https://doi.org/10.22365/jpsych.2021.009 / Psychiatriki 2021, 32:59–66

Review

# Social isolation and loneliness in old age: Exploring their role in mental and physical health

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**ARTICLE HISTORY:** Received 9 July 2020/Revised 21 September 2020/Published Online 17 March 2021

**ABSTRACT**

The current review has the ultimate scope to accurately define social isolation and loneliness while highlighting the serious repercussions on health and behavior. Daily hundreds of people across the globe report suffering from social isolation and loneliness; an overwhelming feeling of emptiness, unworthiness and personal failure. Human beings are social species that have the need to nurture reliable and secure social settings to survive. Simultaneously, trustworthy social relationships are critical for mental and physical wellbeing whereas impaired social interactions can lead to social isolation and loneliness. In an attempt to tease out and elucidate salient problems and issues, we seek to critically compose studies, views and issues from a variety of perspectives by providing opposing standpoints and conversational voices instead of intensifying traditional narratives and dominant discourses. Few aspects of social isolation and loneliness are untouched by scientific attention. The role of these concepts in old age is no exception and arguably has a tremendous impact in multiple aspects of life. Social isolation and loneliness are two distinctive concepts that have been identified as risk factors for wellbeing, health and everyday functioning in profound ways. Therefore, we aimed to examine the associations with various psychiatric disorders for instance anxiety, depression, psychotic disorder and Alzheimer's disease as well as with a variety of physical disorders such as cardiovascular diseases, cholesterol and autoimmune diseases. Given the alarming records from healthcare which depict an almost two-fold rise in healthcare attendance, we attempt to assemble the proposed interventions through an in-depth review of the current literature available and provide the incentive for constructive and collective thought. To our theoretical understanding, in order to better comprehend these psychosocial concepts and deliver timely and more effective personalized interventions to those in need, it is of paramount importance to thoroughly examine the identified causal links. However, further research is required for the reduction or the deletion of the undesired effects.

**KEYWORDS:** Social isolation, emotional loneliness, Alzheimer's disease, psychosis, interventions.

## Social isolation and loneliness: Definitions, gender and cultural differences

It is, sometimes, very intricate to discern social isolation from loneliness since not all isolated individuals are lonely and not all who feel lonely are secluded. Social isolation is considered an objective, quantitative parameter that indicates the size of the individual's network and the frequency of contact.[1] Following definitions and approaches in sociology and psychology, isolation is segregated in two forms, objective and subjective isolation. Objective isolation can be described by situational factors for example lack or infrequent contact with network members and absence of participation in activities.[2] On the other side, subjective isolation can be determined by subjective factors such as shortfall of social network diversity and resources of partnership.[3] Similarly, when defining loneliness, most of the researchers emphasize on the actual or perceived deficits that social relation-

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ships project. It represents a qualitative, subjective parameter referencing the individual's expectancy and gratification with the periodicity and proximity of contacts.[4] Loneliness is conceptualized as emotional and social loneliness. Emotional loneliness represents the perceived lack of meaningful attachment whereas social loneliness represents the lack of membership to a group.[5]

It is hardly surprising that feelings of loneliness are associated with social isolation, albeit existing studies concluded that the association is weak to moderate.[6] Cornwell & Waite[7] suggest that the relationship between loneliness and social isolation in older adults may be 'decoupled' as a consequence of their expectation for, and as an extension of their preparation, transitions and declines in their social network. Evidence from twin studies reveal that loneliness can have a heritable cause and maintain a stable course, with findings attributing almost equal percentages to heritage and non-shared environmental factors in adulthood.[8] However, concrete situational factors augment the risk for experiencing loneliness. Based on several studies, these factors include deficiency in social relations, few social roles, incapacity to be vigorously involved in the local community activities, low socioeconomic status, physical health symptoms and poor marital status.[9,10] In the transitional process from middle age to older age, social roles are being disrupted and several alterations in both the individual and the family level supervene. Initially, this chronological stage is marked by their release from the labor force and their integration to the retired population. Accordingly, individuals experience the parenthood to 'empty nest' phase which tangles the possible attenuation of kinship attachments.[11] Literature reviews conclude that the empty-nest syndrome is a transitional period that can be characterized by negative effects such as depression, alcoholism, identity crisis, marital conflict and isolation.[12] Equally, they face the inevitable emotional pain resulting from the death of their loved ones and the loss of family and friendship ties.[13]

