

# A Review on Social Network and Loneliness in Elderly

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## ABSTRACT

*Every individual born on this earth wants to live their life happily as they desire. For some it so happens but not for all. Fortunately or unfortunately some of us face lots of problems in our life. In this competitive commercial and digital world of life, a threatening problem faced by most people invariably is being alone - “loneliness”. Indifferently it is found among young and old, rich and poor, literate and illiterate, male and female. More than an individual problem, it is become one of the major social problems. Feeling of being alone is not only among the old people but it is commonly found in all age groups including adolescents, young adults, middle aged group as well. Aging is gradual natural procedure that marks the passage of years in everyone’s life. The elderly population of the society generally have varieties of problems and social issues and needs. The elderly people can be grouped as young old those are between the ages of 55 and 64; old are between 65-74; old-old are people between 75-84 and people with above the age of 85 years can be considered as very old. This study aims at a Review on Social Network and Loneliness in Elderly.*

**Key Words:** Social Network, Elderly

## INTRODUCTION

We the human beings are social animals and are dependent. We depend on plants and animals for the very basic need of food. We depend on social relationships for the exchange of our feelings and emotions. We would like to share our happiness as well as grievances with one another that gives happiness and relieve our stress also. It is one of our basic needs to have social relationship. Our social relationship gets extended and through our friends and relatives. We develop our social relations with our class mates and playmates during our schooling, peer group relations in the

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work, and so on. When any of these network get disconnected we feel aloof and lonely.

“Social relationships are at the core of our life. That is, we all need, and desire to, feel integrated in a net of subjectively meaningful relationships. The crucial of this human need is reflected, as it were, in the scientific literature, especially the psychological, sociological and health ones.” Vanda Lucia Zammuner,(2008)

“Loneliness is the painful feeling of social isolation that accompanies perceived deficiencies in the number or quality of one’s social relationships” (Peplau & Perlman,1982). “People can live rather solitary lives and not feel lonely, or they can have many social relationships and nevertheless feel lonely. Consequently, loneliness is more closely related to the perceived quality than the quantity of social relationships, (Pinquart & Sorensen,2003).

## DISCUSSION

### Definition of Loneliness

The dictionary meaning of loneliness is the state of being alone in solitary isolation and sadness resulting from being forsaken or abandoned. It is a disposition toward being alone.

Loneliness is a feeling and it is not a clinical entity. Loneliness need not always bring sadness to one; it may help a person to transform in their life style and may bring pleasure. Unfortunately, in reality the monotonous way of living made most of the elderly people to experience a lot of problems than pleasure and happiness as they grow older. The society is facing the rapid changes in the life style due to greater geographical mobility and the desire to have easy and comfortable living style that result in adoption to cross cultural life style; old people find it difficult to be adoptive to rapid changes. This causes for the degree of loneliness felt to increase. Loneliness most of the time gives negative experience and is subjective to individuals including the elderly people.

de Jong Gierveld, (1989) has defined “Loneliness as a situation experienced by the participant as one where there is an unpleasant or unacceptable lack of (quality of) certain social relationships.”

Weiss (1973) defines “Lonliness as a lack of human intimacy that is experienced by the individual as unpleasant. He specifies that it is

conceptually compromised of two primary dimensions, emotional isolation and social isolation. Emotional isolation refers to a lack of others to whom the individual can be emotionally attached; preventing the experience of social bonding that is instinctively desired. Emotional isolation is recognised as negative experience. Social isolation occurs when an acceptable social network is lacking. However, social isolation is not always perceived as a negative outcome as time spent on one's own can be perceived as enjoyable and productive."

"The experience of loneliness includes both emotional and social isolation and is therefore unpleasant by definition" (Forbes,1996; Killeen,1998).

It is hard to believe that the men, stronger gender of the community is , the men are more vulnerable to loneliness than women. Women are more capable to adapt and adjust to situations that makes them to manage better when they are alone

"Women are better able to build new networks following divorce or that they lose fewer contacts as a result of divorce. Among the married, gender differences in loneliness were less consistent than they were among divorcees" (Pearl A. Dykstra and Tineke Fokkema 2007).

