Lonelier than ever? Loneliness of older people over two decades

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\textbf{ARTICLE INFO}

Keywords: Loneliness Trend Risk factor Predictor Sweden

\textbf{ABSTRACT}

To live with feelings of loneliness has negative implications for quality of life, health and survival. This study aimed to examine changes in loneliness among older people, both with regard to prevalence rates, and socio-demographic, social and health-related correlates of loneliness. This study had a repeated cross-sectional design and was based on the nationally representative Swedish Panel Study of Living Conditions of the Oldest Old (SWEOLD). Analyses of trends in loneliness covered the years 1992, 2002, 2004, 2011 and 2014, and included people aged 77 years or older (\(n = 2\,572\)). Analyses of correlates of loneliness covered 2004 and 2014, and included people aged 70 years or older (\(n = 1\,962\)). Logistic regression analyses were conducted with findings presented as average marginal effects.

Contrary to what is often assumed, there has been no increase in loneliness among older people over time (1992–2014). Regression analyses for 2004 and 2014 showed that social and health-related correlates were more strongly associated with loneliness than socio-demographic correlates. Psychological distress was most strongly associated with loneliness, followed by widowhood. Most associations between the correlates and loneliness were stable over time.

1. Introduction

Loneliness has been defined as the discrepancy between an individual’s desired and achieved levels of social relationships (Perlman & Peplau, 1981). To live with feelings of loneliness is not only a problem in itself, it also has implications for quality of life, physical and mental health, and mortality (e.g. Hawkley and Cacioppo, 2010; Holt-Lunstad et al., 2015; Hawkley & Cacioppo, 2010; Holt-Lunstad et al., 2015; O’Lunaigh & Lawlor, 2008).

There is a common belief that older people experience loneliness more often than other age groups. For example, in both 1982 and 2005, the vast majority of respondents in a Swedish population survey believed that almost half of the pensioners often feel lonely (Tornstam, 2007) and images that older people suffer from loneliness are often spread in media (cf. Ferreira-Alves, Magalhaes, Viola, & Simoes, 2014). Another common belief is that recent cohorts of older people experience loneliness to a larger extent than previous cohorts, as a result of changes in family patterns, such as smaller family size, increased divorce rates and greater geographical distance between family members (Dykstra, 2009), and transitions towards more individualistic societies (World Values Survey, 2016). Changes in family patterns and societal changes also mean that there may be other groups of people that are vulnerable to loneliness today than in earlier cohorts, that is, that factors associated with loneliness may have changed over time. Based on a Swedish national survey, this study will examine whether loneliness among older people has increased in the last two decades and whether there have been any changes in socio-demographic, social and health-related factors associated with loneliness.

1.1. Trends in loneliness

The assumption that loneliness among older people has increased over time has been disputed, and a research review has found a slight decrease in loneliness (Dykstra, 2009). More recent studies have found that there is no change over time (Honigh-de Vlaming, Haveman-Nies, Groeniger, de Groot, & van ‘t Veer, 2014) or decreased levels of reported loneliness (Eloranta, Arve, Isoaho, Lehtonen, & Viitanen, 2015). In a British study, levels of loneliness among older people in 1999 were compared to findings in studies conducted between 1945 and 1960. Even in such long time perspective, no increase in severe loneliness was found (Victor et al., 2002).

1.2. Factors associated with loneliness

Factors associated with feelings of loneliness can be grouped into socio-demographic, social and health-related factors. Starting with...
Low socioeconomic status is another socio-demographic factor associated with loneliness. Education and income have often been used as indicators of socioeconomic status. Both these indicators have been found to be associated with loneliness, partly due to fewer possibilities for social participation and smaller social networks among people with low levels of income and education (see Dykstra & de Jong Gierveld, 1999; Jylhä & Saarehenimo, 2010; Pinquart & Sörensen, 2001). However, research has shown that these associations with loneliness have less to do with age and gender per se than with associated factors such as widowhood and greater levels of health problems among the oldest old and among women (Dahlberg et al., 2015).

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Social factors influencing loneliness include, for example, marital status, social support and social contacts. There is a large body of research showing an association between marital status and loneliness. More specifically, the loss of partner is a key predictor of loneliness in old age (Aartsen & Jylhä, 2011; Dahlberg & McKee, 2014; Dahlberg et al., 2015; Dykstra et al., 2005; Jylhä & Saarehenimo, 2010). People age and are confronted with health problems, social contacts may focus more on the need for support, and people with larger social support networks have been found to be less likely to report loneliness (Dahlberg, Andersson, & Lennartsson, In press; Dykstra & Fokkema, 2014) . Low levels of social contacts also increase the risk of loneliness (e.g. Ayalon, Shiovitz-Ezra, & Palgi, 2013; Victor, Scambler, & Bond, 2009).

Finally, health problems, such as mobility difficulties and depression have been found to be associated with loneliness (Aartsen & Jylhä, 2011; Cohen-Mansfield et al., 2009; Heikkinen & Kauppinen, 2011; O’Luanaigh & Lawlor, 2008; Tijhuis et al., 1999). People with low physical functioning are more likely to experience loneliness (Aartsen & Jylhä, 2011; Honigh-de Vlaming et al., 2014; Jylhä, 2004; Routasalo & Pitkala, 2003), as mobility difficulties may be a barrier to social engagement (Cohen-Mansfield & Parpura-Gill, 2007). A recent study has shown that loneliness has become more common over time among people with low physical functioning (Honigh-de Vlaming et al., 2014). Psychological problems, such as depression and anxiety, have also been found to be associated with higher levels of loneliness (Eloranta et al., 2015; Heikkinen & Kauppinen, 2011; O’Luanaigh & Lawlor, 2008).

In this study, loneliness among the oldest old in Sweden over the last two decades is examined. The aim is to identify changes in loneliness over time, both with regard to prevalence levels and to socio-demographic, social and health-related factors associated with loneliness.
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