Gender differences have been identified depicting a higher prevalence in the female population. Researchers believe that although females are at risk of more ill-health conditions, they tend to outlive their partners.[14] Studies have also shown that women are widely integrated in social networks whereas men are to lesser degree recipients of social support.[15] Accordingly, an important aspect that should be mentioned is that women tend to have more social support exchanges and maintain more kinship ties and family connections compared to men, perhaps because childlessness is highly valued.[16] Cultural and cross-national differences were also evident. Tomaka et al[17] attempted to make comparisons between Caucasian and Hispanic samples. Based on their research, Hispanics are more prone to experience loneliness and develop health-related problems such as diabetes and hypertension. They, also, stated that having a sense of belonging somewhere and having a source of support could be protective and eliminate the risk of these illnesses. Hence, it is of fundamental importance to examine loneliness within specific cultures given that mental health can be acutely affected by culture.

## Social isolation and loneliness: Relations to mental health

The experience of feeling isolated and lonely can have detrimental effects on mental and physical wellbeing while it has been scientifically related to a heightened danger of unfolding serious health issues. High levels of loneliness and social isolation have been observed in individuals with mental health conditions, hearing and vision impairments, and chronic health problems and in neurodivergent groups such as autistic individuals.

### Anxiety

Studies have reported links between loneliness and social anxiety in older adults. As stated by Fry and Debats some elderly people with self-expectancies or internalized beliefs about their aging can experience severe anxiety connected with feelings of loneliness.[18] A longitudinal study with more than 1,100 adult participants which measured loneliness in a period of six months revealed that early state loneliness could predict later state social anxiety, paranoia and depression.[19] Further, a high-performance electroencephalographic (EEG) study that examined social stimuli in lonely and non- lonely older individuals supported the evolutionary theory of loneliness which denotes that lonely individuals are constantly alarmed and display heightened attention for social threat during the early stages of processing social stimuli, by reporting differences in the process of social and non- social threat stimuli in the first 116 ms of information processing.[20,21] Despite the irrefutable evidence associating loneliness with social anxiety among several age groups, links to other forms of anxiety remain largely underexplored.

### Depression

When referring to social isolation and loneliness in older populations, it is vital to take into account depression as another strong confounding factor that can

provoke serious behavioral and biological implications. According to WHO, depression among elderly has a prevalence of 10–20%.[22] As ubiquitous life-changing events and physical disablement evolve, demoralization and depression commonly accompany them. There are cases that overt depressive symptomatology for instance social withdrawal, distress, idleness and melancholy veil the widespread loneliness. Empirical studies determined that loneliness and depression are distinctive concepts both statistically and functionally,[23,24] with loneliness serving as a predicting factor for depression but not vice versa.[25] Previous research has confirmed that loneliness and social isolation are considerably associated with depression and operate as a pathway through which individual's health is being affected with recent meta-analyses concluding that loneliness has moderately significant effect on depression.[26] In fact, poorer health- related behaviors, risk for cardiovascular disease and higher levels of inflammatory markers are more likely to be reported by depressed individuals.[27,28]

Several studies suggest insecure attachment styles escalate susceptibility to social isolation, loneliness and depression. The susceptibility to depression can be caused due to the fact that insecurely attached individuals tend to have poor problem solving skills, an unstable self-concept, low self-esteem and difficulty in developing and maintaining relationships.[29] A mixed method study of chronic depression in older British Pakistani women found that the persistence of depression was partly explained by social isolation.[30] Interestingly, Wilby found that depressed older people were not socially isolated but were on the contrary more likely to report contacts than non-depressed respondents.[31] The discrepancy in findings could be better understood if the quality and meaning of different types of social relations in old age were explored. Although evidence about the association of loneliness and depression are well-established, several limitations were identified in the existing longitudinal studies. Firstly, there are other individual traits including objective social isolation, objective and perceived stress, and low social support that can be associated with loneliness and depression. However, it is not clear the extent to which each of these characteristics can affect depressive symptoms. Secondly, most prior studies relied on convenience samples without taking into consideration the potential implications of gender, ethnicity, education, psychiatric diagnosis, use of antidepressant medications, or physical functioning. Finally, their analyses relied on regression or latent growth models in which depressive symptomatology served as the criterion measure.[25]

