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Dying to Belong: The Importance of Familiarity in Later Life

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Abstract

Despite the large amount of research into loneliness, the evidence base around effective ways of tackling loneliness among older adults is limited. Up to one-half of all older adults regularly feel lonely, negatively impacting physical and mental health. In light of population aging, family dispersal, and in the aftermath of COVID-19, it is vital that we grow the evidence base around the lived experience of older people, knowing what they want and why, and ensuring community services and supports are meaningful to them. **Method:** Three focus groups were held with community-dwelling older adults in Ireland. **Results:** Loneliness is associated with the loss of familiarity and connection to community. **Conclusions:** Understanding loneliness in later life is increasingly important with population aging. As plans for ending confinement linked to COVID-19 are devised, a mechanism is urgently needed to sustain the positive changes to communities which have meaningfully connected with older adults.

Keywords

loneliness, older adults, connection and community, COVID-19

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Introduction

Loneliness is defined as a distressing state that arises when a person *perceives* that there is a gap between the quality of the social relationships they have in their life and what they need or want (Pinquart & Sorensen, 2001). In other words, it is the *subjective feeling* of being alone, not the *objective quantification* of being alone, such as the number of contacts the person has with family, friends, acquaintances, and neighbors. When individuals experience feelings of loneliness, those feelings are the function of what they perceive to be the underlying cause of the distress. Critically, perceptions influence both the intensity of the feelings and the responses to them (Vangelisti et al., 2005). Thus, for "every intentional action, there is an event of judging" (Audi, 2006, p. 98). Negative perceptions have been shown to influence levels of use of technology (Anderson et al., 2014), social isolation (Caetano et al., 2013), physical decline (Choi et al., 2017), and health outcomes (Kotter-Grühn & Hess, 2012).

Loneliness can affect anyone of any age, but for various reasons, older people are more vulnerable to feeling lonely than other groups. One reason for this is that older people are more likely to have lost loved ones as they age and consequently to live alone. Another is that they are more likely to have sedentary lifestyles (Harvey et al., 2015), and poor health (Fakoya et al., 2020), further compromising capacity to engage with others outside of the home. Studies have reported prevalence rates of loneliness among middle aged and young old in various European countries of between 20% and 35%, rising to 50% in people aged more than 80 years (Fakoya et al., 2020; Kharicha et al., 2017; Ward, Layte, & Kenny, 2019).

In Ireland, a longitudinal study on aging found that one-third of adults above the age of 50 feel lonely, rising to 45% after the age of 74, with the loneliest adults having a poorer quality of life, poorer health, and significantly more symptoms of depression (Ward, Layte, & Kenny, 2019). In addition to psychological problems, like depression, stress, and anxiety, loneliness has been shown to be associated with multiple chronic health conditions such as heart disease, cardiovascular disease, hypertension, stroke, and obesity (Yanguas et al., 2018). Loneliness has also been linked to increased mortality rates. Data across 308,849 individuals, followed for an average of 7.5 years, shows that individuals with good social relationships have a 50% increased likelihood of surviving compared to those with poor social relationships (Holt-Lunstad et al., 2010).

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The poor health consequences of loneliness are considered comparable to other health risk factors, such as smoking, excess alcohol consumption, physical inactivity, and obesity (Dickens et al., 2011). Yet despite the large and growing body of literature showing that loneliness is an important determinant of health, the evidence base around effective interventions to reduce or prevent loneliness among the cohort most at risk is limited (Ige et al., 2019; Kharicha et al., 2017; MacLeod et al., 2018; Yanguas et al., 2018). This suggests that interventions and approaches to loneliness have for the most part failed to connect with older people in any meaningful way.

More recently, measures introduced by governments in the global fight against COVID-19, such as cocooning for the above 70s, social distancing and restrictions on social visitors at home, have compounded concerns for the psychological well-being of older people. A national support line for older people launched in Ireland in March 2020 in response to COVID-19 received more than 16,000 phone calls over just a 3-week period, with 62% seeking practical support in relation to loneliness and social isolation (Hilliard, 2020). At the same time, we have seen communities and sectors of society coming together to support vulnerable members in extraordinary ways, showing solidarity, and appreciation for services, from Captain Tom Moore who assiduously walked lengths of his garden to fundraise for the National Health Service in the United Kingdom, originally aiming to raise £1,000 but ultimately achieving £33 million, to neighbors doing shopping for older people cocooning—a scene replicated in communities up and down the country.

