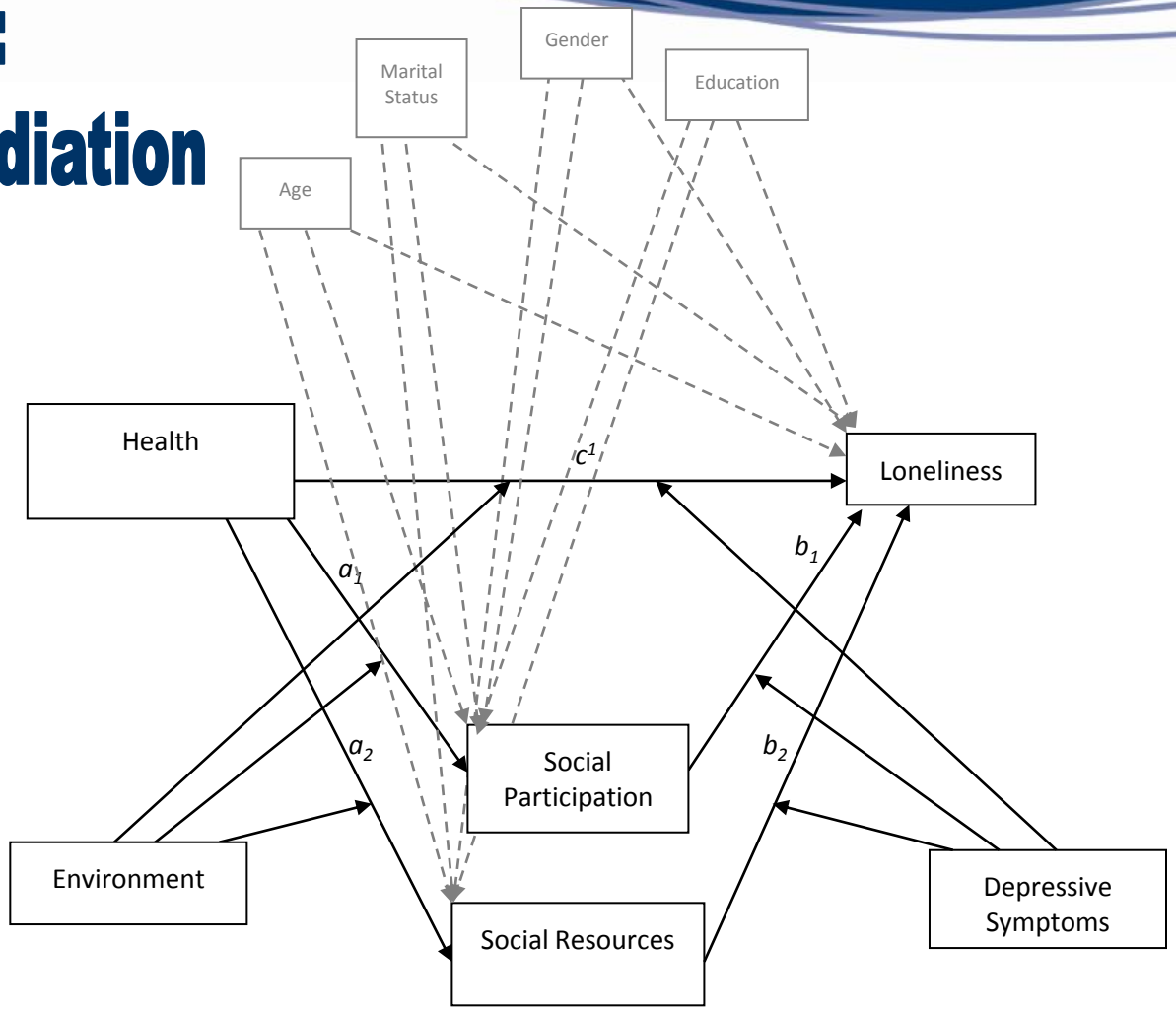
Analysis: moderated-mediation

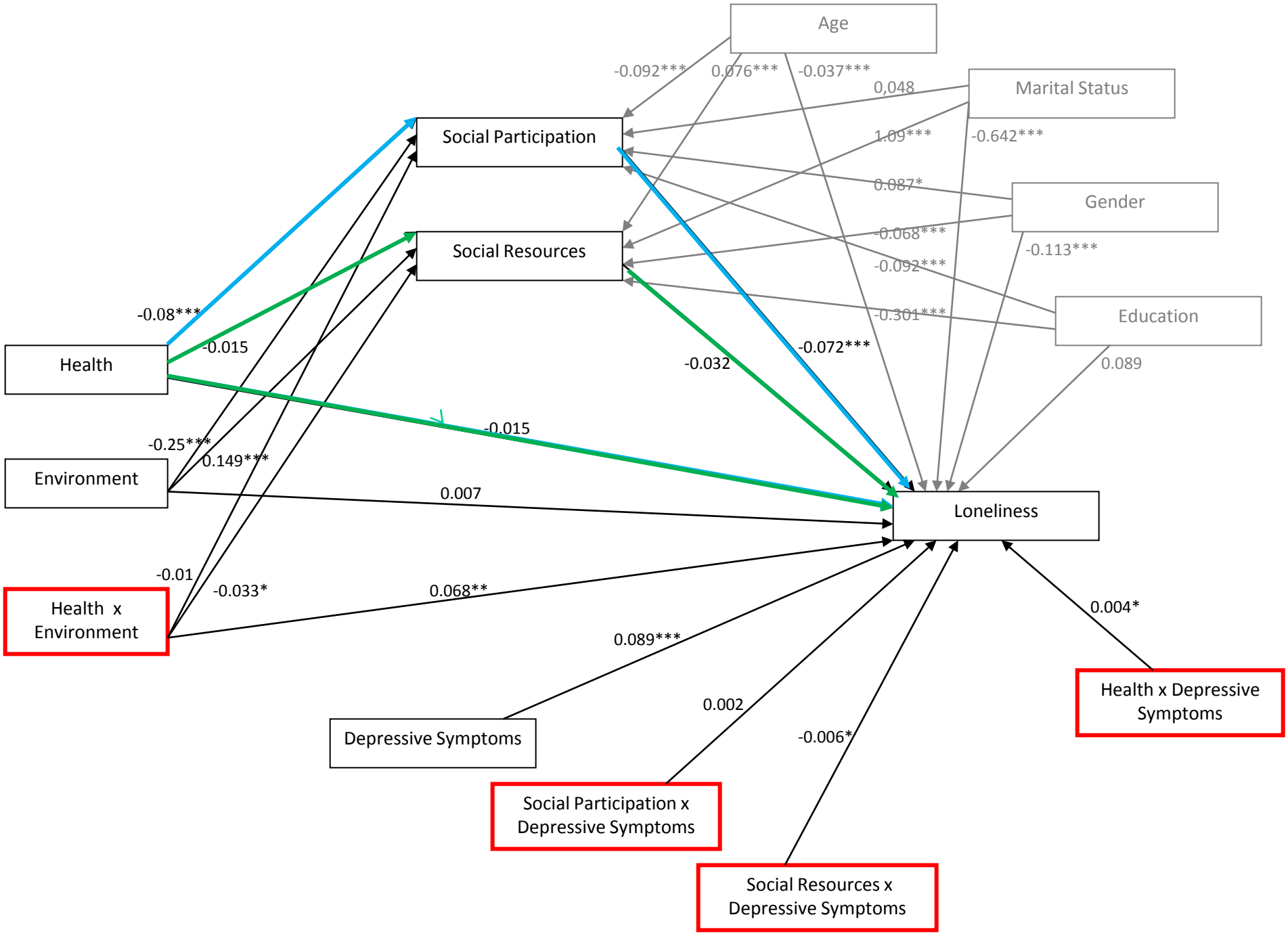


Environment

Time

Analysis: moderated-mediation




Age
Marital Status
Gender
Education
Social Participation
Social Resources
Health
Environment
Health x Environment
Loneliness
Depressive Symptoms
Social Participation x Depressive Symptoms
Social Resources x Depressive Symptoms
Health x Depressive Symptoms
-0.092***
0.076***
-0.037***
0,048
1.09***
-0.642***
0.087*
-0.068***
-0.113***
-0.092***
-0.301***
0.089
-0.08***
-0.015
-0.032
-0.072***
-0.015
-0.25***
0.149***
0.007
-0.01
-0.033*
0.068**
0.089***
0.002
-0.006*
0.004*

Conclusions

1. Increasing numbers of chronic conditions (co-morbidity) can be considered as a precipitating event which leads to a decrease in *achieved* levels of social interaction and social participation, ultimately impacting on loneliness

2. The environment has an impact on the *achieved* level of social interaction and social participation, in rural areas the effect of health on social interaction (but not participation) is amplified

3. Depressive symptoms have an impact on the *perceived* level of social resources, and amplifies the effect of health on loneliness and social interaction (but not participation) on loneliness

Implications and limitations

- Irish sample – model needs to be tested in other countries
- Could be other models – selection based on theoretical conceptualisation of loneliness
- Cross-sectional – need to be tested longitudinally to establish causality
- Policy implications – rural transport, mental health