"Men tend to find it more difficult to live without a partner than women do" (Chipperfield & Havens,2001).

"The experience of inner loneliness is different. The feelings of being an outsider and longing may cause a loneliness which is quite independent of external circumstances. The experience of rejection and of being useless connects with the experience of self and existence" (Hanna Palkeinen, 2005).

It is important to analyse the causes of this social problem and how it could be solved is a challenge for the society, since these elderly people form a part of the society. We cannot neglect them just by saying that they are economically unproductive and just causing expenses to the family or burden to the society. In fact this negligent approach will reflect more of negativity rather than providing a way for a solution.

## **CAUSES OF LONELINESS**

Different reasons could have caused a person to feel aloof and lonely. The causes for loneliness vary from one individual to another. Major causes in general may be deterioration of relations such as loss of spouse, children or other close family relations, due to retirement and deteriorating physical

and mental health, social isolation as well as less time spent on leisure activities, retirement, demographic characteristics of the society they live, life style, change in living conditions are the commonly found causes of loneliness in elderly people.

Either of them or all of them could cause elderly people to feel isolated and depressed. It results when a person's network of social relationships is deficient in some important ways, either qualitatively or quantitatively.

The review of various articles of the study has given the insight to the following discussions as causes of loneliness. Firstly, many of the sources referred have commonly identified old age is the reason for high degree of loneliness. It is more felt among the elderly people than other age groups. Ageing is a natural process and loneliness at this age becomes unavoidable.

Secondly, the social factors or relationship has a greater role in loneliness among elderly people. The importance of social contacts is acknowledged in much of the extensive literature on loneliness ( Bondevik & skogstad 1998; Kim 1999; Tjihuis et.al 1999).

For instance, the old people either themselves stop going outside much due to their health conditions or the change in the family structure push them back and keep themselves to be at home. Ethnographic investigations suggests that older adults living alone are more vulnerable to social isolation due to estrangement from their social networks (Klienberg, 2001).

Thirdly, There is lack of communication among the family members and no time hear what the elderly people at home want share with. This causes poor understanding and unfulfilled expectations of elderly people. The younger generation at home are running back of their hectic mechanical life to race in the world; hence find no time to spend with their parents or grandparents and they get neglected very easily. Some cases they are almost treated like a waste remaining at home.

Fourthly, the negligent attitude of children is another cause of loneliness. Loss of relations and company causes for emotional loneliness. Modern style of living, made most of the societies to go for nuclear family. The joint family concept is getting vanished year after year. As the children grow and start their family life, the parents become someone not required any more. For instance, in countries like India, the houses where the husband and wife are employed, the role of their parents is to do babysitting for their grandchildren or to do the house core just to adjust with the family environment. They do not find time for themselves and at the old age these full time responsibilities are more tiring and a burden

not a stress reliever. The density of loneliness is felt more because of this reason.

Fifthly, the feeling of loneliness is all the more felt among elderly people who are representatives of conservative societies where joint family concept was rooted for centuries. The younger generations start to work abroad after their education leaving their parents back in their native places. They get separated for years; and they visit the parents in short vacation without having quality time to be spent with them. This geographical mobility has caused not only a gap in physical distance between the places but also a large gap that never can be refilled in the relationship between family members. The closeness of family bondage is lost slowly. The society is become more self-centred and people have no time to think about others.

“Needs for intimacy or companionship are not met, or are insufficiently met, and this results in feelings of loneliness” (Pearl A. Dykstra And Tineke Fokkema, 2007).

Denial of meaningful social contact may cause isolation. The absence of specific role relationships in which are generally activated and sustained through direct personal face-to-face interaction.

## **PROBLEMS OF BEING ALONE**

Man is a social animal and seeking for pleasure and company are considered to be basic needs of human beings. Maslow, the management authority in his need hierarchy has rightly pointed out that social needs are basic lower order needs which every individual is desperate to satisfy. Elderly people are not exempted from this need for socialising. “Friends are important to aged people - may be even more important in relieving loneliness than children”. (Bondevik M, Skogsta A, 1998; HolmenK, Ericson K Anderson, L Winbald B 1992).

