The problem of loneliness in the elderly in the community: characteristics of those who are lonely and the factors related to loneliness

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SUMMARY. Two samples of patients aged over 70 years were selected, one sample from a large urban general practice and one from a randomized rural general practice. Patients were interviewed in order to assess their mental, physical and social well-being. Included in the interview were questions on subjective feelings of loneliness.

More patients in the urban practice than in the rural practice reported feeling lonely, the proportion increasing with age in both samples. More women than men experienced feelings of loneliness; widowhood was closely associated with loneliness, particularly recent widowhood. Feelings of loneliness were consistently associated with disability in both study areas.

Introduction

Interest and concern regarding the social welfare and loneliness of the elderly within our society is frequently expressed. It is generally considered that the increasing numbers of elderly people, their changing status and changes in the nature of families and social networks in contemporary society, will cause many problems. With mobility being a major characteristic of the working population, the elderly person is less likely to live within a large family and more likely to have children and other relatives who live at a distance.

The social situation of the elderly who live in urban areas and those who live in rural areas are usually considered to be contrasting stereotypes; the urban image is one of loneliness and neglect by friends and neighbours generally, and by families in particular. The rural image, by contrast, is one of a closely knit and supportive community in which the elderly person is integrated, with larger families caring for their elderly relatives.

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Loneliness has been described as 'an unwelcome feeling of lack or loss of comanionship'.[1] This paper reports an investigation into the problem of loneliness among elderly people living independently within the community in both a rural and an urban setting.

Method

Two samples of patients aged over 70 years were taken from the age–sex registers of two general practices. The subjects were then interviewed in their own homes using a semistructured interview schedule: 630 were interviewed in Powys and 656 in Gwent; a response rate of 96 per cent was achieved (34 people refused and 20 could not be traced). The Powys practice is based in a small market town and serves other villages and the surrounding rural area; by contrast, the Gwent practice is situated in the centre of a large urban area.

All the subjects were asked for details of their social life — about their contact with friends, relatives and services and also about their social activities. They were then asked what proportion of time they spent alone and whether they felt lonely, and if so whether the feeling of loneliness occurred sometimes, often or always.

Two methods of measuring physical disability were employed. The first method was based on the concept of functional disability and dependency as difficulty with, or the inability to perform, certain basic functions which are essential to the maintenance of independent living.[2] This provided an overall measurement of functional physical disability and included questions on the ability of the elderly person to manage nine basic functions when alone; these ranged from activities such as carrying heavy shopping, climbing stairs and cooking a meal. The second method was a measure of mobility as used by Hunt.[3] Subjects were categorized according to their ability to go out with/without assistance or whether they were bedfast, chairbound or housebound.

Table 1. Proportion of the elderly subjects who were lonely by area and sex.

Frequency of loneliness	Powys						Gwent					
	Male		Female		Total		Male		Female		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Never	246	*91*	282	*79*	528	*84*	206	*83*	289	*71*	495	*76*
Sometimes	22	*8*	68	*19*	90	*14*	32	*13*	89	*22*	121	*19*
Often	0	–	7	*2*	7	*1*	8	*3*	21	*5*	29	*4*
Always	1	*<1*	2	*<1*	3	*<1*	3	*1*	6	*1*	9	*1*
Total	269		359		628		249		405		654	

Missing observations: Powys 2; Gwent 2.

Two measures of mental disability — anxiety and depression — were included in the interview schedule. These measures, chosen from a larger set of questions,[4] have been tested on the elderly at home and validated by comparing scores with psychiatric opinions.[5] Health visitors have used them as screening tests with the elderly in general practice.[6]

Results

Table 1 shows the proportion of subjects who said they felt lonely. Less than a quarter of the population stated that they ever felt lonely; significantly more ($P < 0.001$) in Gwent (urban) than in Powys (rural). Only 2 per cent and 5 per cent respectively felt lonely more often than sometimes. There were also differences between the sexes in both areas — significantly more ($P < 0.001$) females than males felt lonely.

Table 2 illustrates the relationship between age and feelings of loneliness. In both areas there was a trend of increasing loneliness with age; this was highly significant in Powys ($P < 0.005$) but not in Gwent. This relationship remained significant when controlled for sex.

Table 2. Proportion of elderly who were lonely by age.

Frequency of loneliness	Age (years)							
	70–74		75–79		80–84		85+	
	No.	%	No.	%	No.	%	No.	%
Powys								
Never	207	*90*	169	*85*	90	*79*	62	*74*
Sometimes	22	*10*	25	*13*	22	*19*	21	*25*
Often	2	*<1*	2	*1*	2	*2*	1	*1*
Always	0	–	3	*<2*	0	–	0	–
Total	231		199		114		84	
Gwent								
Never	200	*78*	176	*79*	79	*68*	40	*68*
Sometimes	41	*16*	39	*17*	26	*22*	15	*25*
Often	12	*5*	4	*2*	9	*8*	4	*7*
Always	3	*1*	4	*2*	2	*2*	0	–
Total	256		223		116		59	

Missing observations: Powys 2; Gwent 2.

