Northumbria Research Link

Loneliness, interventions

Loneliness is a subjective, negative and unwelcome feeling of not having a close companion, desirable friends or social contacts. It is characterized by negative feelings such as not belonging, being left out, boredom, sadness, depression and anxiety. Loneliness and social isolation are closely associated but also distinct, with social isolation defined as an objective state that can be measured by the number of contacts and the number of interactions between individuals and their wider social network. This entry focuses on loneliness and the types of interventions that are known to be effective in preventing and alleviating loneliness. Because of the close relationship between loneliness and social isolation, some of the interventions will, by default, target both.

Conceptualization of loneliness

Humans are inherently social beings, needing both supportive social networks and intimate social relationships. Most people have an intuitive notion of 'loneliness' and describe it in different ways. Common to all such descriptions is the subjectivity of the feeling and that it is for most part an unpleasant and distressing experience. The determining factor is how people feel about or respond to loneliness, rather than in the physical sense of the experience.

An important distinction with regards to the development of interventions is the duration of the experience. Transient loneliness relates to the common everyday swings of mood, unlikely to require intervention. Situational loneliness follows a change in life circumstances, such as becoming widowed or moving to an unfamiliar area. Interventions at this stage can be effective in both preventing and alleviating

loneliness. Chronic loneliness is an ongoing enduring experience of loneliness where the nature and quality of the individual's social networks affect their ability to deal with their loneliness. Finally, the term aloneness is sometimes used to express a serious, long-term, chronic experience of loneliness associated with long spells of lack of any meaningful contact with the external environment. Interventions targeting these two chronic conditions are essential in order to ensure people's health, quality of life and life satisfaction.

Factors associated with loneliness

For the purpose of developing effective interventions certain aspects of loneliness need to be considered. These are: demographic characteristics such as age, gender, culture and living alone; people's perceptions of personal control, coping and feelings of dependency; the experience of major life events, such as job loss or retirement, loss of friends, relatives and companions, moving home and health problems; personal resources, such as mental health (particularly depression), disability and decreased mobility. Finally, the stigma of loneliness leads to underreporting of loneliness. Men and older people, in particular, are reluctant to admit feelings of loneliness because of the stigma of what is seen as a social failure and not being able to cope.

Interventions to alleviate and prevent loneliness

A vast array of interventions has been developed over time to alleviate and prevent loneliness in 'vulnerable' groups ranging from 'hi-tech' Internet or phone based services to small low-cost self-help groups. Some of these activities and

services are theory and/or evidence-based while others have evolved through practitioners' experience and local knowledge. Interventions intended to alleviate loneliness could be said to have three broad goals: to help lonely individuals establish satisfying interpersonal relationships; to prevent loneliness from evolving into more serious health problems, such as depression or suicide; and to prevent loneliness from occurring in the first place. The majority of these interventions fall into four, sometimes overlapping categories: social support/social activity; education; service provision; and problem solving, either as group or as one to one interventions.

Social support and social activity

Research has demonstrated that the quality rather than the quantity of social support is of greater importance in alleviating loneliness and reducing social isolation. For example, older people may have frequent contact with family but the family is not, contrary to what many services seem to assume, the main source of emotional support. However, contacts with adult children are frequently the main source of instrumental support. Long-term, 'old' friends provide support in times of transition, e.g. retirement and bereavement by providing continuity and an acceptance of ageing. New friends, on the other hand, are frequently sought through group activities with the emphasis on shared enjoyable activity rather than on reciprocal support.

Education and problem solving

Group based social support interventions for older people with mental health problems, widows, women living alone and caregivers are often effective in reducing social isolation and loneliness, and in increasing self-esteem and morale. Most interventions include some form of structured activity, such as peer- and

professionally led educational programs, self-help support, directed group discussion or supported social activation, for example providing widows with skills to adjust to an independent life and improve their life skills competencies. Groups met a variety of needs such as enjoyment, activity and social integration. Membership in a group is a strategy for dealing with loneliness. Participant planned and led activities seem to improve effectiveness. Some interventions are intended to help the individual identify activities and tasks that can be enjoyed alone. Older men are more likely to participate in task-focused activities than in what they perceive as social support or social network activities. Many interventions use indirect approaches, which are not perceived as social network activities or intended to reduce social isolation and loneliness. Walking and exercise groups are known to improve physical and mental health and reduce loneliness and there is some evidence to suggest that activities such as gardening projects, healthy eating groups, art, music and dance are effective, although further evaluation is still required.

It is frequently assumed that if people participate in an activity it demonstrates that it is acceptable and attractive to them . However, research shows that some older people will make do with activities and services that do not meet their social activity or social support needs, simply because there are no other options. Expectations of services and activities vary between individuals but also between socio-economic groups, cultures, gender and generations. It is well known that in all age groups people from higher socio-economic groups have better access to and participate to a greater degree in relevant services and activities. Ironically, those who are truly isolated and lonely are the least likely to join a social support or activity group.

