Loneliness and social exclusion: understanding risks and influences

Thomas Scharf
Irish Centre for Social Gerontology, NUI Galway, Ireland

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Outline

• Overview of loneliness in later life: risks/influences
• Contextualising loneliness: an exclusion perspective
• Drivers of exclusion/loneliness
• Responding to loneliness
• Future directions
Loneliness: definitions

- *Loneliness*: a subjective and negative experience:
  “the unpleasant experience that occurs when a person’s network of social relations is deficient in some important way, either quantitatively or qualitatively” (Perlman & Peplau, 1981, p.31)

- *Social isolation*: an objective measure reflecting an individual’s lack of contacts or ties with others
Loneliness: forms

- *Emotional loneliness:* reflects a person’s perceived lack of an intimate attachment – perhaps a spouse/partner, a best friend, or someone else in whom one can confide.

- *Social loneliness:* refers to a person’s sense that they are not part of an engaging social network of family, friends and others (Weiss, 1973)
Loneliness: duration

- ‘Transient’ loneliness: may occur from time to time, but passes over the course of a day
- ‘Situational’ loneliness: may arise after a specific change in an individual’s circumstances, but passes with time
- ‘Chronic’ loneliness: refers to persistent feelings of loneliness that may endure over a considerable period of time
Prevalence of loneliness in later life

• Since 1940s, UK surveys consistently identify 7-10% of people aged over 60/65 as often or always lonely
• Most recent national survey of people aged 65+:
  – 61% ‘never’ lonely
  – 31% ‘sometimes’ lonely
  – 5% ‘often’ lonely
  – 2% ‘always’ lonely (Victor et al., 2005)
Groups at heightened risk of loneliness

- People aged 75 and over
- People who live alone
- People who are widowed, divorced/separated, never married
- People belonging to some black and minority ethnic groups (e.g. Pakistani and Somali older people)
- People in poor physical and/or mental health
- People living on limited material resources
- People living in some types of community (Scharf & De Jong Gierveld, 2008)
## Loneliness among people aged 60+ in socially deprived neighbourhoods of England, 2001

<table>
<thead>
<tr>
<th>Electoral ward</th>
<th>Mean loneliness scores (range: 0-11)</th>
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<tbody>
<tr>
<td>London</td>
<td></td>
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<tr>
<td>St Stephens</td>
<td>3.1</td>
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<tr>
<td>Park</td>
<td>3.2</td>
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<td>Plashet</td>
<td>3.9</td>
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<td>Liverpool</td>
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<td>Pirrie</td>
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<td>Clubmoor</td>
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<td>Granby</td>
<td>4.2</td>
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<tr>
<td>Manchester</td>
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<tr>
<td>Moss Side</td>
<td>4.3</td>
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<tr>
<td>Longsight</td>
<td>5.1</td>
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<tr>
<td>Cheetham</td>
<td>6.2</td>
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Source: Scharf & De Jong Gierveld (2008)
Loneliness and social exclusion

• Important to recognise loneliness within the context of other aspects of an individual’s life
• Potential value of adopting an ‘exclusion lens’ to loneliness
• Social exclusion understood as:
  – “a multidimensional process of progressive social rupture, detaching groups and individuals from social relations and institutions and preventing them from full participation in the normal, normatively prescribed activities of the society in which they live.” (Silver, 2007)
Social exclusion and ageing adults

- **Material resources** (e.g. poverty; deprivation)
- **Social relations** (e.g. loneliness; isolation; non-participation in ‘normal’ relationships)
- **Civic activities** (e.g. non-participation in civic life)
- **Basic services** (e.g. lack of access; restricted use)
- **Community/neighbourhood** (e.g. lack of place attachment; negative perceptions of home and neighbourhood)
- Interconnections between dimensions of exclusion and potential for multiple forms of exclusion
Drivers of exclusion (and loneliness) in later life

- **Structural drivers**: ageism and age discrimination; changing norms and behaviours; social and economic policies; global trends (migration patterns, individualisation) etc.

- **Environmental drivers**: urbanisation trends; changing communities (rural/urban); age-segregated living etc.

- **Individual drivers**: low socio-economic status earlier in life course; disrupted social (support) networks; transitions/life events; ill health and disability; loss of mobility; migration patterns; psychological factors etc.
Responding to exclusion (and loneliness) of ageing adults

How *should* societies respond to exclusion of ageing adults?

- **Structural**: addressing societal values/behaviours towards older adults; guaranteeing access to sufficient range of resources/supports; human-rights perspective

- **Environmental**: creating ageing-friendly environments; counteracting trends towards age-segregated living

- **Individual**: preventative strategies earlier in life course; preventative strategies in later life; co-ordinated services/supports to help individuals at times of need
Responding to exclusion (and loneliness): an alternative view

Competing understandings of social exclusion (Levitas, 2005):

- **RED** – _redistributive discourse_: emphasises poverty as prime cause of exclusion
- **MUD** – _moral underclass discourse_: focuses on behaviour of the excluded rather than structural causes of exclusion
- **SID** – _social integrationist discourse_: narrows definition of social exclusion/inclusion to participation in paid work]
Responding to exclusion and loneliness of ageing adults

- **RED**: anti-poverty measures (minimum income schemes; improved access to retirement income for women, migrants, informal carers etc.)
- **MUD**: measures addressing behaviour of older people ('healthy ageing'; forms of befriending; digital literacy schemes, ICTs, telecare etc.)
- **SID**: focus on employment past statutory retirement age (e.g. ‘Active Ageing’; extending working life; rising retirement ages etc.)
Conclusions: future directions

• Loneliness as key issue for research, policy and practice

• Need for improved understanding loneliness:
  – Loneliness as dimension of social exclusion
  – Testing theoretical models of loneliness; modelling causal pathways to loneliness
  – Exploring loneliness in different environmental contexts

• Evidence on the success of loneliness interventions is mixed. Interventions require careful consideration and subjected to rigorous evaluation
Contact details

www.icsg.ie  Facebook  YouTube

thomas.scharf@nuigalway.ie