Against this background, John Bowlby's (1969) attachment theory provides a helpful framework for thinking about the importance of familiarity and social relationships. Bowlby defined attachment as a "lasting psychological connectedness between human beings" (p. 194). Bowlby observed social relationships and argued that attachment behaviors stemmed from an innate need all human beings have for safety and security, and which is necessary for physical, psychological, social, and emotional well-being (O'Kane, 2010). To date, the literature on attachment theory has focused largely on early relationships particularly those between a parent and child, but Bowlby conceptualized attachment theory as applicable across the life span (Bradley & Cafferty, 2001). Indeed, attachment theory holds particular relevance for older adults, given the increased potential for separation, loss and vulnerability associated with aging (Bradley & Cafferty, 2001).

Older adults—like all social beings—need meaningful social supports or social connections as they are sometimes referred to, defined as the presence of others, or the resources provided by them (Ganster & Victor, 1988). This goes to the heart of the importance of the distinction between social isolation and loneliness. Having meaningful relationships and staying connected to community is vital to quality of life and well-being (Carragher & Golding, 2015). In other words, quality, and not quantity, is key. Yet, evidence suggests that the quality of social relationships in industrialized societies is decreasing, for example through reduced intergenerational living, greater social mobility, increased single-residence households, and increased age-related disabilities (Holt-Lunstad et al., 2010). Given the changing demographics, including population aging and changes in the family structures which have reduced the availability of informal family carers, it is vital community services and supports connect with the very people most in need of them. This study explores how older adults view loneliness, and how they describe and make sense of significant changes in their life in contemporary society.

Method

Approval for this research was granted by the Research Ethics Committee, School of Health and Science, Dundalk Institute of Technology. All participants provided written informed consent.

We conducted three focus groups (FGs) involving 12 older adults (group size = 4). Each FG lasted approximately 1 h. A convenience sample of participants was recruited through various local community organizations supporting older adults in the north-east of Ireland. Subject participation was solicited via flyers and telephone calls. Interested individuals were screened to ensure that they met the study's eligibility criteria: (a) aged 50 or above and living at home; (b) able to speak English; and (c) interest in discussing loneliness.

The protocol for FGs included prompts for management of groups (i.e., opening the conversation, explaining the purpose of FGs, making introductions, closing FGs, and giving contact information for further follow-up if requested) as well as questions for the focussed discussions. To encourage all participants to share their thoughts and views, the researcher used strategies such as silence, and open-ended responses (e.g., what does that feel like?). Nonverbal responses, such as long pauses or a reluctance by a participant to answer, were recorded in researcher fieldnotes. Recording nonverbal responses was considered important to aid understanding of how a participant might really be feeling. Previous research confirms that people can display body language indicating the opposite of what they are saying, for example, sit in a way that suggests pain or discomfort (Fakoya et al., 2020; Liamputtong, 2011). Being aware of body language can therefore help the researcher to probe deeper, when appropriate, rather than simply accepting verbal responses at face value.

FGs were recorded and transcribed verbatim. Transcripts and fieldnotes were reviewed and analyzed

by two researchers. Patterns in the information were generated inductively from the raw data and deductively from prior research (Boyatzis, 1998). Patton (1990) describes the process of coding for inductive analysis as organizing the data so that patterns or themes emerge from data and are not imposed prior to data collection and analysis. Thus, the researcher "moves back and forth between the logical construction of themes and the actual data in a search of meaningful patterns" (Patton, 1990, p. 411).

Twelve participants including three men and nine women, with a mean age of 69 years ($SD = 8.68$; range = 50–83), took part in three FGs. Some participants were married and living with their spouse ($n = 6$), while others were single ($n = 2$) or widowed ($n = 4$) and living alone. Three themes emerged from FG data: (a) loss of meaningful connections/familiarity; (b) precipitants of loneliness, and (c) could try harder. These themes are discussed in detail below.

