

Social Isolation and Elderly Loneliness

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Loneliness is a subjectively perceived absence of desired companionship. Loneliness is not directly linked to social isolation.^[2,4] It is certainly possible to be isolated without feeling lonely, just as one can feel lonely in the midst of a crowd. Internally ordered social isolation is usually due to the personal desire to separate self from others. This is distinct from loneliness resulting from undesired social isolation. This type of loneliness can also derive from personality problems or the inability to appropriately socially interact with others.

Externally imposed social isolation is usually due to location or environment. Social isolation is a deficiency in familial contact; a separation from social and community involvement; a lack of access to services, and a lack of sufficient interactions with other people. Research shows that for the elderly population, social isolation is prevalent.^[5,9] Social isolation suggests a minimal in quantity and quality of social support. Social isolation is especially not uncommon when living in a rural community. Neighbors are not within shouting distance. Taking a stroll down a dirt or gravel road can be hazardous for most elderly community residents. The mobile requirements of getting around to socialize with others is not an easy task. After a winter storm, roads often become an obstacle course, sometimes impassable, leaving the elderly person stranded at home.

The elderly are most vulnerable to loneliness and social isolation. The milieu of loneliness can be social or emotional. The social loneliness resulting from social isolation denotes the negative feelings the elderly person may experience. This is related to the absence of having meaningful relationships and social interactions. The emotional loneliness ensuing from social isolation derives from a perceived lack of an attachment figure or confidant.^[9] Older people are more at risk of encountering a range of health and social issues, directly linked to loneliness.⁶ Evidence indicates the combined effects of loneliness and social isolation can have a detrimental effect on health and wellbeing.^[5,6]

The two forms of loneliness differ not only in context but also in potential duration. Social isolation may be alleviated by gaining new friendships; however, emotional loneliness can only be resolved by the formation of an intimate bond.

Establishing intimate interrelationships normally take longer. Quantity and quality of relationships matter. Social isolation represents lack of structural and functional social support. Loneliness represents the aged person's negative feelings about his/her situation of social isolation. While social isolation may be either voluntary or involuntary, loneliness is always an involuntary situation.^[5] Both impact mental health. An examination of the impact of social isolation and loneliness on the cognitive function in older adults, during a 4-year period, revealed loneliness was associated with poorer recall skills and isolation was significantly associated with decreases in cognitive function.^[12] Both inversely related to education levels.

A variety of risk factors for social isolation/loneliness have been identified. These including living alone, widowhood, no (surviving) children, mental disorders, chronic health problems, and deteriorating health.^[7,10] Significant life events such as the loss of an important attachment figure and bereavement can also foster feelings of isolation/loneliness.^[7,8] Poor material circumstances (such as income, education, socioeconomic status) are consistently related to greater levels of loneliness.^[1,3,11] Protective factors for social isolation and loneliness include an adequate social support network and having someone to confide in to meet personal emotional intimacy needs.^[9]

Not well understood in terms of prevalence, and the nuances of risk, and protective factors, social isolation's concurrence with loneliness is one of several complex problems unique to the older age group.^[7] These issues also include the provision health care, as well as limited fiscal budgets for both health and social care. Both risk and protective factors need full consideration in order to fully understand the significance and extent of the problem. Although social isolation does not automatically infer loneliness, unwelcomed and prolonged social isolation can lead to loneliness as well as depression. Extreme or lengthy unpleasant issues can foster a sense of hopelessness.

Reference

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