Archives of Gerontology and Geriatrics 59 (2014) 613–623

Contents lists available at ScienceDirect

Archives of Gerontology and Geriatrics

journal homepage: www.elsevier.com/locate/archger

# Loneliness in middle and old age: Demographics, perceived health, and social satisfaction as predictors

José Ferreira-Alves [a,*], Paula Magalhães [a,c], Lara Viola [a], Ricardo Simoes [b,c,d]

[a] School of Psychology, University of Minho, Braga 4710-057, Portugal
[b] School of Technology, Polytechnic Institute of Cávado and Ave, Barcelos 4750-810, Portugal
[c] Institute for Polymers and Composites IPC/I3N, University of Minho, Guimarães, Portugal
[d] Life and Health Sciences Research Institute (ICVS), University of Minho, Braga, Portugal

ARTICLE INFO

*Article history:*
Received 14 February 2014
Received in revised form 23 June 2014
Accepted 30 June 2014
Available online 7 July 2014

*Keywords:*
Loneliness
Middle age
Old age
Aging
Predictors
Portugal

ABSTRACT

*Purpose of the research:* (a) To identify the degree of much loneliness reported in the Portuguese population over 50 years of age and (b) test whether loneliness can be predicted by socio-demographic, health related or social characteristic of the sample other than age.
*Materials and methods:* 1174 late middle age and older adults were interviewed face to face by different interviewers across the country; after the informed consent was signed, we asked the participants several socio-demographic and health-related questions; finally we asked "How often do you feel lonely?" and participants responded according to a five point Likert scale.
*Principal results:* The results showed that 12% of participants reporting feeling lonely often or always, whereas 40% reporting never feeling lonely. The remaining 48% self-reported they felt lonely seldom or sometimes. Additionally, results show that, when taken together, variables such as marital status, type of housing, residence settings, health conditions, social satisfaction, social isolation, lack of interest, transportation, and age were predictors of loneliness.
*Major conclusions:* (1) The association of loneliness with advanced age has been greatly exaggerated by mass media and common sense; (2) But although our findings did not confirm the most alarmist views, the 12% of older adults reporting that they are feeling lonely always or often should be cause for attention and concern. It is necessary to understand the meaning, reasons and level of suffering implied on those feelings of loneliness. (3) Our findings suggest that it makes no sense to construe age as a singular feature or cause for feelings of loneliness. Instead, age and also a number of other features combine to predict feelings of loneliness. But even with our predictor variables there was a substantial of variance left unexplained. Therefore it is necessary to continue exploring how feelings of loneliness arise from the experience of living and how they can be changed.



## 1. Introduction

Social interactions and relationships are at the core of what human beings are and also at the core of what they can become. We have heard elsewhere someone using a rich metaphor of what social environment is for human beings; it was something like this: "the environment is to human beings what the shell is for snails". Therefore, the topic of study of this paper – loneliness – is something that has interest and importance on its own. Loneliness has something that is normative, in the sense that each individual is unique, and each individual will experience some degree of loneliness throughout its lifetime (Moustakas, 1961 – in Perlman & Peplau, 1984). Therefore, some degree of loneliness is also associated with some degree of independence necessary to function adequately within the social world.

However, loneliness is usually seen in a way that emphasizes its negative nature, and the adverse consequences it brings to the individual. This is possibly due to the fact that the biomedical model is the most assimilated model for the common citizen, and the most followed in health care – in the Portuguese National Health System, professionals that provide care in the health system and whose education is non-biomedical are scarce. At the same time, there is a concomitant myth, spread over common sense, and often in different care professionals,

* Corresponding author. Tel.: +351 2536 04233; fax: +351 2536 04221.
*E-mail addresses:* alves@psi.uminho.pt, alvestrue1@gmail.com (J. Ferreira-Alves).

http://dx.doi.org/10.1016/j.archger.2014.06.010
0167-4943/

that older adults are alone and suffer from loneliness. When age enters as a variable related to loneliness, the age group of older adults are stigmatized as feeling lonely (see Dykstra, 2009; Instituto Nacional de Estatística (INE, 2012)). Researchers are not exempt of some social responsibility, having supported these misconceptions by being ageist (Schaie, 1988), or by having displayed beliefs and theories claiming that older adults are naturally in processes of disengagement from society (Cumming & Henry, 1961). One difficulty with the association between old age and loneliness is the uncertainty regarding the meaning ascribed to the word *loneliness*. When people read "loneliness" do they perceive the experience of living alone or the experience of feeling alone? A second difficulty, associated with the first one, is the image of old age attached to loneliness: is this an accurate picture of the older adults' experiences, so often spread over the media? These issues, we believe, result from a lack of focus toward researching for a more accurate picture of loneliness.