Chan and Rance (2005) “indicated that friends and relatives constitute a dominant part of social networks and are often important sources of support for the aged.”

Weakened social support leads to declining of both physical and mental health. At a point of time, this could lead them to feel unsecured about their life and leads to depression and in some cases they even attempt to commit suicide.

There is a change in the population structure and there is an increase in population in the age group of 60 is growing faster than the other age groups. “As the proportion of older people in the population increases and

more live alone (World Health Organisation 2002), the problem of social isolation among the age group is of growing concern.” “ In a survey of the empirical literature published between 1948-1991, Victor et al.(2000) found that between two and 20% of people over the age of 65 years, were socially isolated.” “An increasing proportion of older adults now live alone” (Fields, 2004; Saulter, 1994).

There could be a possibility to an increased rate of depression among people who are living alone. Health risk is associated with social isolation as compared to the dangers of smoking cigarettes and drinking alcohol or obesity. Individuals who lack social connections or report frequent feelings of loneliness tend to suffer higher rates of morbidity and mortality (Brummett et al.2001; Seeman 2000; Uchino, Cacioppo, and Kiecolt-Glaser 1996). It is hard to differentiate between loneliness and depression. “Dejection may be one element of loneliness (Weiss 1980)”. Loneliness is the symptom of depression and other psychological problems.

“Living alone is also likely to be more harmful to the psychological well-being of older adults with a physical disability. The physical disability of man make him to be motionless and becomes total dependent on some one. Physical disability represents a source of chronic stress that involves lasting difficulties in managing everyday instrumental and social activities. (Turner & Noh,1988) and is strongly linked to depression in studies of older adults (Adams, Sanders, & Auth,2004; Mills & Henretta,2001)”.

“ Loneliness in an old age often results in an increase in depression, sleeping problems and disturbed appetite (Weidinger B.1992), which may lead to institutionalization (Mor-Barak ME, Miller LS., 1991). The daily routine of old people get changed in most of the cases, since they lose their appetite and sleep on time; everything gets upside down making their life very hard.

When a person gets occupied with his work or more involvement in leisure activities, prevent the negative thoughts haunting their mind when that reduces, they feel lonelier. Different losses and depletions mark the aging process. When the mental and physical healths are diminishing, it gives way for people to consider that they are obsolete and added expense and burden to the society. “ Higher levels of loneliness are associated with living alone (Routasalo, Savikko, Tilvis,Strandberg, & Pitkala,2006)

## INTERVENTIONS

“In the last two decades, there has been growing interest in evidence-based policymaking in the field of public health. For this, policymakers need

information about the effectiveness and cost-effectiveness of interventions to prevent diseases and promote health. Public health problems do not stand alone but are embedded in macro level socio-economic environments. Therefore, public health problems require a combination of strategies that take the local context into account.

“The best way to break the cycle of loneliness is to get involved” (Kallejian, 2003)

(Jerrome1991) has argued that “interventions at the group level are advantageous in working with older people who are vulnerable to loneliness. The group approach recognises the value of interaction with peers and the benefits of mutual help; also he emphasises that “in later life contact with friends serves to reduce loneliness and increase feelings of usefulness, unlike those with kin.”

People who have companionship or social network share information and knowledge, mutual help and assistance at times of functional disability; also they can have leisure time activities together; older people get support from neighbourhood provided they develop a good relation built with them. “The contribution of friendship to well being in later life can be understood in terms of the provision of companionship and social support” (Rook, 1990).

Building relationship is the outcome of one’s feelings and which is highly of qualitative nature. In this regard rather than the quantity, quality plays a prior role. Feeling of loneliness is not just a feeling for social network but it is something more that fetches some satisfaction to individuals. A person cannot get satisfied just because he/she is surrounded by people. Loneliness is not simply a desire for any company (Weiss 1980), but the relationships need to be specific and important to the individual. The right choice of the group with whom the individual is associated gives him/her the longing mental satisfaction. So loneliness is not just the product of nobody around someone but it is more reflecting the feelings and emotions of a senior citizen.