The relationship between marital status and loneliness is summarized in Table 3. For each category more subjects were lonely in Gwent than in Powys, although the pattern was the same in both areas: the widowed were most likely to feel lonely, followed by the separated/divorced, followed by single subjects, with the married subjects being the least likely to feel lonely. In both areas the more recent the bereavement of a spouse, the more likely the feeling of loneliness.

Table 3. Proportion of elderly who were lonely by marital status.

Frequency of loneliness	Marital status							
	Married		Single		Separated/ divorced		Widowed	
	No.	%	No.	%	No.	%	No.	%
Powys								
Never	277	*96*	67	*81*	7	*78*	177	*72*
Sometimes	12	*4*	15	*18*	2	*22*	61	*25*
Often	1	*<1*	1	*1*	0	–	5	*2*
Always	0	–	0	–	0	–	3	*1*
Total	290		83		9		246	
Gwent								
Never	246	*90*	38	*76*	7	*70*	204	*63*
Sometimes	20	*7*	11	*22*	2	*20*	88	*27*
Often	6	*2*	1	*2*	0	–	22	*7*
Always	0	–	0	–	1	*10*	8	*3*
Total	272		50		10		322	

Missing observations: Powys 2; Gwent 2.

The relationship between household composition and loneliness was also investigated (Table 4). In both areas, those who lived alone were most likely to feel lonely, followed by those living with others but not with spouses. A small proportion of those who lived with a spouse, with or without others, were very lonely: the pattern was the same in both samples.

There was a highly significant association between disability and loneliness in both samples ($P < 0.001$), an association which was independent of age. In Gwent,

Table 4. Proportion of elderly who were lonely by household composition.

Frequency of loneliness	Alone No.	%	Spouse only No.	%	Spouse and others No.	%	Others, no spouse No.	%
Powys								
Never	142	*65*	219	*96*	58	*97*	109	*90*
Sometimes	68	*31*	9	*4*	2	*3*	11	*9*
Often	6	*3*	0	—	0	—	1	*<1*
Always	3	*1*	0	—	0	—	0	—
Total	219		228		60		121	
Gwent								
Never	134	*58*	208	*90*	38	*95*	115	*77*
Sometimes	72	*31*	19	*8*	1	*3*	29	*19*
Often	19	*8*	5	*2*	1	*3*	4	*3*
Always	7	*1*	0	—	0	—	2	*1*
Total	232		232		40		150	

Missing observations: Powys 2; Gwent 2.

significantly more of the moderately and severely disabled subjects often or always felt lonely (Table 5).

Table 6 shows the relationship between loneliness and mobility. Significantly fewer of those subjects who could go out without assistance ever felt lonely than those who needed assistance (Powys $P < 0.025$, Gwent $P < 0.001$). The association between mobility and loneliness remained within age groups. More than half of those in Powys who were housebound said they felt lonely, whereas in Gwent only a third felt lonely — less than those who needed assistance to go out.

Subjects were asked how much difficulty they had with seeing (whether or not they wore glasses). There was a highly significant relationship in both samples (Powys $P < 0.001$, Gwent $P < 0.001$) between the degree of visual difficulty and ever feeling lonely. This association was

Table 5. Proportion of elderly who were lonely by degree of disability.

	Degree of disability					
Frequency of loneliness	Mild No.	%	Moderate No.	%	Severe No.	%
Powys						
Never	451	*87*	36	*74*	41	*70*
Sometimes	60	*12*	11	*22*	18	*31*
Often	5	*1*	2	*4*	0	—
Always	3	*<1*	0	—	0	—
Total	519		49		59	
Gwent						
Never	399	*80*	49	*71*	44	*55*
Sometimes	81	*16*	13	*19*	27	*34*
Often	16	*3*	6	*9*	7	*9*
Always	6	*1*	1	*1*	2	*3*
Total	502		69		80	

Missing observations: Powys 3; Gwent 5.

significant for all ages apart from the over 85 years age group.

Similarly, all subjects were asked whether they had difficulty hearing ordinary conversation (even if they were using a hearing aid). There was a consistent trend in Powys but it did not reach significance, whereas in Gwent loneliness was significantly ($P < 0.001$) related to hearing problems.

The relationship between the subjective feeling of being lonely and the number of visits from relatives and friends was examined, but there appeared to be no consistent association. On the other hand, all respondents were asked if they considered that they saw enough of their friends and relatives. The relationship between loneliness and not seeing enough of relatives was highly significant in both

Table 6. Proportion of elderly who were lonely by degree of mobility.