Similar activities have been proposed for school children, young people at high risk of dropout, violence, drug and alcohol use, bullying and other health risk

behaviors and first year college students. In a review of school based activities to reduce loneliness among children Evangelia Galanaki and Helen Vassilopoulou identified seven categories of interventions that would help children to deal with their loneliness: identification, understanding, acceptance and expression of loneliness; social skills training and social problem solving; creating a positive social environment in the classroom and the playground, by for example changing the physical layout of the environment or by establishing buddy and peer support; enhancement of self-esteem; cognitive-behavioral modification; development of coping strategies; development of solitude skills.

For college students coping with transition and loss, relationship support and friendship development have been suggested as ways of reducing loneliness, especially in the first year. Research has shown an association between loneliness, mental health and resilience in young people, particularly in vulnerable groups such as the homeless, same-sex attracted young people, young parents and obese children. However, little is currently known about the effectiveness of interventions intended to enhance resilience in preventing or alleviating loneliness. Pre-conditions for successful social network and social support development are that the activity is provided regularly, that participants wish to socialize and participate, and that there is someone who leads and takes responsibility.

Use of technology

The use of technology, such as the Internet or telephone networks to reduce social isolation and loneliness across age groups has increasingly been shown to be effective. There are indications that telephone and Internet support groups may be effective in reducing loneliness among housebound older people, caregivers, older

people living with HIV/AIDS and people in congregate housing. Research has shown that email and the Internet are used for different purposes: Email is mostly used for social contact, and thereby to reduce loneliness, whereas the Internet is used for practical purposes such as information and simply to pass the time. It would also seem that mobile technology such as cell phones or social networking sites might help to decrease individuals' feelings of loneliness. However, little is currently known about *how* different groups utilize cell phones or websites for this purpose (for example texting versus voice calls; perceptions of purpose of internet communication). The impact and effectiveness of telephone buddy services and telephone support groups is ambiguous.

For older isolated and housebound older people telephone befriending and support groups provide the means to have social contacts and to reduce their isolation and loneliness. Some research has also shown that people who choose not to join groups like the anonymity of the telephone group. However, the association between loneliness and telephone interventions remains unclear.

Volunteering

Volunteering is frequently put forward as an effective way of increasing socialization and maintaining mental well-being in later life. Volunteering undoubtedly has beneficial effects mainly because of the social aspects of the activity and because it can give a sense of worth. It may also be that the reciprocity of volunteering adds to a sense of well-being, in that the mutual benefits of providing and receiving support are effective in giving a sense of social support. Intergenerational activities and home visiting have been mentioned specifically in relation to older people, but other voluntary activities may have similar effects.

Qualitative research has shown that older people respond favorably to home visiting because it provides someone with whom to share interests and worries as well as practical help, social support and companionship. The importance of reciprocity is emphasized, which may be more likely when the visitor/caller and the 'recipient' are of the same generation, share a common culture and social background, and have common interests. Befriending is therefore of value to both the (older) volunteer and the older person receiving the service.

Indirect activities

Many widely provided services and activities that are not directly intended to impact on loneliness have not been evaluated or evaluated adequately, despite anecdotal evidence of their effectiveness in alleviating loneliness. For example, results from research regarding the influence of companion animals have to date been inconclusive, mainly due to flaws in the research. Likewise, the impact of the physical and social external environment in terms of interventions has not been evaluated. It has, for example been suggested that the provision of adequate public transport and accessible, 'safe' social venues (parks, libraries, Internet cafes, garden centers and shopping malls) would reduce social isolation and loneliness. It has even been suggested that hairdressers could provide lay support for socially isolated people who might not access other services.

Finally, not everyone wants to participate in groups or have a large social network. Some people chose to be alone and to live alone. It is important for others, including service providers, to recognize and accept the individual's right to this decision, because although they are alone they are not necessarily lonely.

Mima Cattan

Leeds Metropolitan University, Leeds, UK

See also Loneliness; Loneliness, Children; Loss; Resilience; Social Isolation; Social Support Interventions; Social Support, Nature of

Further readings:

Cattan, M., Newell, C., Bond, J. & White, M. (2003). Alleviating Social Isolation and Loneliness among Older People. *International Journal of Mental Health Promotion,* 5, 20-30.

Cattan, M., White, M. Bond, J. & Learmonth, A. (2005). Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. *Ageing and Society,* 25, 41-67.

Cattan, M. & Tilford, S. (Eds.) (2006). *Mental Health Promotion: A Lifespan Approach*. Maidenhead: McGraw-Hill/Open University Press.

Galanaki, E. P. & Vassilopoulou, H. D. (2007). Teachers' and children's loneliness: A review of the literature and educational implications. *European Journal of Psychology and Education,* 12, 455-475.

Hopman-Rock, M. & Westhoff, M. H. (2002). Development and evaluation of 'Aging Well and Healthily': a health education and exercise program for community-living older adults. *Journal of Aging and Physical Activity*, 10, 363-380.

Rokach, A. & Neto, F. (2005). Age, culture and the anticedents of loneliness. *Social Behavior and Personality,* 33, 477-494.

Stevens, N. (2001). Combating Loneliness: A Friendship Enrichment Programme for Older Women. *Ageing and Society,* 21, 183-202.

Torp, S., Hanson, E., Hauge, S., Ulstein, I. & Magnusson, L. (2008). A pilot study of how information and communication technology may contribute to health promotion among elderly spousal carers in Norway. *Health & Social Care in the Community*, 16, 75-85.