Social participation is very important for elderly people to remain active. Elderly people need to be functionally fit enough to live independently and get involved in family and social activities.

It is possible that part of the reason why low social participation has such strong influence on functional decline is that social participation gives meaning to an individual’s life by virtue of enabling him or her to participate in it fully, to be obligated and to feel attached to one’s community (Berkman et. al., 2000)

Social participation provides opportunities for companionship and sociability. It has been suggested that participation in social activities is essential by promoting sense of control and self-efficacy (Adelman, 1994).

Social disconnectedness and perceived isolation are not interchangeable indicators. Instead they have separate and distinct associations with physical and mental health.

Social disconnectedness is associated with worse physical health, regardless of whether it prompts feelings of loneliness or a perceived lack of social support.

Socially disconnected older adults have worse mental health only to the extent they feel isolated. This is an interesting finding that deserves more attention (Erin York Cornwell, Linda J. Waite (2009).

The social contacts create feeling of security and usefulness in the minds of elderly. When they are left alone they feel more as a burden to the family and an economic waste; some cases they end up with fruitless arguments that mentally disturbs them and other members at home. To manage this situation, elderly people can engage themselves with some activities like practising yoga or exercises, doing their hobbies, listening to music, etc. they can try keeping themselves busy; books may become good friends, if they cultivate the habit reading; they can try learning something which they did get a chance as a child or youth;

“For elderly people, participation in leisure activities is a way to maintain full participation in society and show that being old does not equal being useless, passive and dependent. In addition, social activities provide room for personal contacts and a daily routine that is a substitute for productive work” (Angel Rodriguez-Laso et. al., 2007).

The of research articles have mostly identified with the need for social relationships, friendship, social networks, intervention activities etc. are required for the elderly people to overcome the state of being alone. The study by Hanna Palkeinen, 2005 (Article 17) states that the qualitative aspects and subjective experiences of loneliness among elderly people have received little attention.

Though social relations have considerable influence on the loneliness, of the elderly people, most of the elderly people were stable and maintained their functional ability.

## CONCLUSION

An attempt to this comparative study of the works of various scholars has helped in identifying the correlation that exists between the loneliness in elderly people with the social networks, however there are some discrepancies to these opinions. Almost all the studies have one way or the other identified that elderly people are highly vulnerable to loneliness and they go through physical and mental health problems.

Lack of social support will increase the risk factor in the development of depression in old age (Green BH, Copeland JRM, Sharma V. et.al., (1992).

The age, gender, marital status and other demographic features have comparatively lower degree of influence in elderly people with loneliness. But “the social networks and supports play a powerful role in influencing quality of life and general well being of everyone in particular the elderly people. Social support is assessed as the more qualitative aspects of the support relationship including how satisfied individuals are with the support they receive” (Antonucci TC, et.al., 1997).

Many interventions focusing on loneliness is to engage people in new social relationships or social activities. Loneliness may be triggered by transitions such as retirement, the death of the partner or close friends, relocation, or chronic health problems (Peplau & Perlman,1982; Pinquart & Sorensen,2001).

Older adults often turn to a network of friends in times of need. Some research suggests that friend contact may be more integral in preventing loneliness than family contact (Pinquart & Sorensen, 2001).

The social network of elderly can be developed and sustained by creating opportunities for interactions through entertainment programs, and providing commutation to bring the people together.

Instead of starting old age homes, a center for kids and old can be started together where these elderly people can spend their time with those children by playing, teaching and taking care of them; this makes both the way life to be happier; living together with the choice of their companions, encouraging remarriages if the people decide to do so; getting them involved in some social work , arranging for picnics with friends and relatives can also be given importance as a new way of managing the loneliness in the old age.

Man being a social animal enjoys spending time with family and friends, get mentally relieved while sharing personal ups and downs, and the exchange of ideas. Being together will make them feel happy, connected

to the family and society, and help them to come out of depression and not to feel loneliness.