Frequency of loneliness	Housebound No.	%	Goes out with assistance No.	%	Goes out without assistance No.	%
Powys						
Never	8	*44*	54	*75*	466	*87*
Sometimes	10	*56*	17	*24*	63	*12*
Often	0	—	1	*1*	6	*1*
Always	0	—	0	*1*	3	*<1*
Total	18		72		538	
Gwent						
Never	15	*68*	55	*60*	425	*79*
Sometimes	5	*23*	27	*29*	89	*16*
Often	2	*9*	9	*10*	18	*3*
Always	0	—	1	*1*	8	*1*
Total	22		92		540	

Missing observations: Powys 2; Gwent 2.

areas ($P < 0.001$). Similarly there was a significant relationship between loneliness and not seeing enough of friends (Powys and Gwent $P < 0.001$).

Both anxiety and depression showed a close relationship with loneliness in Powys and in Gwent ($P < 0.001$).

A higher proportion of lonely respondents had consulted or seen their general practitioner at home than those who were not lonely. The difference was significant in Gwent ($P < 0.05$), but not quite significant in Powys (chi-square = 3.75). This trend was not consistent, however, when age and disability were held constant. The relationship between loneliness and consultation is therefore an indirect one.

Discussion

Sixteen per cent of the elderly from Powys and 24 per cent of those from Gwent were lonely at least some of the time. In 1968, Townsend reported that 72 per cent of the elderly people surveyed were never lonely, 21 per cent sometimes lonely and 7 per cent often lonely.[1] In 1982, Bond and

Carstairs reported from their survey in Clackmannan that 74.3 per cent were never lonely, 18.5 per cent sometimes lonely and 7.2 per cent often lonely.[7] In both cases the findings were similar to those for Gwent but higher than those for the rural area of Powys. A lower prevalence of loneliness among a rural population is consistent with previous findings that 'rural communities do appear to provide more opportunity for integration and satisfaction for elderly people . . . which in turn is reflected in far greater satisfaction with a level of contact comparable to that experienced by the urban elderly'.[8]

Loneliness increased consistently with age; 26 per cent in Powys and 32 per cent in Gwent of subjects in the over 85 years age group reporting that they felt lonely. As with other studies, more women than men experienced feelings of loneliness.[1,3]

Subjects in the urban area suffered more often from loneliness and felt lonelier at every level of disability than those who lived in the rural environment.

Depression was highly related to feelings of loneliness, but because of the cross-sectional nature of the study it is impossible to say whether depression causes loneliness or whether loneliness causes depression. It seems reasonable to suppose that the lonely elderly become depressed, but further research is needed to investigate this relationship.

Feelings of loneliness were found not to be related to the frequencies of visits elderly people received from relatives and friends but to whether they considered that they were seeing enough of them.

The problem of loneliness was greatest among those subjects who had been widowed, slightly less among the single and much less among the married ones. Similarly, those who lived alone were much more likely to suffer from feelings of loneliness. All these findings are consistent with previous work.[1,3,9]

Feelings of loneliness were consistently associated with general disability; difficulty in hearing, difficulty in seeing and decreased mobility.

One of the most important causes then of loneliness in our study was the death of a spouse. The response to such a permanent loss as death is normally one of grief and this grief is obviously, in this group at least, followed or accompanied by loneliness. The loss of the role of spouse requires a major readjustment and reintegration that many of the elderly seem unable to manage successfully.

The loss of physical capabilities also alienates many individuals from their social network and again requires them to readjust their social activities. They become much more dependent on friends and relatives taking the initiative and coming to visit them.

The crux of the emotional problems of the aged can be summarized in the fact that, owing to circumstances beyond their control, they have increasingly to make readjustments and modifications of roles at a time when their abilities to do so are decreasing. As Jefferys pointed out, 'It is perhaps most difficult of all to develop in old age a capacity to form loving human relationships with others'.[10]

General practitioners have unique opportunities to reduce the suffering caused by loneliness. The lonely elderly consult their doctors more often (because of their higher degree of physical disability) and so general practitioners are the professional group most likely to come into contact with the lonely person. By listening to lonely patients and gaining their confidence, the doctor can refer them to appropriate bodies such as the social services, voluntary organizations, neighbourhood schemes and local churches. The disabled elderly are at particular risk, and anything the general practitioner can do to reduce the effects of disabling conditions helps to improve their quality of life: for example, regular checking of feet, eyesight, hearing, dentures and disabilities. The quality of life of many apparently deaf elderly might improve dramatically if their ears were syringed. The side effects of drugs can include incontinence, dizziness and general unsteadiness, again factors which reduce the mobility of the elderly.

General practitioners are in the singular position of being in contact with those who have been recently widowed; indeed, their doctor may have visited them several times during the terminal illness of their spouse. Regular visiting in the early days of their bereavement, with referrals to other professionals and voluntary groups, may reduce the ensuing loneliness and lowering of their quality of life and mental well-being.

Subjects in an earlier study were asked what they disliked most about their life; ill-health was the principal dislike, followed by loneliness; when asked for suggestions to help elderly people, 'a higher proportion wanted volunteers to chat or for company than any other single form of help'.[3]

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