Theme 1: Loss of Meaningful Connections/Familiarity

Participants regarded "lonely" as a negative label. Thus, they often tried to disassociate with loneliness and were keen to stress their independence. Across the three FGs, we found 83 examples in which participants recounted loneliness in the third person but projected through an obvious identification with the character. And in fact, almost all participants viewed loneliness as an inevitable part of aging, describing it as "something you learn to live with . . . [and] part of growing old." Their comments suggested a quiet acceptance and a certain resilience of spirit: "we're all getting on in years, [and] we're all going to lose more people close to us." But their comments also suggested that resilience was as much, if not more, to do with participants' social milieu and circle of support as it was to do with personal traits.

> I think as you get older, your friends gradually die off and by degrees you have less people around you to talk to that you have memories with, which can be very lonely.

> To share memories would be a big thing . . . you can't turn around and say, Mary do you remember the time we went to such a place and that happened to us. You haven't the same people . . . and that can make you very lonely.

For many participants, this disconnection was already a reality of daily life. This was especially true for those who were living alone, as the comments of this woman suggest: "[I was] up the town for a walk the other day . . . I never met one that I knew, and I know why, they're all dead." For others, the loss of connectivity or familiarity was described as: "not belonging somewhere, a sense of not belonging to people in some way." The comments of one woman capture the importance of family: "there is a wonderful comfort in knowing that you belong somewhere in the family, that is true, that you matter, that sense of mattering."

Theme 2: Precipitants of Loneliness

Research into loneliness suggests that key transitions, which tend to occur in older age, can also trigger loneliness (Davidson & Rossall, 2015). Our findings confirm that the same holds true for participants in this study as the reflections of this woman show: "the transition from being out in the middle of the world and busy with children to being a person on your own . . . in the community." Another added, "It was very homely and nice. But that end of it's all gone."

The transition associated with the death of one's spouse or life partner has been described as the most significant loss that an older person may experience (Meiner, 2015). This is a generation that has traditionally married young, and it is therefore not uncommon to find couples who have been married for 50 years or more. Reflecting on the huge life transition and the emptiness left by the bereavement of his wife, one participant described his daily life as ". . .a way of doing things, a routine that you're used to and then it's out the window." Another woman spoke about the tangible sense of emptiness in her home following the loss of her husband: " . . . four walls and the box in the corner you know. Nothing beats a little bit of a chat, somebody talking to you." The deep impact of bereavement associated with losing a spouse is well summarized by this woman who expressed her loss of a special person as follows:

> When you have someone, you shared your life with, shared deep things with, and you lose them, you can't recover from that. You just put on a front. I'm a long time where I am . . . but [it's] all different now.

Theme Three: Could Try Harder

Participants were asked about adapting to changes in their lives that have reduced their social network, such as the loss of family or friends. There was a strong sense that personal characteristics shaped how an individual would adjust to changes in their life, such as bereavement. Many participants were of the view that if you do not normally have an outgoing disposition or you lack self-confidence, then you will find it difficult to make or maintain connections or familiarity with your community. As one woman remarked: ". . . you have to have the inner resilience in yourself, that want in you, to get out there." Others commented on how difficult it can be to accept offers of help and social support. As one woman pointed out: "It's very hard to make that phone call and say yes I will, especially if it's never been your way." Another woman concurred with this sentiment commenting that:

> it's very hard to . . . allow other people to come in or to allow yourself to expand more into filling that hole that [you] have slipped into.

When asked about typical attributes that came to mind when they thought about lonely people, participants drew attention to negative characteristics such as pitiful people who could resolve their loneliness if only they would try harder. Indeed, of 22 comments made by participants about such attributes, 15 comments expressed pity or sympathy for lonely people and the remaining seven comments suggested that loneliness arose as a direct result of people not trying hard enough to improve their situation. The complexities of adjusting to and coping with loneliness were well described by one participant as follows:

> My brother says why don't you go up to the day centre, you will have company, get a dinner and be picked up and dropped back." [I] shouted him down, [I] would not consider it at all . . . how am I going to do that.

Discussion

The findings from this study contribute to current knowledge of how older adults view loneliness and cope with personal changes. In line with studies elsewhere, older people in Ireland experience loneliness as a disconnection of social relations and networks of support, with potentially serious implications for health (Case et al., 1992; Kiely et al., 2000; Lyyra & Heikkinen, 2006; McClellan et al., 1993). This assertion is supported by the findings from a meta-analytic review of 148 studies in which the influence of social relationships on risk for mortality was found to be comparable to health risks for mortality (Holt-Lunstad et al., 2010). Demonstrating the remarkable sensitivity of health to the social environment, Wilkinson and Marmot (2003) argue that as social beings, we need not only good material conditions but, we need to feel valued and appreciated. We need friends, more sociable societies, and we need to feel useful. Without these social determinants in place, older adults—like all human beings—become more prone to feelings of hopelessness, which rebounds on physical health.