## Alzheimer's disease

Across the years, sparse studies have attempted to connect social isolation and loneliness with the onset of Alzheimer's disease (AD), but this relationship in people with AD is relatively unknown. Previous research that looked into the relationship of social isolation and dementia has highlighted that quality is better than quantity. Amieva et al found that social interactions that provide the feelings of satisfaction and perceived reciprocity can serve as protective factors of dementia over 15 years whereas the size and nature of social networks was not associated with dementia risk.[32] Further, a 12-year cohort study confirmed that having a confidant can secure individuals from dementia symptomatology.[33] Other studies that explored the impact of loneliness on dementia onset found that older adults who felt lonely were more than twice as likely to develop an AD-like dementia syndrome, than those who were not lonely.[34] Holwerda et al found that healthy older adults were more likely to develop clinical dementia after 3 years if they felt lonely, rather than being lonely at baseline. Research exploring loneliness in people who already have dementia is rare, probably because it is difficult to ascertain whether someone with cognitive problems can accurately evaluate how lonely he is feeling.[35] Haj et al found that participants with AD were significantly lonelier than healthy controls, and this positively correlated with emotional deprivation.[36]

## Psychotic disorders

Independently of genetic or biological factors, evidence reveals that social isolation and loneliness are risk factors for developing psychosis. Interestingly, El Haj et al found in a sample of lonely participants that individuals with AD and healthy elderly controls presented a greater incidence of hallucinations.[36] This finding could possibly indicate that the onset of psychotic symptoms may be determined by loneliness even if underlying neurological or psychiatric conditions are absent. In accordance, studies have suggested that social isolation makes older individuals more susceptible to aberrant sensations across exteroceptive and proprioceptive dimensions, especially when the individual experiences self-disturbances and anomalous bodily experiences.[37] Quadt et al highlight interoception meaning the body-to-brain communication through distinct neural and humoral channels that can result in impaired cognitive and emotional processes when the external and internal needs are not met and social isolation and loneliness serve as social allostatic overloads.[21] While the effects of social isolation and loneli-

ness on depressive symptomatology and AD are widely recognized, the links among psychotic disorder, social isolation and loneliness remain vague and largely underexplored.

### Suicidal ideation

High levels of mortality have been observed in both social isolation and loneliness and it is significantly possible that suicidal behavior can play a vital role for these high scores. Suicidal behavior is a complex biopsychosocial process that is considered a world- wide epidemic with almost 800.000 people worldwide dying each year by suicide.[38] Research investigating the links among social isolation, loneliness and suicidal behavior is scarce with existing findings indicating that adolescents and elderly are vulnerable to both loneliness and suicidal behavior.[39] Lonely individuals are prone to perceiving life as stressful and unbearable, with chronic stress being also related with high levels of suicidal ideation.[40] A recent narrative meta- analysis found that having no partner, living alone, social isolated, feeling lonely, feeling alienated from others, and feeling not to belong are the main social constructs that can highly contribute to suicidal outcomes.[41] In this particular study, subjective loneliness had the greatest impact on both suicidal ideations and suicidal attempts. This outcome was reinforced by an integrative meta- analysis showing that the function and the quality of social relationships are more predictive of suicidal behavior.[42] In view of these findings, meaningful social relationships seemingly can constitute a protective factor against suicidal behavior.

### Physical health

The detrimental effects of social isolation and loneliness on physical health in old age are well-documented, with recent meta-analyses reporting a 30% increased levels of poorer quality of sleep, stress, and risk for stroke and myocardial infarction.[43] Academic literature has confirmed that these effects on individual's mortality are nearly identical to prime well-known health dangers for example smoking and alcohol consumption and surpass that of physical inaction and obesity.[43] Nonetheless, research focusing solely on loneliness and health-risk behaviors reported either no significant discrepancy in the health profile among a sample of both lonely and non-lonely subjects[44] or less physical activity and a higher tendency to smoke in lonely individuals,[45] concluding in ambiguous results. However, research on social isolation produced more consequent corollary. Adults with small social networks and less social contacts, frequently adopt an unhealthy diet with elements of heavy drinking and smoking.[46] Further, evidence revealed that social participation was a protective factor to frailty in older people who had a high risk of frailty over 14 years.[47] The value of significant others in adjusting and preserving healthy behavioral choices through the interchange of several social cues have been recognized by most social– cognition models of health behavior.[48]

Grant et al in a series of experimental studies where acute stressful challenges such as color-word interference and mirror tracing tasks were utilized, found that socially isolated old participants had poorer recovery of systolic blood pressure and greater increases in total: HDL cholesterol ratio. It was, also, reported that an increased fibrinogen and natural killer cell response to stress tasks was evident in lonely participants when compared to the non-lonely ones.[49] Marital status and quality of marriage seem to have a remarkable influence on blood pressure,[50] with a stronger effect on older males.[51] Finally, a recent systematic review in old individuals highlighted that social isolation and loneliness contribute to a poorer immune system, selective expansion of proinflammatory monocytes, enhanced expression of cytokines, and glucocorticoid resistance.[52] Mechanisms that are likely to increase the risk of coronary heart disease.[53] Nonetheless, only a third of the published studies use a longitudinal design and the fact that most studies are cross-sectional means that still relatively little is known about mechanisms and causal links.[54] Therefore, similar investigations should be carried out in order to obtain clearer insights on the prognosis of diverse health conditions.