In the present paper, our focus will then be on loneliness as a human experience. So, what is loneliness? To define loneliness is a complex task, as there are many conceptions (see, Peplau & Perlman, 1982). Loneliness is mainly seen as a distressing, negative, and subjective experience (De Jong-Gierveld, 1998; De Jong Gierveld et al., 2006; McWhirter, 1990; Victor, Scambler, Bond, & Bowling, 2000). It represents a particular kind of human experience, and it must not be confounded with being alone (De Jong-Gierveld, 1987; McWhirter, 1990). According to De Jong-Gierveld and van Tilburg (1999), loneliness arises because the individuals' subjective experience lacks satisfying relationships (see also, McWhirter, 1990; Peplau & Perlman, 1982). Loneliness can also refer to situations in which the number of relationships is smaller than expected, or the quality of the existing ones is less than desired (De Jong-Gierveld & van Tilburg, 1999). Moreover, loneliness can arise when a person's relations network is felt as being weak, and this can be an unpleasant experience (Peplau & Perlman, 1982; Perlman & Peplau, 1984). Loneliness can also be experienced as a consequence of the way the individuals perceive their social network of contacts, or when one feels as having potential to social interaction but does not interact (Victor et al., 2000). Sullivan (1953) and Weiss (1973) define loneliness as the emotional distress that results when inherent needs for intimacy and companionship are not met. When people miss emotional support from their partners or other social relations, they experience loneliness (Peplau & Perlman, 1982; Perlman & Peplau, 1984). Loneliness can also be viewed as an adaptation that could prompt the individual to interact and establish social relationships (Peplau & Perlman, 1982).

It is now clear that loneliness is a human experience associated with different levels of pain, suffering, and disengagement because bonds with other human beings are lacking. Consequently, loneliness is often an important focus of concern not only in old age but also in other age groups, but not for the same reasons. In fact, loneliness is not only a health related issue but can also be seen as a matter of public health. It is known that there is a relationship between loneliness and morbidity, as well as loneliness and illnesses and disorders (Cacioppo et al., 2002; Cacioppo, Hawkley, & Berntson, 2003; Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006; DiTommaso & Spinner, 1997; Luo, Hawkley, Waite, & Cacioppo, 2012; Perlman & Peplau, 1984; Steptoe, Owen, Kunz-Ebrecht, & Brydon, 2004). Specifically, loneliness is related with poor mental health, as depression, or sleeping disorders; it has also been associated with prevalence of psychosomatic symptoms; and it is also associated with vascular alterations, changes in the activity of different glands, or changes in the immunity of the individuals, among others. It is a risk factor for poor executive functioning, attention, and, overall, lower cognitive functioning (Cacioppo & Hawkley, 2009). In 1990, McWhirter reviewed the topic of loneliness, and described it as a unique clinical entity that deserves separate attention, and should be differentiated from variables that have been associated with it. For instance, correlations between depression and loneliness have ranged between .38 and .71; loneliness has been associated with suicide and suicidal attempts, and with anxiety (e.g., DiTommaso & Spinner, 1997; McWhirter, 1990). Loneliness has also been associated with poor self-esteem, alcohol abuse, and delinquency in adolescence (e.g., DiTommaso & Spinner, 1997; McWhirter, 1990). In a longitudinal study involving 1604 participants, Perissinotto, Cenzer, and Covinsky (2012) reported that loneliness is a predictor of functional decline and death in people with 60 years of age or more. Importantly, as shown by Berkman and Syme (1979), the lack of social ties predicts mortality (see also, Seeman, Kaplan, Knudsen, Cohen, & Guralnik, 1987). Specifically, marriage and contact with close friends and relatives seem to be strong protectors against mortality. Although it is undeniable that the social network of older adults drops with age [relatives and friends inevitably die, and with age people become increasingly selective in their relationships (Carstensen, 1992)], and that loneliness can have severe consequences within older people's well-being and health, its extension and pervasiveness has been exaggerated, and attributed solely to old age (Dykstra, 2009). Associated with this relationship of loneliness and morbidity are also conceptions of older adults as being poor, impaired, and uninterested in social contact (Phelan, 2010).

Distinguishing between loneliness and social isolation or aloneness is especially relevant as often they have been used interchangeably (De Jong Gierveld et al., 2006). While loneliness is a negative experience that can only be evaluated by the individual, social isolation or aloneness refers to the number of social contacts an individual has, or the condition of not having ties with others, which can be objectively measured (De Jong-Gierveld, 1998; De Jong Gierveld et al., 2006). In his relational theory of loneliness, Weiss (1973) argued that loneliness arises either from social isolation or emotional isolation. Therefore, one could be emotionally lonely but not socially lonely, or vice versa. This means that, social and emotional loneliness should be viewed as different processes. Weiss (1973) described loneliness as a natural response of the individual to certain situations. *Emotional loneliness* could then be the result of a significant loss, or the lack of an intimate partner (DiTommaso & Spinner, 1997; Perlman & Peplau, 1984). DiTommaso and Spinner (1997) re-evaluated Weiss's distinction between Emotional and Social loneliness and reported that Emotional loneliness could be further separated into romantic and familiar. *Social loneliness* is the result of a lack of insertion or relation within social groups or community that can provide a sense of belonging, and of companionship (DiTommaso & Spinner, 1997; Perlman & Peplau, 1984).

Loneliness in older adults can have distinctive features that increase the concern regarding the negative effects of loneliness in older adulthood. For instance, it is known that having a significant other in ones' life is protective against loneliness (De Jong-Gierveld, 1987), or protective against mortality (Berkman & Syme, 1979; Seeman et al., 1987). Part of the concern regarding loneliness in advanced age is empirically grounded, as loneliness is associated with higher levels of depression, poor mental health, health problems, and even mortality (Cacioppo et al., 2003, 2006; Luo et al., 2012; Perlman & Peplau, 1984). However, it is our understanding that there are some exaggerated claims about how much loneliness prevails among older people. For instance, the Portuguese INE recently published results of the 2011 census in which they contrasted the number and percent of general population that lived alone with the number and percent of older adults that lived alone or in the company of other older people. INE