Individuals absorb messages—overt and covert—present in their surrounding culture and this affects functioning and health (Levy, 2009). The findings from this study suggest that older people in Ireland expect things to get worse as they get older; previous research suggests that they are not wrong, and nor are they alone. The European Social Survey, which sought the views of 55,000 people across 28 European countries, found that older people face subtle discrimination such as disrespect, being ignored or patronized, more often than blatant discrimination (Abrams et al., 2012). The important health outcomes associated with feeling valued and respected is also demonstrated by findings from a longitudinal study of people aged 50 plus which showed that those with a more optimistic perception of aging live about 7.5 years longer than those with a pessimistic one (Levy et al., 2002). Bowlby's (1979) work around attachment behaviors confirmed the innate need all human beings have for safety and security, and others have shown that this need does not diminish with age (Bradley & Cafferty, 2001; O'Kane, 2010).

Over recent years, many countries, including Ireland, have seen the development of cross-sector partnerships at local and regional level designed to foster changes in social and physical environments so that older people can remain active participants in "age friendly" communities. In Ireland, the national Age Friendly Program (Age Friendly Ireland, 2020) notes that a key purpose of local government is to "promote the wellbeing and quality of life of citizens and communities," and points to the signing of the Dublin Declaration on Age Friendly Cities and Communities in Europe (2013 and 2014) by all 31 local authorities as a "significant national commitment to creating an inclusive, equitable society in which older people can live full, active, valued and healthy lives." Yet recent evidence from the Irish Longitudinal Study on Aging (TILDA) shows that quality of life differs significantly between older individuals and decreases over time (Ward, McGarrigle, & Kenny, 2019). Tellingly, changes in quality of life over time were found to be not merely a function of aging, or declining health but of other factors, with loneliness and social participation found to be particularly important (Ward, McGarrigle, & Kenny, 2019). This suggests that the enthusiasm with which age friendly programs have been adopted by local governments have not been shared by older adults. Greenfield et al.'s (2015) analysis of age friendly community initiatives identifies the lack of financial resources that has to date characterized such initiatives. They argue that creating and sustaining changes at the community level requires considerable investment of time and resources, but funding periods for initiatives have only been for a limited number of years.

The findings from this study confirm that feeling lonely is not only damaging but also stigmatizing for older people in Ireland. Participants believed that the only real way forward for someone who is lonely is to try even harder. Thus, they perceived loneliness to be associated with shortcomings on the part of the individual and often tried to disassociate themselves from the label, stressing their independence by recounting examples in the third person. These were, however, belied by the obvious identification with characters that suggested examples were personal, as did the fact that they all perceived loneliness to be an inevitable part of aging. This suggests that people's confidence to participate and stay connected to their community is affected as much by states of mind as by bodily, functional capacity (Handler, 2014). Thus the participants in this study who had lost a lifelong partner were still deeply affected, despite none

having lost a partner in the previous 12 months. Those who were missing friends and acquaintances had also lost routines, familiarity and social interaction. Such losses can in turn trigger a more general feeling of uncertainty and apprehension within an otherwise familiar environment (Handler, 2014).

Conclusion

The findings from this study suggest that loneliness among older people is experienced as a disconnection of social relations and social networks of support. In particular, the loss of partners, companions, and friends in later life negatively affects older people's confidence to participate and stay connected to their community. This points to the importance of positive relationships and preserving familiarity for older adults.

As plans for ending confinement linked to the COVID-19 pandemic are devised and implemented by governments across the globe, a mechanism is urgently needed to sustain the positive changes that we have seen across communities over recent times. The mechanisms for collaboration under the aegis of age friendly programs are designed specifically to engage local stakeholders from multiple sectors with communities so that they are more conducive to the well-being of older adults—but sufficient resources are needed to sustain them. After a period of national effort in which people have been confined to their homes and which has radically altered the way communities come together to look out for vulnerable individuals, providing networks of support, and connecting with older people in innovative ways, it now remains to be seen which of these changes and attitudes will endure, and how age friendly life will be for older people beyond the bounds of the pandemic.

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