## Interventions and future research

Wide and systematic reviews suggest that positive outcomes and wellbeing in elderly are attainable with social engagement;[55] however, the crucial question is which interventions are the most beneficial. There is a broadly accepted conviction that home visits can be effective for the bereaved and housebound adults as well as their care-givers. However, the conclusions from two systemic reviews were conflicting. Van Haastregt[56] deduced that no significant fact could predict the prevention of loneliness by home-based support whereas Elkan[57] concluded that home visits could prevent admission to institutional care and prolong survival. Further, a randomized control trial of a model of restorative home care on physical health and social support showed significant improvements in physical function but no changes in perceived levels of social support.[56] Regarding depression, interventions counteracting social withdrawal and enabling meaningful social contact

managed to alleviate depressive symptomatology with promising results for relapse prevention.[58] Even though the descent of fundamental functions such as learning, memory and focus is widely recognized, systematic research in social gerontology and aging psychology indicates that the occupation with a more intricate activity may restrict the negative functional declines.[59] A longitudinal study in a sample of US adults revealed that challenges in daily functioning such as dressing up, eating and bathing, decreased mobility and difficulty with climbing stairs over a 6-year period among lonely participants.[60]

Comparisons of different therapeutic approaches showed that cognitive behavioral therapy-based interventions which target maladaptive social cognition demonstrated the greatest reduction in loneliness scores.[61] Also, befriending, an active practice of therapist-client communication or jointly participation in activities, showed equal improvements in both positive and negativesymptoms.[62] One of these befriending programmes –focused on older women – reported success in attracting lonely older people but not in improving the well-being of participants.[63] Different results were found for a club targeting men in a care home, as participants reported a significant reduction in their depression and anxiety levels.[64]

While research on social isolation and loneliness with their consequent mental and physical aftermaths is growing, there are many aspects still to consider.[65] Several studies have confirmed the hypotheses that social isolation, loneliness, depression and other psychosocial distress may be risk factors for poor health outcomes. However, the exact mechanisms and the different types of social bonds by which social isolation and loneliness impact cardiovascular health remain elusive. Furthermore, the quantitative methodologies used to measure psychosocial distress may not adequately capture what individuals subjectively experience.[66] Equally, the majority of up-to-date research has utilized samples from single countries or regions rather that expanding their search cross-nationally in both neurotypical and neurodivergent individuals. Thus, more quantitative and qualitative studies should be pursued further. Additionally, prospective studies are necessary to determine if loneliness and social networks predict the prognosis of AD and to examine whether it is due to socio-structural reasons and how this relates to the increased vulnerability to health conditions. Finally, additional research is required to address whether employed interventions can have long- term positive effects and whether the potential damage that is already be done can be reversed by these interventions. The ongoing examination of social isolation and loneliness with the parallel focus on intervention evolvement is crucial for the implementation of effectual programs and for the obstruction of the vicious cycle of adverse health and psychological outcomes in elderly populations.

## Conclusion

Social isolation and loneliness in older adult populations represent crucial societal phenomena that originate a sequence of multiplex brain- body interactions which ultimately makes the whole organism more susceptible to mental and physical health conditions. Thus, it is of utter importance to elucidate the causal directions that occur among social isolation, feelings of loneliness, body and brain responses. Aging is a gradual and continuous process of natural change where roles, expectations and stereotypes play a crucial role in developing personal identity and maintaining a balanced emotional state. The present review discussed and reflected on these concepts in an attempt to further elucidate the contexts, merge studies and provide attention for the amelioration of these stressful conditions. There is, still, a paucity of relevant data and a pressing need for improvement and for numerous research opportunities. Increasing knowledge base will open the path for addressing the problem with more efficient interventions and for warranting an improved quality of life for the growing population of elderly.