## REFERENCES

1. Adams, K. B., Sanders, S. & Auth, E.A. (2004). Loneliness and Depression in Independent Living Retirement Communities: Risk and Residence Factors. *Aging & Mental Health*, 8,475-485.
2. Adelman, P. K. (1994). Multiple Roles and Psychological Well-Being in a National Sample of Older Adults. *Journal of Gerontol. Soc. Sci.*, 49, S277-S285.
3. Angel Rodriguez, A.L., Zunzunegui, M. V. & Oterio, A. (2007). The Effect of Social Relationships on Survival in Elderly Residents of a Southern European Community: A Cohort Study. *BMC Geriatrics*.
4. Antonucci, T. C., Fuhrer, R. & Dartigues, J. F. (1997). Social Relations and Depressive Symptomology in a Sample of Community Dwelling French Older Adults. *Psychology and Aging*, 12, 189-195.
5. Berkman, L. F., Glass, T., Brisette, I. & Seeman, T. E. (2000). From Social Integration to Health: Durkheim in the New Millennium. *Soc. Sci. Med.*, 51, 843-857.
6. Bondevik, M. & Skogsta, A. (1998). The Oldest Old, ADL, Social Network, and Loneliness. *Western Journal Nursing Research*, 20, 325-343.
7. Brummett, B. H., Barefoot, J. C., Siegler, I. C., Clapp, C., Nancy, E., Lytle, B., Bosworth, L. Hayden, B., Williams, R. B. & Mark, D. B. (2001). Characteristics of Socially Isolated Patients with Coronary Artery Disease who are at Elevated Risk of Mortality. *Psychosomatic Medicine*, 63, 267-272.
8. Cutrona, C. E. (1982). Transition to College: Loneliness and the Process of Social Adjustment. In L. A. Peplau & D. Perlman (Eds.), *Loneliness: A Sourcebook of Current Theory, Research, and Therapy* (291-309). New York: Wiley.
9. Chan, Y. K. & Rance, P. L. (2005). Network Size, Social Support and Happiness in Later Life: A Comparative Study of Beijing and Hong Kong. *J Happiness Study*, 7, 87-112.
10. Chipperfield, J. G. & Havens, B. (2001). Gender Differences in the Relationship between Marital Status Transitions and Life Satisfac-

- tion in Later Life. *Journal of Gerontology: Psychological Sciences*, 56B, 176-186.
11. Cornwell, E. Y. & Waite, L. J. (2009). Social Disconnectedness, Perceived Isolation, and Health among Older Adults. *Journal of Health Soc Behav*.
  12. Dykstra, P. A. & Fokkema, T. (2007). Social and Emotional Loneliness among Divorced and Married Men and Women: Comparing the Deficit Cognitive Perspectives. *Basic and Applied Social Psychology*, 29(1), 1-12.
  13. Fields, J. (2004). America's Families and Living Arrangements: 2003. Current Population Reports. (20-553). Washington. DC: Census Bureau.
  14. Forbes, A. (1996). Loneliness. *British Medical Journal*, 31.3(7053), 352-354.
  15. Gierveld, J. (198). Personal Relationships, Social Support and Loneliness. *Journal of Social and Personal Relationships*, 6, 197-221.
  16. Green, B. H., Copeland, J. R. M. & Sharma, V. (1992). Risk Factors for Depression in Elderly People: A Prospective Study. *Acta Psychiatr Scand*, 86, 213-217.
  17. Hartup, W. W. & Stevens, N. (1997). Friendship and Adaptation in the Life Course. *Psychological Bulletin*, 121, 355-370.
  18. Jerrome, D. (1991). Loneliness: Possibilities for Intervention. *Journal of Aging Studies*, 5, 195-208.
  19. Kallejian, V. (2003). Understanding your Emotions-Why Do I Get So Lonely (part2) (on-line). Retrieved from <http://www.healthandage.com/Home/gm=20!gid2=1160>.
  20. Klinenberg, E. (2001). Dying Alone: The Social Production of Urban Isolation. *Ethnography*, 2, 501-531.
  21. Mor-Barak, M. E. & Miller, L. S. (1991). A Longitudinal Study of the Causal Relationship between Social Networks and Health of the Poor Frail Elderly. *Journal of Appl gerontol*, 10, 293-310.
  22. Palkeinen, H. (2005). Experiences of Loneliness, Session 6: Families, Networks and Intergenerational Relations, 7<sup>th</sup> ESA Conference.
  23. Peplau, L. A. & Perlman, D. (1982). Loneliness: A Sourcebook of Current Theory, Research and Therapy. New York: Wiley Interscience.
  24. Peplau, L. A. & Perlman, D. (1982). Perspectives on Loneliness. In L. A. Peplau & D. Perlman (Eds.), *Loneliness: A Sourcebook of*