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Ανασκόπηση

# Κοινωνική απομόνωση και μοναξιά στην τρίτη ηλικία: Εξερευνώντας τον ρόλο τους στην ψυχική και σωματική υγεία

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**ΙΣΤΟΡΙΚΟ ΑΡΘΡΟΥ:** Παραλήφθηκε 9 Ιουλίου 2020/Αναθεωρήθηκε 21 Σεπτεμβρίου 2020/Δημοσιεύτηκε Διαδικτυακά 17 Μαρτίου 2021

**ΠΕΡΙΛΗΨΗ**

Η παρούσα ανασκόπηση έχει ως απώτερο σκοπό τον ακριβή προσδιορισμό της κοινωνικής απομόνωσης και της μοναξιάς και την επισήμανση των σοβαρών επιπτώσεων στην υγεία και τη συμπεριφορά. Καθημερινά, εκατοντάδες άνθρωποι σε όλο τον κόσμο αναφέρουν ότι πάσχουν από κοινωνική απομόνωση και μοναξιά, ένα συντριπτικό αίσθημα κενού, αναξιότητας και προσωπικής αποτυχίας. Τα ανθρώπινα όντα είναι κοινωνικά είδη που έχουν την ανάγκη να καλλιεργούν αξιόπιστα και ασφαλή κοινωνικά περιβάλλοντα για να επιβιώσουν. Ταυτόχρονα, οι αξιόπιστες κοινωνικές σχέσεις είναι κρίσιμες για την ψυχική και σωματική ευεξία, ενώ οι προβληματικές κοινωνικές αλληλεπιδράσεις μπορούν να οδηγήσουν σε κοινωνική απομόνωση και μοναξιά. Σε μία προσπάθεια να δοθεί έμφαση και να διευκρινιστούν τα εμφανή προβλήματα και ζητήματα, προσπαθήσαμε να συνθέσουμε κριτικά μελέτες, απόψεις και ζητήματα από μια ποικιλία προοπτικών παρέχοντας αντίθετες απόψεις και συνομιλητικές φωνές παρά εντείνοντας τις παραδοσιακές αφηγήσεις και τις κυρίαρχες συζητήσεις. Λίγες πτυχές της κοινωνικής απομόνωσης και της μοναξιάς έχουν μείνει εκτός της επιστημονικής προσοχής. Ο ρόλος αυτών των εννοιών στα γηρατειά δεν αποτελεί εξαίρεση και αναμφισβήτητα έχει τεράστιο αντίκτυπο σε πολλούς τομείς της ζωής. Η κοινωνική απομόνωση και η μοναξιά είναι δύο ξεχωριστές έννοιες που έχουν αναγνωριστεί ως παράγοντες κινδύνου για την ευημερία, την υγεία και την καθημερινή λειτουργία με διάφορους τρόπους. Συνεπώς, επιδιώξαμε να εξετάσουμε τις σχέσεις με διάφορες ψυχιατρικές διαταραχές παραδείγματος χάριν άγχος, κατάθλιψη, ψύχωση και νόσος Αλτσχάιμερ καθώς και τις σχέσεις με ποικίλες σωματικές διαταραχές, όπως καρδιαγγειακές παθήσεις, διαβήτη και αυτοάνοσες νόσους. Έχοντας υπόψη τα ανησυχητικά στοιχεία της υγειονομικής περίθαλψης που απεικονίζουν μία σχεδόν διπλάσια αύξηση της υγειονομικής περίθαλψης, οι συγγραφείς προσπάθησαν να συγκεντρώσουν τις προτεινόμενες παρεμβάσεις μέσω μιας εμπεριστατωμένης επισκόπησης της τρέχουσας βιβλιογραφίας και να δώσουν το κίνητρο για εποικοδομητική και συλλογική σκέψη. Ως προς τη δική μας θεωρητική κατανόηση, προκειμένου να κατανοήσουμε καλύτερα αυτές τις ψυχοκοινωνικές έννοιες και να παρέχουμε έγκαιρες και αποτελεσματικότερες εξατομικευμένες παρεμβάσεις σε όσους έχουν ανάγκη, είναι υψίστης σημασίας η διεξοδική εξέταση των προσδιορισμένων αιτιωδών δεσμών. Ωστόσο, επιπλέον έρευνα απαιτείται για τη μείωση ή την απαλοιφή των ανεπιθύμητων ενεργειών.

**ΛΕΞΕΙΣ ΕΥΡΕΤΗΡΙΟΥ:** Κοινωνική απομόνωση, συναισθηματική μοναξιά, νόσος Αλτσχάιμερ, ψύχωση, παρεμβάσεις.

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