- Current Theory, Research and Therapy*, (1-20). New York: Wiley Interscience.
25. Pettigrew, M., Whitehead, M., Macintyre, S. J., Graham, H. & Egan, M. (2004). Evidence for Public Health Policy on Inequalities 1: The Reality According to Policymakers. *Journal of Epidemiology and Community Health*, 58(10), 811-816.
  26. Pinquart, M. & Sorensen, S. (2001). Influences on Loneliness in Older Adults: A Meta-Analysis. *Basic and Applied Social Psychology*, 23, 245-267.
  27. Pinquart, M. & Sorensen, S. (2003). Risk Factors for Loneliness in Adulthood and Oldage- A Meta Analysis. In Shohov, S. P. (ed.) *Advances in Psychology Research*. (19, 111-143.) Hauppauge, NY: Nova Science.
  28. Rook, K. S. (1990). Social Relationships as a Source of Companionship: Implications for Older Adults' Psychological Well-Being. In B. R. Sarason, I. G. Sarason & G. R. Pierce (Eds.), *Social Support: An Interactional View* (243-267). New York: Wiley and Sons.
  29. Russell, D., Peplau, L. A. & Cutrona, C. E. (1980). The Revised UCLA Loneliness Scale: Concurrent and Discriminant Validity Evidence. *Journal of Personality and Social Psychology*, 39, 472-480.
  30. Routasalo, P. E., Savikko, N., Tilvis, R. S., Strandberg, T. E. & Pitkala, K. H. (2006). Social Contacts and Their Relationship to Loneliness among Aged People- A Population - Based Study. *Gerontology*, 52(3), 181-187.
  31. Tjihuis, M. A. R., Jong-Gierveld, J. & Feskens, E. J. M. (1999). Changes In and Factors Related to Loneliness in Oldermen. The Zutpen Elderly Study. *Age and Ageing*, 28,491-495.
  32. Turner, R. J. & Noh, S. (1988). Physical Disability and Depression: A Longitudinal Analysis. *Journal of health and Social Behaviour*, 29, 23-27.
  33. Victor, C., Scambler, S., Bond, J. & Bowling , A. (2000). Being Alone in Later in Later Life: Lone- Lines, Social Isolation and Living Alone.
  34. Weidinger, B. Einsamkeit und ihre Auswirkung auf das subjective Krankheitsempfinden bei uber 60 jahrigen Patienten in der Allge-

- meinnarztpraxis. (Loneliness and Its Consequences for Subjective Health in General Practice of 60 Years and Over).
35. Weiss, R. S. (1980). Loneliness. The Experience of Emotional and Social Isolation. (3<sup>rd</sup> ed.), *The Massachusetts Institute of Technology*. Cambridge.
  36. Weiss, R. S. (1973). Loneliness. The Experience of Emotional and Social Isolation. Cambridge: The MIT Press.
  37. World Health Organization. (2002). Active Ageing: A Policy Framework. Retrieved from [http:// www.who.int/hpr/ageing/Active Ageing Policy Frame.pdf](http://www.who.int/hpr/ageing/Active Ageing Policy Frame.pdf)
  38. Zammuner, V. L. (2008). Italians' Social and Emotional Loneliness: The Results of Five Studies. *International Journal of Human and Social Sciences*.